Learning from the integration of social protection and nutrition in Eastern and Southern Africa

The Merankabandi programme in Burundi

©UNICEF/Benisamu
Acknowledgements

This case study was prepared by UNICEF’s Eastern and Southern Africa Regional Office (ESARO), led by Chloe Angood for UNICEF ESARO, in collaboration with Annaës Borrel (UNICEF HQ Nutrition Section), Tomoo Okubo (UNICEF HQ Social Protection Section), Christiane Rudert (UNICEF ESARO Nutrition Section) and Taylor Renee Spadafora (UNICEF ESARO Social Protection Section).

The case study would not have been possible without the engagement of the Burundi UNICEF Country Office nutrition and social protection teams which gave up their valuable time to share their insights and experiences. We especially thank Paul Marie Petroch, Christine Kaligirwa, Johanne Desormeaux, and Albert Ewodo Ekani, who took part in phone discussions, provided information, and reviewed this report.

The documentation of this case study was supported by thematic funding from the Government of the Netherlands.

© United Nations Children’s Fund (UNICEF)

October 2022

Permission is required to reproduce any part of this publication. Permissions will be freely granted to educational or non-profit organizations.

Please contact:
United Nations Children’s Fund
Eastern and Southern Africa Regional Office
P.O. Box 44145 Nairobi, Kenya 00100
Telephone: (254) 20-76 22228 | Facsimile: (254) 20-76 22078

Suggested citation:
Executive summary

This is one of a series of case studies that aim to provide internal learning for UNICEF on linkages between social protection and maternal and child nutrition programming. This case study describes the Merankabandi (“be like the others”) programme in Burundi that delivers nutrition behaviour change communication (BCC) and livelihoods support alongside cash transfers to vulnerable households to support optimal child growth, development, and wellbeing.

Burundi’s poverty and nutrition situation

Burundi is a low-income, agriculture-based economy and one of the poorest countries in the world. An estimated 65% of the population live below the national poverty line and 75% live in multi-dimensional poverty. Latest estimates are that 56% of children under five years of age in Burundi are stunted and 4.8% are wasted. Child undernutrition is driven by poor child diets, poor quality of services, poverty, food insecurity and gender inequalities. Multi-sectoral strategies are needed to address these issues to achieve positive child health, nutrition, and wellbeing outcomes.

Evolution of the Merankabandi programme in Burundi

Merankabandi is the Government of Burundi’s national social assistance programme, initially begun as a pilot (2018 – 2022) funded by the World Bank with UNICEF technical assistance. 56,090 extremely poor and vulnerable households with children under 12 years of age in four provinces (Gitega, Karuzi, Kirundo and Ruyigi) were targeted with cash transfers and complementary activities to build resilience to economic shocks, natural disasters, and other crises.

Unconditional cash payments of USD 24 were transferred electronically to participating households every two months for 30 months (equating to 60% of per capita income). Complementary activities included Behaviour Change Communication (BCC) sessions and cooking and kitchen garden demonstrations delivered by Community Agents in “Hinduringendo” (“let’s change our behaviour”) tented spaces. During the final phase of the pilot, funding from Belgium enabled the creation of ‘solidarity groups’ to support group savings and income generating activities, reinforce nutrition BCC, and provide additional Early Childhood Development (ECD) messaging.

Results of programme monitoring revealed that, among participating households, there was increased access to health care (+13%), increased exclusive breastfeeding for six months (+5% to almost 92%), decreased lack of food for children (-20%), increased availability of soap (+10%), increased availability of a handwashing point with soap (+14%), increased presence of improved pit latrines (+18%), and increased joint decision making in households (+13%). Almost 95% of participating households had savings and 90% of births were reported to have been registered. Survey data collected in March 2021 showed a reduction in the prevalence of child stunting in participating households (52.8% versus 69.8% in non-participating households in the same area).

Based on positive findings, the World Bank allocated funds to extend the project to 145,000 households in 18 provinces over five years from 2022 to 2026. In this iteration recipient households receive a larger cash transfer (USD 54 every 3 months for 24 months), plus BCC, solidarity groups, and additional job creation support.
Challenges and opportunities

Both the cash and complementary activities components of the Merankabandi pilot were successfully rolled out, and Community Agents and Solidarity Groups were well received by communities. Implementation challenges included weak integration and coordination between different cash and complementary program components. During the current iteration, ‘light mothers’ (community nutrition volunteers/role model mothers) are being recruited from among Merankabandi cash participants to carry out BCC and support solidarity groups to improve programme coherence and sustainability. A partnership with the World Food Programme (WFP) is being explored to support a productive assets component.

Merankabandi has largely been rolled out in parallel to government systems to date. Greater systems strengthening efforts are needed, including investment in social assistance staff cadres and a national local registry. Learning from the rapid scale up of Merankabandi in response to COVID-19, a Contingent Emergency Response Component (CERC) is being developed to support future shock response.

Lessons learned

Linked social protection, nutrition and livelihoods responses provide an opportunity to address multiple household deprivations and increase the impact of poverty alleviation, food security and stunting reduction strategies.

Long-term investment in strong partnerships with multi-lateral partners in-country can pave the way for UNICEF to participate in and influence large scale, multi-sectoral programmes such as the Merankabandi programme.

Provision of complementary activities alongside cash transfers, such as nutrition and ECD behaviour change communication, financial education and livelihoods support, can help to ensure that additional household income leads to improved child nutrition and wellbeing. This will have greater impact when all programme components are delivered in tandem.

Investing in productive livelihoods, through community-level savings groups, livelihoods support and job creation, can help to provide an exit strategy for cash transfer participants.

Efforts to support productive livelihoods and assets must be child nutrition-sensitive to ensure that this translates into improved diets for young children.

Embedding deliberate linkages with multiple systems (health, food and agriculture, social protection, WASH) into the design of social assistance programmes will improve access to multiple services for vulnerable households. Engagement of multiple sectors in the design, planning and coordination of social assistance is an important pre-cursor to this.

Recruitment of social assistance participants as volunteers/peer leaders to support BCC can provide greater programme sustainability and better linkages between different programme components.

A long-term strategy for the strengthening of government social protection systems is needed to ensure the sustainability of social assistance programmes.

Social assistance programmes must have a comprehensive monitoring and evaluation plan to ensure that indicators along the nutrition impact pathway are monitored, and to inform course corrections and future scale up.
Introduction

This is one of a series of case studies that aim to provide internal learning for UNICEF on linkages between social protection and maternal and child nutrition programming. The Burundi case study describes the Merankabandi (“be like the others”) programme, that delivers nutrition behaviour change communication (BCC) and livelihoods support alongside cash transfers to vulnerable households to support optimal child growth, development, and wellbeing.

1 Background

Development situation

Burundi is a low-income, agriculture-based economy and one of the poorest countries in the world. An estimated 65% of the population live below the national poverty line and 75% live in multi-dimensional poverty.1 Ranked 185 out of 189 countries, Burundi scores very low on the Human Development Index.2 In 2015, a socio-economic crisis linked to political instability led many external donors to suspend financial support to the country, resulting in a 50% drop in the national budget. Donor confidence is now returning as the situation stabilises, however, weak economic growth and high population growth mean that poverty rates continue to rise. This situation is further compounded by impacts of the COVID-19 pandemic,3 cyclical natural disasters and health epidemics, the presence of around 85,000 refugees and large influxes of returning refugees from other countries.4

Nutrition situation

A 2022 national SMART survey revealed that 56% of children under five years of age are stunted in Burundi - one of the highest rates in the world - and an estimated 4.8% of children under five years of age are wasted (SMART, 2022). A major contributing factor is inadequate food intake, particularly among children aged 6 to 23 months. Only 20.6 of infants in this age group receive minimum dietary diversity and only 13.3% receive a minimum acceptable diet (SMART, 2022). Maternal undernutrition is also an important driving factor which leads to high rates of low birth weight (15%) (DHS 2016/2017).

Relationship between poverty, gender, and undernutrition

Poverty is a major cause of undernutrition in Burundi. Stunting levels are highest within the lowest income quartiles (69.1% compared to 31.2% in the highest income quartiles) and rural areas (58.8% versus 27.8% in urban areas). Stunting levels are also highest among children of women with no education (61.4% compared to 31.3% among children of women with secondary education or higher (DHS 2016/2017). Burundi ranks low on the gender equality index at 124 out of 162 countries.5 The prevalence of patriarchal norms, lack of female autonomy, lack of female household decision-making power and limited access to sexual and reproductive health care all contribute to high levels of maternal and child undernutrition (WFP, 2021). Multi-sectoral strategies are needed to address poverty, food insecurity, gender inequality and undernutrition in Burundi to achieve positive child health, nutrition, and wellbeing outcomes.

2 HDI is a composite indicator of life expectancy, education and per capita income indicators.
3 https://www.worldbank.org/en/country/burundi/overview#1
4 https://www.wfp.org/countries/burundi
2 Policy, governance, and financing

Nutrition

Burundi’s Plan Stratégique Multisectoriel de Sécurité Alimentaire et de Nutrition (PSMSAN) II (2019-2023) is the country’s second multisectoral strategic plan for food security and nutrition. Social protection and resilience is one of the five strategic areas of the PSMSAN II, under which the government aims to provide social protection to 50% of vulnerable populations by 2023. A Nutrition Strategic Plan (2019-2023) guides the country’s multi-stakeholder nutrition programme including the Programme National Intégré d’Alimentation et de Nutrition (PRONIANUT). The Ministry of Health (MoH) is the institutional home of nutrition, which co-leads the nutrition sector with UNICEF. Multi-sectoral nutrition actions are coordinated by the Permanent Executive Secretariat for the Multisectoral Platform for Food Security and Nutrition (SEP/PMSAN) under the Office of the Prime Minister.

Social protection

Social Protection is guided by a National Commission for Social Protection (CNPS), made up of 11 ministries and supported by a Technical Committee and Permanent Secretariat under the Ministry of Gender and Social Affairs (MDPHASG). The CNPS has devolved structures in all 18 provinces. A National Social Protection Policy (PNPS) was adopted in 2011 and, in 2015 the Government launched a National Social Protection Strategy and Social Protection Support Fund (FAPS). The National Development Plan (2018-2027) includes social protection as a key priority, and in 2020 a National Social Protection Code was adopted that outlines fundamental principles for social protection programming in the country. The drafting of a new PNPS and strategy is currently underway with support from the Social Protection partner group, of which UNICEF is a member. The new PNPS will be based on a lifecycle approach with nutrition integrated into the early childhood period.

Between 2011 and 2020 an increasing proportion of government resources was allocated to social protection by an average of 0.2% per year. In 2020/2021 the Government allocated USD 103.8 million to social protection, representing 12.1% of the total budget (a 50% increase from 2018/2019). However, government social protection spending as a proportion of GDP per capita has declined in recent years (2.93% 2020/21 compared to 3.87% 2015) (UNICEF, 2021) and the proportion of the social protection budget funded by external resources increased (to 37.4% by 2019) (UNICEF, 2019).

3 Systems

Social protection system

Burundi’s social protection system is made up of non-contributory schemes (social assistance) and contributory schemes (social insurance). Given the government’s severe budgetary constraints, most programmes are small scale, and many are managed and financed by development partners.

Social assistance

The Merankabandi (“be like the others”) programme is the government’s social safety net scheme that targets cash to extremely poor and vulnerable households alongside a set of complementary (plus) activities. The Merankabandi pilot was launched in 2018, funded by the World Bank, with technical support from UNICEF and partners. The programme has since expanded and is coordinated by a Project Management Unit (PIU) under the MDPHASG and implemented at provincial level through Centres for Family and Community Development (CDFCs). More details are provided below.
Many other actors use cash transfers or vouchers in Burundi as a modality of assistance to vulnerable populations. A recent OCHA inventory identified 12 implementing partners working on 16 cash transfer projects in 68 communities across the food security, protection, shelter, nutrition, and other sectors (OCHA, 2020).

**School feeding** has been relatively small scale to date, currently covering around 15% of primary school age children, in seven provinces with high food insecurity and low school enrolment rates. School feeding is largely externally funded and implemented by WFP and partners.

The government provides free healthcare for pregnant women and children under five years; subsidies for health care and medication for certain transmittable diseases such as malaria, leprosy, tuberculosis, and HIV/AIDS; and school fee exoneration for primary school age children and some poor secondary school students (UNICEF, 2019).

**Social insurance**

Contributory social insurance programmes exist but have very low coverage. These include a pension fund for old age and professional risks in public and private formal sectors, a public sector health insurance scheme, and private sector health insurance schemes. Currently only 20% of the population have access to health insurance (SNU, 2019). The medical assistance card (CAM) was relaunched in 2012 to pay a share of healthcare costs for people without social insurance, however, its success has been hampered by significant underfunding.

**Labour and jobs**

Donor-funded support for livelihoods includes the socio-economic reintegration of disaster victims, ex-street children and disabled persons. Government support for rural livelihoods is provided in the form of seeds and agricultural inputs to vulnerable rural households.
Social services

Government social services are targeted to the prevention and care of vulnerable groups, including people living with HIV/AIDS (PLWH), victims of sexual and gender-based violence (SGBV), and disabled people. Decentralized services identify vulnerable people and provide limited assistance. Child protection committees exist to identify and refer children in need of protection services.

Health and nutrition system

Burundi’s health system lacks adequate infrastructure and human resources. Only an estimated 42% of the population access health services when needed.⁶ Community management of acute malnutrition (CMAM) services are integrated within the health system, guided by the national CMAM National Protocol, and wasting detection and referral is embedded within the Integrated Management of Childhood Illness (IMCI) strategy. Severe wasting is treated in health facilities and Community health workers (CHWs) are trained and mandated to provide nutrition rehabilitation sessions to moderately wasted children in the community, although CHW capacity needs to be strengthened. Ready-to-use therapeutic food (RUTF) supplies are included in the routine essential medicines list and wasting and infant and young child feeding (IYCF) counselling indicators are included within routine reporting (DHIS2).

Food and agriculture systems

Over 90% of Burundi’s population relies on subsistence agriculture for their livelihood, with reliance on manioc, beans, bananas, sweet potatoes, corn and sorghum for consumption. This contributes to low diet diversity and low consumption of animal source foods and other sources of protein. National food production provides only 65% of food requirements, with the rest being made up from food imports. Around 15% of agriculture production is for marketing, but this accounts for a large proportion of GDP, mainly from coffee and tea exports. Land degradation, especially in highlands compromises agricultural production, leading to growing levels of food insecurity and reduced incomes.

---

⁶ WHO Universal Health Coverage Index data,
4 Design of integrated social protection and nutrition programming

Merankabandi pilot scheme (2018 – 2022)

Merankabandi (“be like the others”) is the government’s social assistance programme, initially begun as a pilot (2018 – 2022) funded by the World Bank and implemented by partners. UNICEF provided technical assistance to support quality implementation of complementary activities, programme monitoring, and accountability to the population. UNICEF advocated for and received additional funds from Belgium part way through the pilot to implement an exit strategy for participants through the implementation of solidarity groups (explained below).

The pilot targeted 56,090 extremely poor and vulnerable households with children under 12 years of age in four provinces (Gitega, Karuzi, Kirundo and Ruyigi) with cash transfers and complementary support to build resilience to economic shocks, natural disasters, and other crises. Provinces were selected based on their very high levels of monetary poverty and child stunting. A total of 247 collines were targeted within the four most vulnerable communes within each province. Eligible households were selected through proxy means testing with community validation.

Cash component

The cash component involved unconditional payments of USD 24 to participating households every two months for 30 months (equating to 60% of per capita income). Payments were made via cell phones given to recipient households free of charge, with transfer and withdrawal costs covered.

Complementary ‘plus’ activities

All participants of the cash component were invited to participate in Behaviour Change Communication (BCC) sessions delivered in tented group spaces named “Hinduringendo” (“let’s change our behaviour”) established in 215 collines. Each tented area included a meeting space, handwashing device, kitchen garden, cooking demonstration area, playground, and latrine. Community Agents were recruited and trained to deliver group BCC sessions in each Hinduringendo (described in Box 1) and to demonstrate cooking practices, kitchen gardening and hygiene practices.

Box 1: Awareness raising modules

1. Explanation of the Household Social Nets support programme
2. Financial literacy and income generative activities
3. Maternal and child health/ family planning
4. Infant and young child feeding
5. Integrated early childhood development

All Merankabandi cash recipients were invited to join community-based ‘solidarity groups’ to support productive livelihoods. This component was established during the final phase of the pilot as an exit strategy for cash participants to support sustained access to a diverse diet and prevent future episodes of child malnutrition. Groups of 25-35 members met weekly to contribute to pooled savings, from which members could draw contributions to income generating activities and unexpected costs. Groups were also used as a platform to deliver financial education and ongoing BCC messages.
Groups were supported by implementing partners for the first 12 months, after which they became self-sustaining. Additional funding from Belgium enabled the integration of Early Childhood Development (ECD) messages into BCC and solidarity groups, targeting parents of children under five years of age.

Results

UNICEF monitored the progress of complementary activities through field surveys, phone surveys and focus group discussions. Results show that over 80% of Merankabandi participants attended BCC sessions between September 2020 and July 2021. Men and community leaders regularly attended the sessions alongside caregivers, which became a place for exchange, debate and learning. Among participating households, results show increased access to health care (+13%), increased exclusive breastfeeding for six months (+5% to almost 92%), decreased lack of food for children (-20%), increased availability of soap (+10%), increased availability of a handwashing point with soap (+14%), increased presence of improved pit latrines (+18%), and increased joint decision making in households (+13%). Almost 95% of participating households held savings and 90% of births were reported to have been registered. Focus group discussions revealed increased caregiver wellbeing, reduced intra-familial conflicts, and improved social cohesion.

Survey data collected in March 2021 revealed that the prevalence of stunting in children under five years was 52.8% among participating households, compared to 69.8% in non-participating households in the same areas. The greatest difference was found in the under two years age group.

Merankabandi scale up (2022 – 2026)

Based on positive findings, World Bank funding has been allocated to extend the project to 145,000 households in 18 provinces over five years. In this iteration, recipient households receive USD 54 every 3 months for 24 months (a larger size transfer compared to the pilot). Participants are invited to participate in the same BCC activities and solidarity groups and receive additional support for job creation. Refugees and host communities are an additional target group. UNICEF will continue to provide technical assistance to support complementary activities and programme monitoring.
Implementation, workforce, and delivery mechanisms to support nutrition-sensitive social protection

Implementation of the pilot phase was closely managed by the MoSA Programme Unit with World Bank input. The World Bank mid-term review showed that cash transfers were paid regularly and on time. UNICEF data show that complementary activities were successfully rolled out, and Community Agents and solidarity groups models were well received by community members.

A key implementation challenge was the weak integration between the cash and complementary activity components. Activities were not delivered at the same time, and there was no system of joint targeting. There was wider community participation in both BCC sessions and solidarity groups and more men than expected participated. While this was seen as positive, not all Merankabandi cash participants were engaged which was a missed opportunity. During the current iteration, ‘light mothers’ are being recruited from among Merankabandi cash participants to carry out BCC and support solidarity groups (Box 2). This is expected to improve programme coherence and sustainability.

Box 2: The ‘light mothers’ model in Burundi

The maman lumière/ light mother model is widely used in nutrition programmes in Burundi. Light mothers are community volunteers who are already practicing positive infant and young child feeding (IYCF) practices. These mothers are identified and trained to support peers in the uptake of positive IYCF practices to support nutrition outcomes.

While solidarity groups have supported productive livelihoods among vulnerable households, there is further to go to provide an effective ‘exit strategy’ for Merankabandi participants. A partnership with WFP is being explored to support the development of productive assets among target communities to complement current activities. More deliberate actions may also be needed to ensure that productive livelihoods translate into sustained provision of nutritious diets for children, especially in relation to increasing the availability of animal source foods and other sources of protein.

Due to the lack of government capacity and weak social protection systems, Merankabandi has so far been delivered by implementing partners (NGOs) in parallel to government systems. All core delivery systems have been set up independently, including the targeting, phone-based payment, management information, and grievance systems. The World Bank is currently supporting the development of a national social registry. This is expected to take several years, as there is no national ID system or government database to build on. Once established, this will be significant step forward in the strengthening of government social protection and will provide an opportunity to improve the targeting of multiple government services. Stronger multi-sectoral collaboration at central and devolved levels, investment in social assistance staff cadres, and broader systems strengthening efforts are also needed.

During 2020, Merankabandi was able to rapidly scale up in response to the COVID-19 pandemic. Through an extension of World Bank funding, the programme was able to register an additional 80,000 participants in a very short space of time using results of field surveys to identify the most vulnerable households. Learning from this experience, a Contingent Emergency Response Component (CERC) is being developed to enable rapid scale up of Merankabandi in response to other emergencies.
6 Monitoring, evaluation, and learning of nutrition-sensitive social protection

A formal evaluation of the Merankabandi pilot was not possible given the lack of baseline data. UNICEF carried out real time monitoring (RTM) throughout the pilot to measure programme performance and results. A more comprehensive monitoring and evaluation system is being designed to inform future integration and scale up. This includes analysis of the characteristics of participants of complementary activities to monitor how effectively the programme is targeting young children, and a range of indicators along the nutrition impact pathway.

7 Overall lessons learned

Linked social protection, nutrition and livelihoods responses provide an opportunity to address multiple household deprivations and increase the impact of poverty alleviation, food security and stunting reduction strategies.

Long-term investment in strong partnerships with multi-lateral partners in-country can pave the way for UNICEF to participate in and influence large scale, multi-sectoral programmes such as the Merankabandi programme.

Provision of complementary activities alongside cash transfers, such as nutrition and ECD behaviour change communication, financial education and livelihoods support, can help to ensure that additional household income leads to improved child nutrition and wellbeing. This will have greater impact when all programme components are delivered in tandem.

Investing in productive livelihoods, through community-level savings groups, livelihoods support and job creation, can help to provide an exit strategy for cash transfer participants.

Efforts to support productive livelihoods and assets must be child nutrition-sensitive to ensure that this translates into improved diets for young children.

Embedding deliberate linkages with multiple systems (health, food and agriculture, social protection, WASH) into the design of social assistance programmes will improve access to multiple services for vulnerable households. Engagement of multiple sectors in the design, planning and coordination of social assistance is an important pre-cursor to this.

Recruitment of social assistance participants as volunteers/peer leaders to support BCC can provide greater programme sustainability and better linkages between different programme components.

A long-term strategy for the strengthening of government social protection systems is needed to ensure the sustainability of social assistance programmes.

Social assistance programmes must have a comprehensive monitoring and evaluation plan to ensure that indicators along the nutrition impact pathway are monitored, and to inform course corrections and future scale up.
8 Future opportunities

• Influence the design of Merankabandi to ensure stronger linkages between programme components, increase the nutrition-sensitivity of livelihood and productive assets components, facilitate stronger multi-sectoral coordination at local administration level, and increase Merankabandi’s capacity for shock-response.

• Support the MoSA to advocate for investment in the long-term strengthening of national social protection systems from central to local levels.

• Build the capacity of local social assistance staff to link Merankabandi participants with health and nutrition services and build the capacity of health workers to link clients to social assistance (e.g. households of children discharged from treatment for severe wasting to prevent relapse).

• Improve the nutrition-sensitivity of the livelihoods component of Merankabandi to enhance child diets. This could include more intentional links to the food system to improve the availability of nutritious foods, including foods high in protein.

• Encourage the engagement of multiple sectors in the development of a national social registry to support the targeting of multiple services to vulnerable populations.

• Develop a comprehensive monitoring framework for the current iteration of Merankabandi to ensure that indicators along the nutrition impact pathway (food, practices, and services) are monitored.
Références


OCHA (2020) Transferts monétaires au Burundi (3W Groupe de Travail Transferts Monétaires)


