Key messages and recommendations

• The proportion of the national budget allocated to the social protection sector is 10.88% in 2019/2020, against 9.6% in 2018/2019.

• The sector is covered by a number of institutions and ministries, coordinated by the Permanent Executive Secretariat of the National Social Protection Commission under the Ministry of Human Rights, Social Affairs and Gender (MHRSAG).

• A cash transfer programme (Merankabandi) has been in place in four provinces since 2018, covering 50,000 households. Nevertheless, social protection coverage for vulnerable populations remains limited.

• The sector is in need of additional resources in order to expand its reach. The scaling-up of Merankabandi and a number of community approaches represent an excellent base from which to strengthen the system.

• Given the growing number of cash and social transfer programmes, the implementation of a single registry of beneficiaries is vital to the development of a unified social registry.
BUDGETARY ANALYSIS
SOCIAL PROTECTION

Introduction
Social protection can be conceptualized as a range of public or private measures to guarantee the access of the population to health care and education services and to substitute income during periods of socio-economic shocks, such as illness, maternity, unemployment, old age, disability, work accidents, professional injuries or illnesses, death of family breadwinner, etc. As an issue at the heart of inclusive economic growth, social protection is embedded in various planning instruments: Vision Burundi 2025⁵, the National Development Plan 2018–2027² and the Sustainable Development Goals (SDGs)³.

Social protection interventions are an effective way of combating poverty. Given the number of Burundians living under the poverty threshold, non-contributory social protection to the most vulnerable is critical to ensure sustainable development, in particular with regard to the social sectors and economic empowerment.

Table 1. Poverty level of the Burundian population in 2013/2014

<table>
<thead>
<tr>
<th>Poverty rate</th>
<th>Total population</th>
<th>Children under 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>National poverty line (BIF 636,510/year or BIF 1,744/day)</td>
<td>65%</td>
<td>69%</td>
</tr>
<tr>
<td>Former international poverty line (US$1.25)</td>
<td>70%</td>
<td>74%</td>
</tr>
<tr>
<td>New international poverty line (US$1.90)</td>
<td>86%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Source: Household Living Standards Survey 2013/2014

The social protection sector faces several constraints:
• Low incomes for informal sector workers and the rural population⁴, which limits affiliation to contributory social protection schemes;
• Weak sustainability of development programmes;
• Lack of harmonization, coherence and coordination of social protection interventions;
• Limited protection of the population in the face of socio-economic shocks that contribute to a loss of or drop in revenue, in particular old age, illness, death of a breadwinner, maternity, loss of a job, professional dangers, child birth, education, etc.

In the face of these obstacles, the government of Burundi has undertaken a number of actions⁵:
• Abolition of fees for primary education and for health care for children under five years and mothers giving birth;
• A subsidy to pay for health care and medication in the case of certain transmittable diseases, such as malaria, leprosy, tuberculosis and HIV/AIDS;
• Revitalization of an institutional, legal and regulatory framework on social protection, etc.

Implementation of these actions requires significant financial support. The next section describes trends related to relative expenditure on social protection.
**Trends in budgetary allocations to the social protection sector**

Resources allocated to the social protection sector (in constant values of 2011) between 2011 and 2019/2020 have seen an average annual growth rate of 6.7%, which demonstrates increased political will to address the economic insecurity of vulnerable populations. However, this increase hides a number of significant disparities, which in fact divide the period under study into peaks and troughs. Budgetary allocations experienced a rising trend between 2011 and 2015, with an average annual growth rate of 19.7%. Allocations then reduced by around half between 2015 and 2016, before climbing again. This situation is explained by the withdrawal of a number of technical and financial partners in 2015. It is noteworthy, however, that total allocations to the sector in 2015 were still higher than those of 2019/2020.

Relative to the overall budget over the same period, the same trend can be seen. As such, we can see that, since 2017, Burundi has been trying to get back to the 2015 level of funding (11.03%) – and nearly reached it in 2019/2020 (10.88%).

In macro-economic terms, expenditure on social protection has seen an identical evolution. After a small dip in 2012 (2.03% of gross domestic product (GDP) against 2.14% in 2011), the rate grew steadily to a peak of 3.87% in 2015, before falling in 2016 (1.62%) and then rising again until 2019/2020 (2.75%). There is therefore a correlation between expenditure on the sector and GDP.

**Figure 1. Trends in budgetary allocations in nominal and real terms (BIF billions)**


Relative to GDP (Figure 2), the share allocated to social protection is far from that allocated in 2015 (3.87% against only 2.73% in 2019/2020). Burundi should thus increase its allocations to the sector to fit with demographic growth.

**Figure 2. Evolution of expenditure on social protection as a share of GDP and a share of the total budget (%)**

Composition of social protection sector expenditure

The ministry in charge of social protection programming in Burundi is MHRSAG. However, other ministries and public institutions implement interventions in the area of social protection, in particular the Ministry of Public Health and the Fight Against AIDS, the Ministry of Education and Technical and Professional Training, the Ministry of Hydraulics, Energy and Mines (MHEM) and the Ministry of Environment, Agriculture and Livestock (MEAL).

Within the sector, the Ministry of Health makes up 44.5% of expenditure and MEAL 20.1%. Figure 3 shows the contributions of these and the other relevant institutions.

An analysis of interventions in the social protection sector shows that the largest programmes are as follows: free health care, prevention and care for vulnerable groups (persons living with HIV (PLWH), survivors of sexual and gender-based violence (SGBV)), university grants and other subsidies, subsidies for seeds and agricultural inputs (fertilizers), the medical assistance card, school canteens, etc.

Resources allocated to the sector cover several programmes, with the most important (taking up 67% of the total) shown in Figure 4.

Source: Authors’ calculations based on the Finance Law 2019/2020
Sources of social protection financing

From 2015, both bilateral and multilateral donors reduced their financial support to Burundi. As a result, a rising trend is observed in internal resourcing since 2018/2019, which also reflects government willingness to support this sector.

This budget brief is part of a series of budgetary analyses of the social sectors for fiscal year 2019/2020.

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1 Pillar 2: Human capital development.
2 Strategic Axis 2: Human capital development; Intervention Axis 6: Social protection sector development.
3 SDG 10: Reduce inequalities among and within countries.
4 95% of poor and extremely poor Burundians live in rural areas.
5 ILO technical evaluation of the implementation of a social protection floor in Burundi, 2014; study on innovative financing mechanisms for social protection, 2017.
6 Budgetary allocations in nominal terms are those that are given for a given period. Budgetary allocations in real terms are those that are adjusted according to a rise in prices compared with a base figure or reference (here, a figure from 2011).