Urwaruka Rushasha (New Generation): Improving the wellbeing of vulnerable children in Burundi

An evaluation of the impact of a savings program and family-based intervention on household assets and the protection, development and well-being of children in Burundi: a randomized control trial


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Introduction

Recovering from decades of conflict that claimed 300,000 lives and forced over a million people to flee their homes, Burundi is one of the poorest countries in the world. Since 2003, over 500,000 refugees have returned to the country and the potential for political instability is high. In this context, families, particularly those that have been most affected by conflict and displacement, lack the capacity to adequately respond to children’s needs, and children face significant risks that impact their physical, cognitive, and social-emotional development.

To address the risks facing children, while also building evidence around effective approaches to improve outcomes for children affected by both poverty and armed conflict, the IRC is implementing Urwaruka Rushasha (New Generation), a three-year project with a randomized control trial. The project, funded by USAID’s Displaced Children and Orphans Fund (DCOF), aims at improving the protection, development and well-being of highly vulnerable boys and girls in Burundi’s Makamba and Bujumbura Rural provinces where rates of refugee return, population density and potential for political instability are the highest. The project consists of two interventions that benefit 1,600 families and their children: 1) a Village Savings and Loans Association (VSLA) intervention to strengthen the participants’ economic situation and 2) an added family-based discussion group called "Healing Families and Communities" (referred to as “VSLA Plus”).

This brief presents the results of the mid-term evaluation of the New Generation project. The randomized controlled trial was designed with enough statistical power that the impact of the VSLA intervention can be examined with the data from the baseline and the mid-term survey. To determine the full impact of the Healing Families and Communities discussion modules, data from the final survey, due to be undertaken in 2012, is needed. The results of the mid-term evaluation, coupled with the results of the final evaluation, due to be undertaken in 2012, will fill a gap in knowledge about the impact of VSLAs and family-based interventions on children’s well-being in conflict affected settings. This knowledge will help determine 1) whether humanitarian and development organizations should focus on VSLA interventions to reduce poverty; and 2) whether increasing family income is sufficient to improve child well-being, or whether family-based interventions provide an added benefit.
Project & Evaluation Design

To rigorously examine the impact of the intervention, the New Generation project design includes a randomized controlled trial with a baseline survey and two follow-up surveys. Two questions drove the design of the evaluation:

- Do Village Savings and Loan Associations improve economic outcomes of poor households?
- Does the “Healing Families and Communities” discussion series offer additional benefits for child well-being beyond that which can be explained by increased economic outcomes? Or is money alone enough to improve child well-being in poor families?

To address these questions the evaluation aimed to:

- Assess the impact of VSLA programs on (a) household assets and consumption, including spending on children’s education, health, nutrition and clothing; (b) children’s education, labor, health and psychosocial well-being; (c) caregiver’s use of harsh punishment and positive communication, and (d) family functioning; and
- Assess the incremental impact of a family-based intervention added to the VSLA program on (a) household assets and consumption, including spending on children’s education, health, nutrition and clothing; (b) children’s education, labor, health, and psychosocial well-being; (c) caregiver’s use of harsh punishment and positive communication, and (d) family functioning.

Before the baseline survey, the IRC identified 77 self-selected VSLAs representing 1,600 households that met the project criteria. These VSLAs were randomized into either a waitlist control group (37 associations) or a treatment group (40 associations). Of the 40 VSLAs in the treatment group, half were selected to also participate in the family-based discussion groups (VSLA Plus) during the first project cycle (April 2010-March 2011). The waitlist control group did not participate in either VSLAs or VSLA Plus during the first project cycle. The baseline survey was conducted between January and March 2010. The mid-term survey, on which this brief is based, was conducted between April and May 2011. Both surveys consisted of a household survey, completed by the VSLA member, and a separate child survey of a randomly selected child in the household between the ages of 10-14.
Findings

**Participation in VSLAs increased consumption expenditures**

Consumption expenditures are a key indicator of welfare in rural regions in Africa, where most people do not gain an income at all or have highly irregular incomes. Between the baseline and mid-term survey, average consumption expenditures increased from 30.8 USD per person per month to 35 USD per person per month. Increased consumption expenditures were seen in both the treatment group (households that received the VSLA intervention in 2010) and the control group (households that did not participate in the VSLA intervention in 2010). However, for the treatment group, the increase in average consumption expenditures was far greater. While per person monthly expenditures increased by 0.4 USD for the control households (a 1.3% increase), the increase for the treatment households amounted to 7.4 USD (a 24.4% increase). The net impact of VSLA-participation amounts to 7 USD per person per month and is statistically significant.

**VSLA participation led to poverty reduction**

At baseline, 65.7% of all households in our sample lived below the international poverty line of 1.25 USD a day. At mid-term, and despite the overall increase in consumption expenditures, the percentage of households living in poverty had increased to 68.5%. The overall increase in poverty is the result of a sharp increase in poverty among the households in the control group (see the figure). The percentage of households in the control group who were living below the poverty line increased by 10 percentage points, from 64.6% at baseline to 74.5% at mid-term. In contrast, the percentage of households in the treatment group who were below the poverty line modestly dropped from 67.7% to 63.5%. The results suggest that VSLA participation enabled the treatment households to escape a general downward economic trend in rural Burundi. According to the data, the net impact of VSLA participation amounts to a 14% reduction in the percentage of families living below the poverty line, an effect that is statistically significant.

**Household assets increased as a result of participation in VSLAs**

The impact of the VSLA intervention on asset holdings confirms the patterns found for expenditures and poverty. While the score on the asset index, a standardized indicator of a household’s asset holdings, decreased for the control households, it increased for the treatment households. On average, VSLA participation led to an increase of 0.22 standard deviations in the asset index. This roughly corresponds to an extra head of cattle for those who participated in VSLAs.
Participation in the Healing Families and Communities discussion modules reduced harsh discipline

The results of the mid-term survey show that VSLA participation alone does not affect the ways in which VSLA members discipline their children. However, households that participated in the VSLA Plus intervention show large reductions in harsh methods of disciplining their children, both physical and verbal (or psychological punishment, as termed by UNICEF). The impact is particularly remarkable for harsh verbal discipline: among households that participated in the discussion modules, there has been a 20 percent reduction in the number of parents who shouted or yelled at their children, called their children dumb or lazy or insulted them in another way. There are also notable reductions in corporal punishment: the percentage of respondents that hit their children on the hand, arm or leg halved, while the percentage that reported hitting their children with a stick or another hard object fell from 7% to 2.5%. Data provided by children themselves for the survey confirmed that the discussion modules were effective in reducing harsh child discipline practices.

Participation in VSLAs increased child well-being; data from children shows the effects are greater in households that also participated in the discussion modules

Both the household survey and the child survey found that participation in VSLAs had a positive impact on child well-being. However, while the discussion modules had no added value according to the caregivers’, the children’s responses showed that the discussion modules had significant added value.

According to the household survey (responses from caregivers), overall child well-being increased substantially between the baseline and the mid-term survey for all groups. The score on the child well-being scale increased by 43% for the control households (who did not receive any of the interventions), by 57% for the VSLA households and by 52% for the households who participated in both VSLAs and discussion modules. The finding that child well-being, as reported by the parents, increased drastically in control households may be explained by response bias: even households that did not participate in the first cycle of the project (control households) are aware that the project targets child well-
being. This may have led respondents to answer in ways that they thought would be desirable to the interviewer.

The children’s answers on the child well-being scale present a slightly different picture, one that is less likely influenced by social desirability bias. While the aggregate well-being score did not change for the children in the control households, it increased by 6% for children in VSLA households and 20.5% for children whose parents also benefited from the discussion modules.

Children whose caregivers participated in the discussion modules show improved mental health

Although data showed improvements in the aggregate well-being of children whose parents or caretakers participated in both the VSLA and VSLA Plus interventions, data showed that increasing a family’s economic means (through the VSLAs) does not by itself lead to better child mental health outcomes. Yet, according to reports from both children and caregivers, adding a family-based discussion group component (black dashed line in the figure) decreases children’s distress and aggression.

VSLA Plus family-based discussion groups reduced the incidence of family problems; however, participation in VSLAs has minimal impact on family well-being

Results from both caregiver and child surveys illustrate that the family-based group discussion reduced the incidence of family problems (such as intoxication of family members, violence among family members or an adult in the family who sells household property without consent). Relative to control and VSLA households, households in the VSLA Plus intervention experienced significantly lower levels of family problems. However, according to both the household and child surveys, family well-being did not change much between the baseline and the mid-term survey.
Conclusion and Future Directions

Overall, results from the mid-term survey are extremely encouraging and clearly highlight the positive impact the project is having on vulnerable families in post-conflict Burundi. The VSLAs have increased both financial and physical assets at the household level and there are clear indications that the Healing Families and Communities discussion modules are improving the protection, development and well-being of children and families. The positive impact of the discussion modules is particularly apparent in the reduction of harsh discipline in the home and improvements in child/parent communication. These results provide evidence that VSLAs can in fact improve economic outcomes for those living below the poverty line. They also provide evidence that together VSLAs and family-based interventions are an important approach for improving children’s well-being.

The second cycle of the project began in June 2011 and will continue through August 2012. For the second cycle, the control group from cycle 1 (37 VSLAs) was randomized into two groups: one receiving VSLA support only and the other receiving both VSLA support and participating in family-based discussion groups. The original treatment groups (VSLA and VSLA Plus) are expected to continue functioning with minimum support from the IRC during the second cycle.

The final evaluation, scheduled for August 2012, will provide more robust evidence regarding the impact of the discussion modules, provide further insight into the process by which the VSLAs have led to improved outcomes, and offer evidence to guide future programming. However, a number of recommendations regarding future direction of the project can be made based on the clear, positive results of the midterm evaluation. First, planning should begin to scale up the project at the provincial and/or national level. This involves securing funding and exploring cost-effective approaches that maintain project quality. Other steps include exploring additional economic strengthening components that can be provided at low cost; documenting other significant events and interventions in the project location in order to determine potential causes of unexplained results; expanding the final evaluation to include first-cycle VSLA participants and collecting information on the use of loans; and taking a comprehensive approach to addressing violence against children by also addressing violence in the schools.