

BIO-FORTIFIED VALUE CHAINS FOR IMPROVED MATERNAL AND CHILD NUTRITION II

Prioritizing Gender Equality, Disability and
Social Inclusion in Nutrition Programming

BURUNDI



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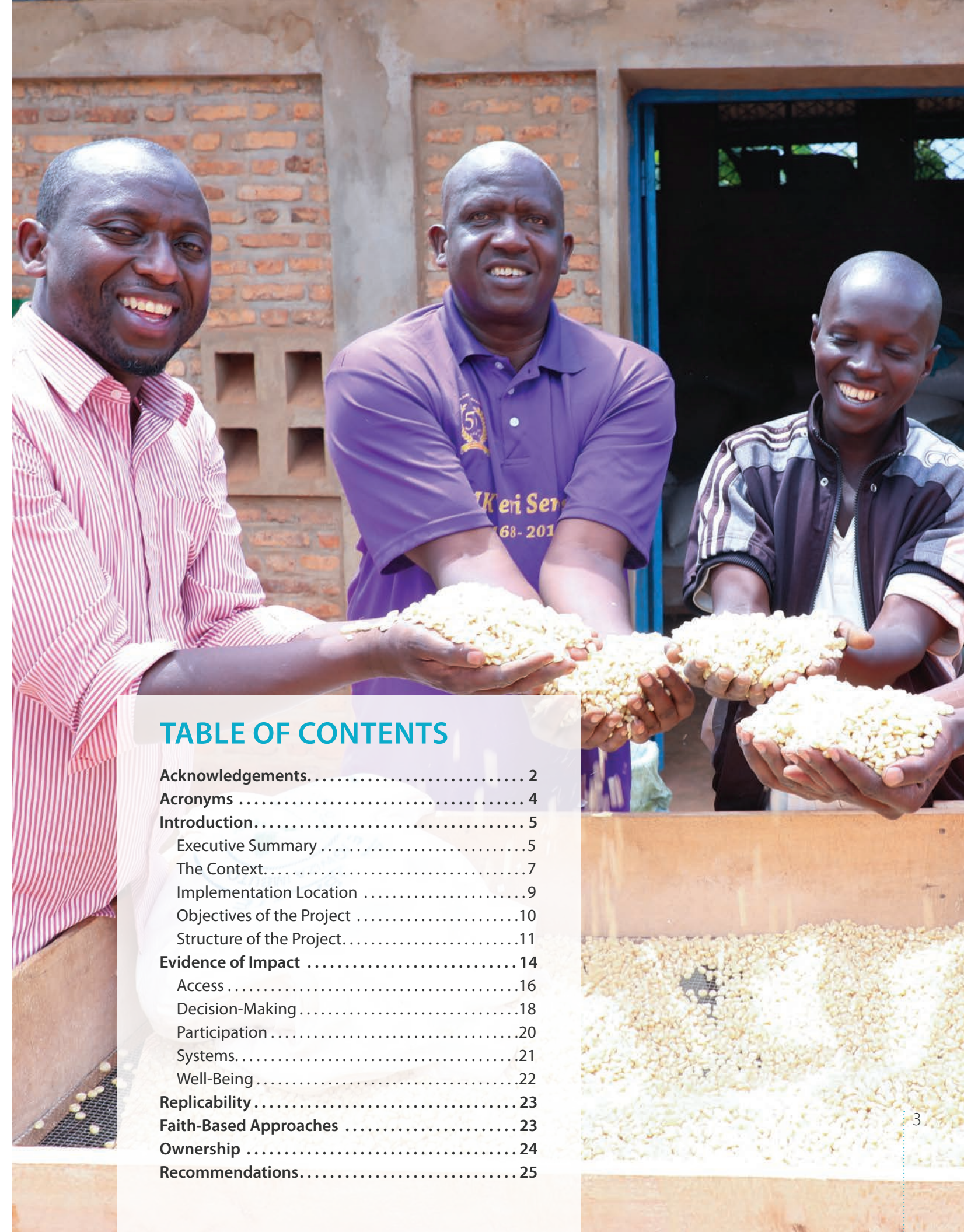


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ACRONYMS

AGVSAN: Analyse Globale de la Vulnérabilité, de la Sécurité Alimentaire et de la Nutrition (*Global Analysis of Vulnerability, Food Security and Nutrition in Burundi*)

ANCP: Australian NGO Cooperation Program

B4MCN II: Bio-fortified Value Chains for Improved Maternal and Child Nutrition Phase II

BCC: Behavior Change Communication

BRB: Bank of the Republic of Burundi (Burundi Central Bank)

CHWs: Community Health Workers

CoH: Channels of Hope

CVA: Citizen Voice and Action

CWBO: Child Well-Being Objective

DFAT: Department of Foreign Affairs and Trade (Australia)

DHS: Demographic and Health Survey

DME: Design, Monitoring, and Evaluation

ENSNMB: Enquête nationale sur la situation nutritionnelle et de mortalité au Burundi (*National Survey on Nutrition Status and Mortality in Burundi*)

EWV: Empowered Worldview

GAM: Global Acute Malnutrition

GBV: Gender-Based Violence

GEDSI: Gender Equality, Disability and Social Inclusion

GIFT: Gender-inclusive financial literacy training

GMP: Growth Monitoring and Promotion

HDI: Human Development Index

HH: Household

IGA: Income Generating Activities

iMSD: inclusive Market Systems Development

ISABU: Institut des Sciences Agronomiques du Burundi (*Burundi Institute of Agronomic Sciences*)

IYCF: Infant and Young Child Feeding

LVCD: Local Value Chain Development

MIYCF: Maternal, Infant and Young Child Feeding

MTR: Mid-Term Review

NGC: Nurturing Care Group

NGO: Non-Governmental Organization

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

ONCCS: Office Nationale de Contrôle et Certification des Semences (*National Seed Control and Certification Office*)

OPD: Organization of People with Disabilities

PPI: Progress out of Poverty Index

PWD: People with Disabilities

S4T: Saving for Transformation

SDG: Sustainable Development Goal

TOTs: Trainers of Trainers

U5: Under Five Years of Age

UN: United Nations

UPG: Ultra Poor Graduation Model

USAID: United States Agency for International Development

VNR: Voluntary National Review (for SDGs)

WASH: Water, Sanitation and Hygiene

WEE: Women's Economic Empowerment

WGQ: Washington Group Questions

WHO: World Health Organization

WVIB: World Vision International Burundi

INTRODUCTION

EXECUTIVE SUMMARY

The Bio-fortified Value Chains for Improved Maternal and Child Nutrition (B4MCN) II project (July 2021- June 2026) is funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT) under the Australian NGO Cooperation Program (ANCP). The implementation is led by World Vision Australia and World Vision Burundi. The project aims to transform current implementation practices by strengthening the participation and economic gains of smallholder farmers, particularly women, and the Batwa community within key market systems. This is achieved through gender-sensitive mapping, careful selection, and engagement of market actors, with a focus on high-value crops such as iron-rich beans, orange-fleshed sweet potatoes, maize, and rabbit production. The project facilitates the development of pro-poor business models that foster mutually beneficial relationships, ensuring that marginalized groups are integrated into value chains in an inclusive manner.

The B4MCN II project was selected as a gender equality, disability, and social inclusion (GEDSI) Promising Practice for its intentional, transformative design that embeds GEDSI to combat child malnutrition in Burundi's vulnerable provinces including Muyinga, Karusi and Kirundo. From inception, the project targeted root causes such as women's and people with disabilities' cultural confinement, traditional barriers that limit participation in value chains as well as land ownership exclusion for Batwa community members. These constraints directly hinder household income and child nutrition.

By prioritizing women and girls, Batwa indigenous people and people with disabilities, B4MCN II aligns with World Vision's global child well-being strategy under "Our Promise 2030," emphasizing maternal and child nutrition, family resilience, and inclusive economic empowerment to break intergenerational poverty cycles. The project contributes to two child well-being objectives specifically Child Well-being Objective (CWBO) 2 (Increase in children who have positive and peaceful relationships in their families and communities)and CWBO5 (Increase in children who are well nourished).

GEDSI was integrated holistically throughout project activities. Inclusion was mainstreamed through the implementation of reasonable accommodation measures for special groups. Overall, the project reached 54% female, 1.6% people with disability, and 1% of excluded Batwa minority group members. In addition, targeted interventions addressed specific barriers faced by excluded groups, including:

- Ultra-poor graduation providing Batwa households with productive assets;
- Gender inclusive financial literacy training for couples, entrepreneurship, financial management, and leadership to enhance women's economic opportunities and market readiness;
- Skills training and asset transfer for people with disabilities; and,
- Cash for work for most vulnerable households.

The project addressed the five GEDSI domains of change, with a particular focus on addressing negative cultural norms which hinder economic participation of women, girls, and other marginalized groups. It also focused on using faith and development approaches and capitalizing on men as allies using male engagement approaches. Finally, each technical intervention was accompanied by enabling activities which considered strategic and practical needs of men, women, boys and girls. For instance, Ultra-Poor Graduation program participants were taken through Celebrating Families and Empowered World Views trainings tackling the root causes of intimate partner violence which can hinder good utilization of cash vouchers and assets.

These GEDSI-integrated efforts had a significant positive impact on vulnerable children, families, and communities. Reduction in women's workloads enable greater nurturing care and contributed to improved dietary diversity in Burundi where malnutrition levels remain critical. Income diversification strengthened household resilience by supporting improved nutrition, health, education, and shelter while joint decision-making prioritized child-focused expenditures. Testimonials reflect transformed household and community dynamics. Equitable decision-making rose to 78.7% in the domestic sphere and 73.5% in productive activities, while 54.2% of respondents reported involvement in decision-making regarding the use of their income. Additionally, women rose to leadership positions at 57% in saving groups, and 72% in community crèches. Gender-based violence (GBV) reporting increased from 57% to 66.2%, reflecting heightened awareness and willingness to report incidents despite persistent stigma.

THE CONTEXT

Burundi, located in the Great Lakes Region of Africa, is bordered by Tanzania to the east, the Democratic Republic of the Congo to the west, Rwanda to the north, and Lake Tanganyika to the southwest. The country has an estimated population of 13 million people and is characterized by a high population density of approximately 442 individuals per square kilometer. As a landlocked country with a predominantly low-income economy, approximately 85% of the population is engaged in the agricultural sector¹.

According to the 2023 Households Analysis of Vulnerability, Food Security and Nutrition in Burundi indicated that 41.2% of households experience food insecurity². Infant and Young Child Feeding (IYCF) practices remain unsatisfactory, with only 28.6% of children aged 6 to 23 months achieving minimum dietary diversity, while 18.2% met the criteria for minimum acceptable dietary intake.

Data from the 2024 National Survey on Nutrition Status and Mortality in Burundi (ENSNMB) revealed a Global Acute Malnutrition (GAM) prevalence among children aged 0 to 5 years of 8.0%, with regional prevalence ranging from 7.4% to 8.7%. This rate exceeds the World Health Organization's (WHO) 5% threshold, categorizing Burundi's nutritional status as an average (precarious) public health concern.

Stunting remains alarming high, affecting 52.8% of children the same age group nationally, with national variation ranging between 51.4% and 54.3%, and significantly surpassing the WHO's emergency threshold of 30%³. According to the third Burundi Demographic and Health Survey (DHS III, 2016–2017), significant gender disparities persist in economic empowerment and decision-making. 11% of men reported using a bank account, compared with just 5% of women. Furthermore, only 69% of women participated in decision-making regarding major household purchases. The survey also reported that 50% of women who were married, recently divorced, or separated experienced GBV, including economic, social, psychological, physical, or sexual abuse, perpetrated by their current or most recent spouse. The prevalence of intimate partner violence (IPV) varied significantly, with 31% in Bujumbura Capital and 73% in Kirundo⁴. Early marriage remains widespread, with 38% of women aged 20 to 24 having been married or in union before the age of 18, while 19% of adolescents were already married or in union. Notably, 73% of women and girls aged 15 to 49 years believed that a husband is justified in hitting or beating his wife for at least one specified reason, reflecting deeply entrenched harmful social norms.⁵

GEDSI-related vulnerabilities remain persistent with cultural and structural challenges rooted in patriarchal norms. Traditionally, women are expected to be obedient to men, excluded from leadership roles, and discouraged from participating in decision-making processes. These beliefs are reinforced by social expectations that prioritize male authority in both household and community settings. Despite constitutional provisions and international commitments to gender equity, women's representation in political, economic, and social spheres remains limited, particularly in rural areas where traditional customs dominate for instance, only 8% of chief of hills are female.⁶ Further, women lack control over household resources. These factors limit women to participate in local value chains, thereby limiting

¹ www.worldbank.org/en/country/burundi/overview : Last Updated: Oct 02, 2025

² Analyse Globale de la Vulnérabilité, de la Sécurité Alimentaire et de la Nutrition au Burundi (AGVSAN 2023)

³ Enquête nationale sur la situation nutritionnelle et de mortalité au Burundi (ENSNMB) 2024

⁴ Burundi, Third Demographic and Health Survey.2016-2017

⁵ Burundi, Third Demographic and Health Survey.2016-2017

⁶ United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2024, March). Burundi country gender equality profile (English, French and Kirundi versions). UN Women – Africa. Retrieved from africa.unwomen.org/en/digital-library/publications/2024/03/burundi-country-gender-equality-profile-english-french-and-kirundi-versions

their contribution to household income and their capacity to overcome malnutrition⁷ in their children. In Burundi, the Human Development Index (HDI) gender gap is 6.6% between men and women, and there is a huge income gender gap of 38%⁸. Compounding this, women spend 36% less time in school than their male counterparts⁹, which confines many of them to low-skilled and unqualified jobs. In addition, women in Burundi bear the main responsibility for taking care of children, they spend on average 250% more time on unpaid care work than their partners¹⁰. Women are rarely involved in decision-making about income use at the household-level and are unable to influence the finances dedicated to purchase high nutrient-rich food for children. Further, most women do not own land. Indeed, only 5% of rural land is registered by women¹¹ and as a result are usually not involved in decision-making regarding the use of land dedicated to nutrition or cash crops as well as expenditures for children's health or education.

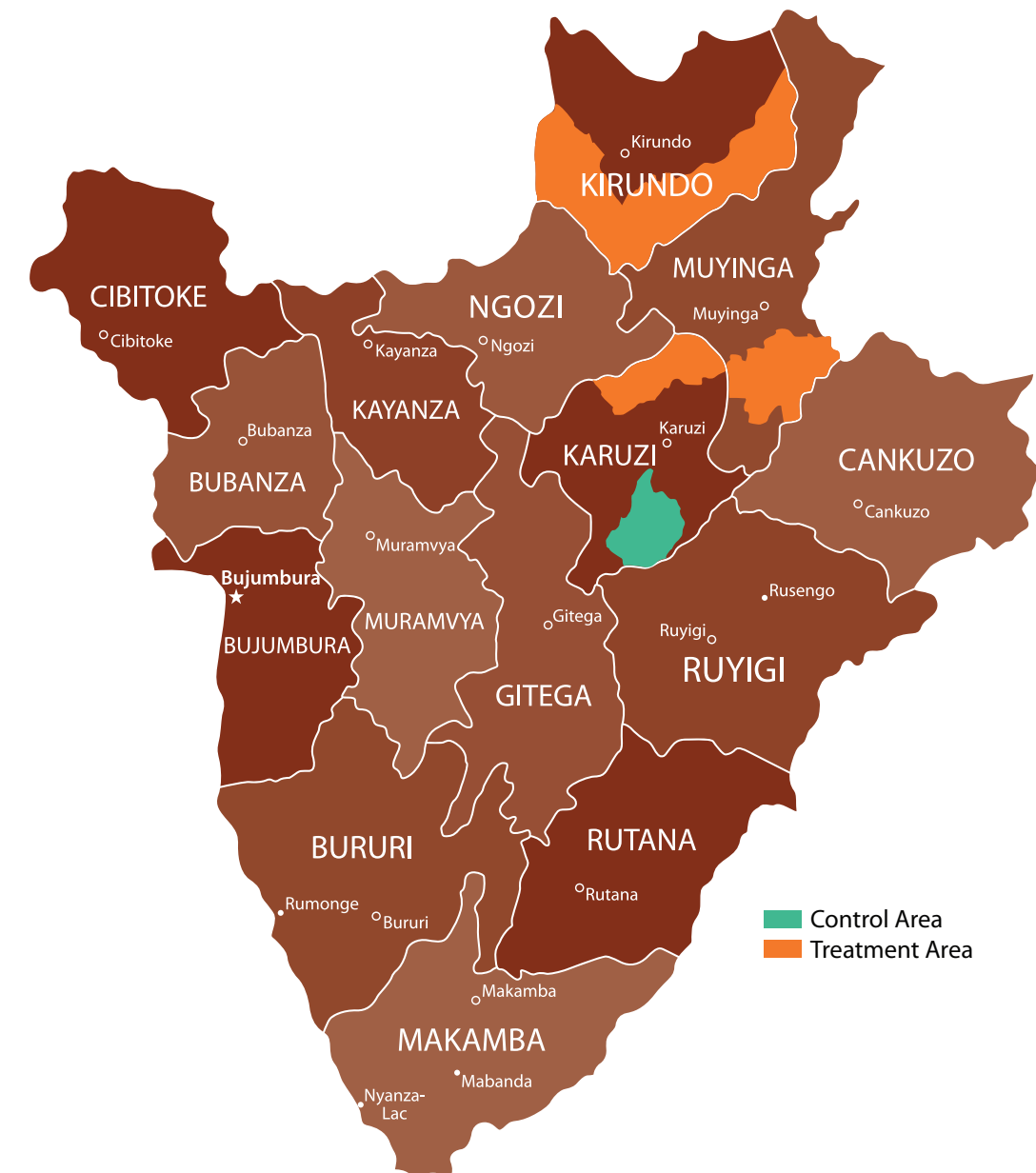
Data indicate a high prevalence of disability, yet access to basic services and economic participation remain critically low. According to the World Bank (2021), approximately 15% of Burundi's population lives with some form of disability. Despite this, only 10% of men and 12% of women with disabilities have ever attended school, severely limiting their employment opportunities. Physical inaccessibility and pervasive social stigma act as major barriers to accessing healthcare, education, and public spaces, confining many people with disabilities to dependency and poverty.

The Batwa, Burundi's indigenous minority representing an estimated 1% of the population, endure profound marginalization rooted in historical dispossession and social exclusion. Their near-total landlessness is a defining factor of their vulnerability with 60% Batwa households having less than 500 square meters of farmland while 14.7% have no land at all, therefore most of them are day laborers and resort to negative coping mechanisms such as petty theft.¹²

Additionally, only 47% of SDG5 indicators are monitored in the country, which demonstrates poor prioritization of the thematic by decision-makers. There is further lack of disaggregation by disability status and ethnicity for most indicators, rendering these populations statistically invisible. For instance, the SDG indicators specifically relevant to indigenous peoples (under SDG 2, 4, and 10) and persons with disabilities (under SDG 8, 10, and 11) are rarely collected or reported. This data gap, as noted in Burundi's Voluntary National Review (2023), hinder evidenced-based advocacy efforts by civil society organizations.

IMPLEMENTATION LOCATION

The project is implemented in six communes: Buhinyuza in Muyinga Province, Gitaramuka in Karuzi Province; and Vumbi, Ntega, Bwambarangwe and Gitobe in Kirundo Province. These areas were selected due to their high vulnerability to food insecurity and malnutrition. Kirundo province, historically regarded as 'granary of Burundi', but has experienced prolonged climatic disturbances characterized by recurrent water deficits. These conditions have contributed to repeated episodes of food insecurity for more than two decades. These selected communes were identified as among the most vulnerable based on the vulnerability mapping conducted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 2017, which used 32 indicators in the sectors of Nutrition, Health, Child Protection, Disasters, Education, WASH, Food Security and Logistics. Also, the level of malnutrition in these communes is higher than other communes in the northern part of Burundi.

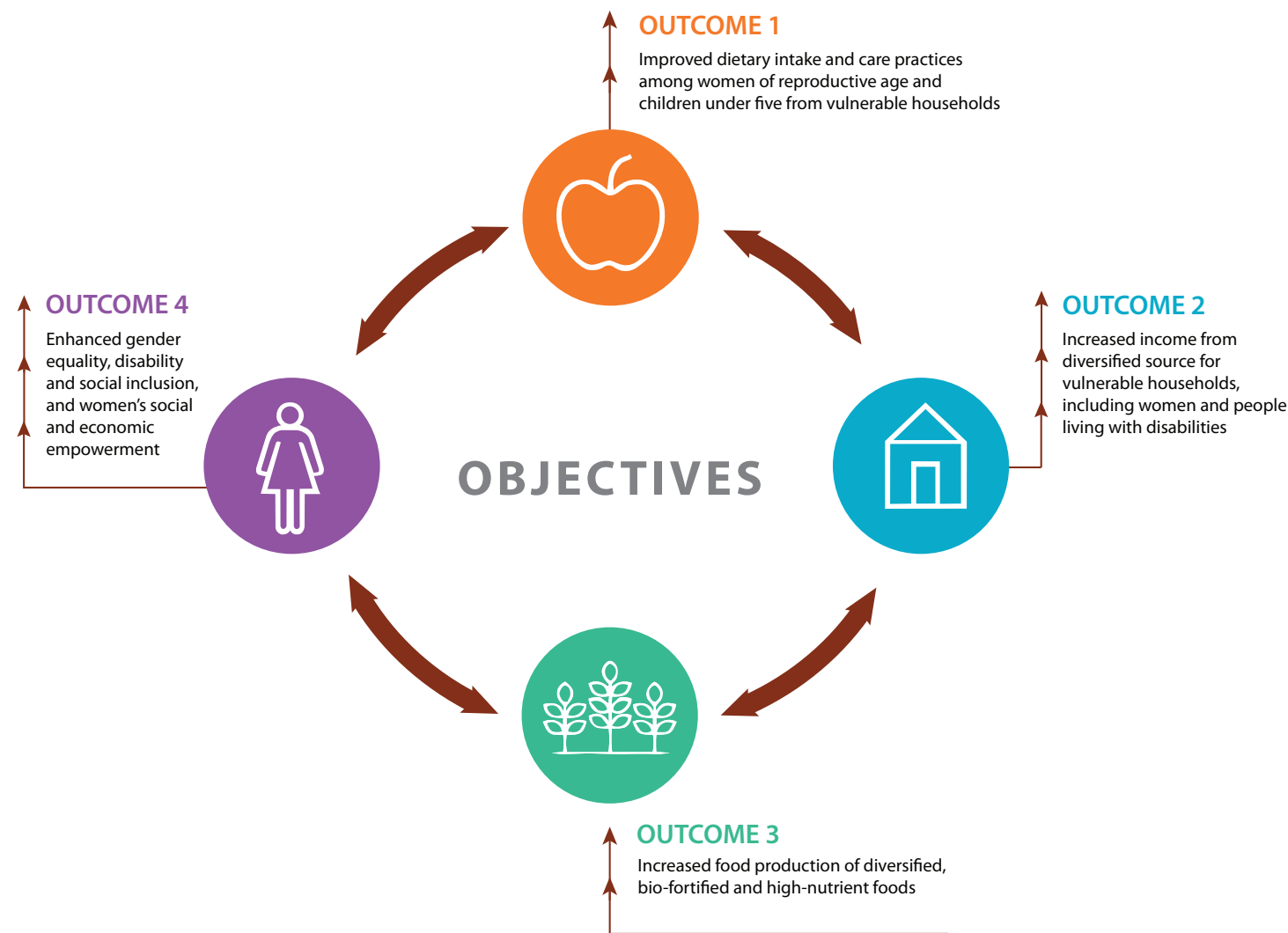


7 Rapport sur le Développement Humain 2021/2022, PNUD
 8 Rapport sur le Développement Humain 2021/2022, PNUD
 9 UN Women. (2020). Progress on the Sustainable Development Goals: The gender snapshot 2020 – Burundi. Retrieved from data.unwomen.org
 10 Musyoka-et-al-2024-can-men-unburden-women-from-unpaid-care-work-evidence-from-burundi, April 2024
 11 UN Women, Burundi country Gender equality profile, 2023
 12 UNIPROBA, Batwa Sensus 2008

OBJECTIVES OF THE PROJECT

Goal

The goal of the project is to contribute towards enhanced and inclusive food and nutrition security for Households, including the vulnerable (Batwa people, women headed households and people living with disability) in Muyinga, Karusi and Kirundo provinces of Burundi.



STRUCTURE OF THE PROJECT

The B4MCN II project is working with 12,000 households (HHs). The selection criteria for the HHs as beneficiaries of the project are, among other criteria:

1. having children U5 presenting malnutrition signs
2. qualified as vulnerable (using available vulnerability mapping in WVIB, PPI or wealth ranking)
3. not directly be supported by other NGOs/programs
4. being permanent resident of the targeted communes
5. accept to be the project beneficiary, and
6. children or adults identified as people living with disability based on the Washington Group Questionnaire(WGQs).

The project intentionally targeted women, people living with disability, and marginalized populations like Batwa and prioritized to address root causes of their exclusion, therefore, direct project beneficiaries of the project are smallholder farmers grouped in associations, focusing on HHs with children under five, pregnant women, lactating mothers, people living with disability, women-headed households, and Batwa people.

The targeting was done based on four studies conducted:

- 1 GEDSI mainstreaming has been strengthened, and relevant project models have been chosen based on the results of the GEDSI assessment on gender and social norms conducted during the project design phase. The findings from the assessment revealed a context of deep-seated gender inequality and social exclusion. They highlighted that women bear the exclusive burden of unpaid domestic and care work, severely limiting their time for economic activities. Decision-making and control over income and assets are predominantly male-dominated, and gender-based violence is prevalent and culturally accepted. Furthermore, the assessment indicated that people with disabilities (PWDs) and the Batwa ethnic minority face severe discrimination, exclusion from economic opportunities, and significant barriers to accessing essential services like healthcare, exacerbating their vulnerability, particularly in maternal and child nutrition.

The assessment recommended a multi-faceted approach focused on transforming harmful social norms and promoting inclusion. Key recommendations included actively working to shift gendered roles by encouraging men's participation in domestic responsibilities and introducing time-saving technologies. It is also critical to empower women, PWDs, and the Batwa economically by ensuring their access to and control over resources, providing tailored training and capital, and combating discrimination. The report further advised strengthening prevention and decision-making structures to include these groups, leveraging existing government programs for GBV response and prevention, and carefully designing interventions using a "do no harm" principle to avoid increasing women's burdens. Those recommendations were added into a GEDSI action plan for the project which in turn informed the design of the B4MCN II.

2 The project conducted a MVC study. The beneficiaries' selection was done in close collaboration with key technical partners at communal level, local leaders, religious leaders, communal administration authorities, and representatives of the most vulnerable people such as PWDs and Batwa communities. The activities consisted of registering all the people and the selection was done using criteria set together with all those stakeholders. The process ended up with final and public validation of approximately 12,000 HH beneficiaries among all the people living in the 60 hills covering the project area.

3 In line with the UN Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development, which requires the disaggregation of statistics and data by disability where applicable, the project conducted a disability assessment. This assessment enabled the identification of children and adults with disabilities using the Washington Group Questionnaire. People with disabilities are among the most affected by the weak economy and limited opportunities in Burundi. They face additional constraints when engaging with markets and are often limited from actively participating in markets and business activities owing to the risk of physical abuse, stigma, limited social standing and social capital in the community. The social and cultural beliefs, immobility of people with disability, low expectations, and lack of control over resources are among the main factors limiting people with disability from participating in local value chains and, consequently, from increasing their household's income. In response, the project intentionally identified people with disabilities and ensured they benefit from the project interventions. Using the Washington Group Questionnaires, the project identified 2,878 households in the project area including 1,507 male-headed and 1,370 female-headed households.

4 The project conducted a private sector assessment survey. Through focus group discussions, root causes of exclusion of women, PWDs and Batwa community members were identified, and local solutions were proposed. To date, the project has reached approximately 74,206 direct beneficiaries including 1.6% of PWDs (319 men, 333 men, 259 boys and 266 girls with disabilities). In addition, 54% of program participants are women and girls and 1% of direct beneficiaries are from the Batwa community.

The main GEDSI targeted approaches used by B4MCN II:

Women's Economic Empowerment

WEE is a key supporting approach of World Vision's livelihood sector, encompassing Building Secure Livelihoods, Local Value Chain Development (LVCD), inclusive Market Systems Development (iMSD), Ultra-Poor Graduation and Savings for Transformation.

Gender-inclusive Financial Literacy Training

GIFT supports couples in addressing gender power imbalances in financial decision-making by providing equitable alternatives.

The Empowered Worldview

EWV is a behavior change model that seeks to address dependency mindsets and promote individual empowerment among people living in poverty.

Channels of Hope

CoH for Gender approach was also used in collaboration with community leaders and groups including administration and faith leaders, women and youth' groups including people with disability, to achieve sustainable transformation of negative and harmful attitudes, social norms and cultural practices that perpetuates gender inequality, GBV and discrimination and maintain the most vulnerable in poverty. Tools such as the '24 Hour Clock' has been used to help promote equitable distribution of households' roles, effort and time.

Celebrating Families

Contribute to strengthen positive relations between spouses in the family and increase men's participation in the learning and education of young children, boys and girls.

Male Engagement

The approach addresses deeply rooted gender norms that traditionally exempt men from responsibilities related to childcare, nutrition, and health-seeking behavior. Male engagement is implemented through a dual strategy.

Nurturing Care Group

The approach seeks to deliver life-saving information to communities on infant and young child feeding (IYCF), home management of illness, care-seeking for sick children, and disease prevention practices. This is achieved through Nurturing Care Group (NCG) volunteers who lead groups of 10 to 15 mothers within their neighborhoods.

S4T Approach

World Vision's Savings for Transformation (S4T) project model builds resilience for vulnerable families. Through S4T Groups, men and women in poor communities set up their own groups which enable them to save money together in small amounts and lend to each other when needs arise, such as family members' illness, children's education, and falling income due to droughts.

Ultra Poor Graduation

Ultra-Poor Graduation programs provide extremely poor households with a pathway out of poverty by helping families engage in a productive and resilient livelihood.

EVIDENCE OF IMPACT



World Vision prioritizes a **Gender Equality, Disability and Social Inclusion** approach that promotes equal and inclusive access to decision-making, participation, systems, and well-being for the most vulnerable populations. The approach seeks to transform systems, social norms, and power relations to ensure that those most at risk can participate in and benefit equitably from development interventions. It also strengthens individual and collective agency, resilience, and action, while advancing the empowerment and well-being of vulnerable children, their families, and communities.

ACCESS

The B4MCN II project achieved significant gains in economic access for women, persons with disabilities (PWD), and the Batwa community by implementing targeted, inclusive financial and empowerment models.

Indeed, the project invested in financial access and income growth by establishing 387 Savings for Transformation (S4T) groups, reaching 3,838 members (1,562 men and 2,276 women), including 127 PWD (76 men and 51 women). Members collectively saved \$16,245 and accessed \$15,378 in loans for businesses, livestock, and school materials. S4T members generated \$5,687 in net profit from their activities.

Further, B4MCN II contributed to access to services and technologies in the form of 70 community crèches, providing safe childcare and nutritious meals, enabling parents, particularly mothers, to engage in income-generating activities. Labor-saving technologies (grinding machines, improved cookstoves, bicycles) were introduced to address women's time poverty. In total, 698 vulnerable households among them, 189 land-constrained indigenous Batwa households, received cash transfers and productive assets through UPG building financial access and resilience.

Targeted interventions ensured intentional inclusion of PWD through partnerships with Organizations of Persons with Disabilities (OPDs). In total, 60 PWDs (including 30 women) received sewing machines and vocational training; 127 PWD gained access to S4T financial services. Literacy training reached 825 beneficiaries, a significant number of whom were PWDs, addressing barriers of stigma and illiteracy.

Additionally, support for the Batwa community reached 189 Batwa households with cash transfers and productive assets through UPG. In addition, 18 Batwa individuals were trained in improved cookstove production, leveraging traditional pottery skills. Two mixed-community groups produced and sold over 1,700 stoves, generating approximately 3.9 million BIF in income, enabling land-constrained Batwa households to rent farmland, start livestock breeding, and diversify livelihoods.

Finally, the project connected smallholder farmers, including women, PWD, and Batwa community members, to seed producers and buyers of bio-fortified crops, strengthening integration into local value chains. This contributed to 23% of households consuming nutrient-dense foods (compared to 13% at baseline); 32% of households reporting increased income at mid-term, with crop sales (45%), casual labor (17%) and livestock sales (17%) as their primary income sources. Notably, 61% women-headed households demonstrated higher income growth compared to male-headed households (39%).



Etienne's story reflects a powerful transformation starting from income generated from cookstoves making which he could expend to livestock breeding.

"From the income I earned from the proceeds from the sale of cookstoves I started livestock breeding. Today, my livestock has grown considerably. I now own four goats, a pig (currently pregnant, promising further growth), two rabbits, and 22 guinea pigs. These small animals reproduce quickly, which gives me a steady advantage. I sell some guinea pigs at the market to manage emergencies, and we also consume some at home when we need meat," he explained. "I no longer struggle to feed my family. My daily life is filled with productive activities," Etienne revealed.

He shared a clear vision for his future:

"I want to continue expanding my breeding business. I am hopeful that within the next two years, I will be able to purchase at least two cows and even a second-hand motorcycle, which would greatly facilitate my mobility and daily activities. The project has not only improved my living conditions but also opened my eyes and heart to a better future for my family," Etienne added.

Etienne's testimony illustrates how targeted support in skills and empowered world view can empower vulnerable individuals, providing both food security and income opportunities. With diverse livestock and skills gained, beneficiaries like Etienne can invest in sustainable growth and improved livelihoods, fostering hope and resilience in their communities.



DECISION-MAKING

B4MCN II strengthened equitable decision-making through targeted interventions addressing power dynamics within households and communities.

Using Gender-Inclusive Financial Literacy Training (GIFT), the project targeted 192 couples (384 individuals) from S4T groups. Participants gained awareness of how cultural norms perpetuate discrimination, and acted as multipliers, delivering transformation messages within their S4T groups and communities. In total, 447 S4T groups and in 13 Federations of S4T groups became safe spaces where inequitable social norms are challenged. Members of those saving groups testify to how those messages are transforming their family dynamics.

Additionally, male engagement was used as a catalyst. The project engaged 120 fathers (2 per hill) as peer educators on Infant and Young Child Feeding (IYCF). This catalyzed behavior change, with 4,362 men participating in nutrition interventions (hearth sessions, crèches, cooking demos). Male engagement contributed to improved household support for child nutrition, enhanced care practices, and strengthened community ownership, moving nutrition from a “mother’s issue” to a shared family and community responsibility. Testimonies from women about reduced conflict and joint decision-making were facilitated directly by men’s increased involvement.

Finally, all UPG beneficiary couples benefited from the Celebrating Families Training which paired them with economic interventions to address root causes of intimate partner violence and family conflict. It helped ensure that economic gains were managed cooperatively, contributing to family stability rather than conflict.

There were measurable shifts in decision-making. The project recorded a measurable shift toward more equitable decision-making in the home, with an increase in households rated as having “High” equity. While men and women are now more commonly making decisions together regarding livelihoods and productive assets.

According to the mid-term review (May 2024):



Collaborative decision-making increased across both home and livelihood domains. Men and women more commonly made decisions together, amplifying women’s voices and agency. Women-headed households showed the highest involvement rates. Qualitative testimonies confirm this shift:

- “ My husband and I now make domestic decisions together, especially regarding the management of family assets.” WOMEN FOCUS GROUP PARTICIPANT
- “ No more quarrels in our house because of mutual exchange, dialogue, and consensual decision-making reigns. We are enjoying a very peaceful relationship, and we are now respected in our village because of the economic progress we are making. My children are enjoying their parents’ love and care, and the family income is increasing day after day”. DIDACIENE FROM GITARAMUKA COMMUNE, IN KARUSI PROVINCE
- “ Our family is experiencing an amazing development from that time because we now have a family motorbike, 2 new farming lands, a restaurant that daily generate money, a pig and 2 goats that provide manure for our farms. Through open dialogue and joint decision-making, harmony has replaced conflict in our home. Our family’s growing prosperity has earned us community respect, while our children thrive in a stable, loving environment.” FRANCINE

PARTICIPATION

Leadership roles in community organizations saw significant improvement in terms of female participation, with women comprising 57% of leadership roles in savings groups, 72% in community crèches, and 24% in farmer groups while all 65 School Nutrition Clubs were co-led by one girl and one boy, promoting youth and gender-inclusive leadership from an early age.

Drivers of increased participation included women's empowerment interventions, awareness-raising on gender equality, and couple-focused training. Indeed, 450 women received training in entrepreneurship, financial management, and leadership through 18 women's associations. Vocational training reached 396 individuals, including 21 Batwa men, 19 Batwa women linking mindset change to improved household nutrition and well-being. Furthermore, being part of savings groups and income-generating activities gave women a platform and a reason to engage in community affairs while trainings and awareness raising on gender equality within couples and communities helped shift perceptions about the role of women in public life.

However, Batwa women and women with disabilities reported lower involvement rates than the average, indicating persistent barriers to equal economic participation. Women-headed households continued to show the highest rates of engagement.



"Thanks to B4MCN II interventions, our OPD benefited from transformational approaches training, we now own a vocational centre (sewing machines) training and equipment, we do basket weaving and other handicraft activities which are positively impacting lives of OPD members and their families. A good outcome is that nowadays PWDs feel empowered to participate in leadership positions either within their associations or at local administration level. We are considered as a group, and the administration understands that our voice matters."

SEVERIN FROM GITOBE COMMUNE

SYSTEMS

B4MCN II adopted a multi-faceted approach to transforming both formal and informal systems. The project includes both parents in all training and awareness-raising activities, recognizing that men have historically been excluded, by development actors, as targets of interventions of nutrition, hygiene, healthcare and education which were incorrectly viewed as "women's domains". Through community awareness campaigns, the project engaged local leaders, religious figures, and youth groups through storytelling, theater, and radio spots. These platforms highlighted women's capacity for leadership and entrepreneurship, challenging harmful stereotypes and fostering inclusive dialogue. The Channels of Hope (CoH) for Gender approach was used with community leaders, faith leaders, women's and youth groups, and PWD organizations to transform negative attitudes, norms, and practices perpetuating GBV and discrimination. Tools such as the '24 Hour Clock' promoted equitable distribution of household roles, effort, and time.

The project contributed to an expected rise in reported incidents, 66% of surveyed households reported practices violating women's rights, up from 57% at baseline. This increase reflects improved reporting mechanisms and greater willingness to seek help, although fear of reprisals and stigma persists. Interventions included awareness-raising via community theatrical troupes and reinforcement of the criminal justice chain.

To further strengthen equitable systems, the Empowered Worldview (EWW) approach, implemented with faith leaders, addressed dependency mindsets and root causes of poverty and exclusion. UPG participants received EWW alongside Celebrating Families training, tackling intimate partner violence that could otherwise hinder use of cash and productive assets. By training local leaders, administrators, and faith communities, the project worked to institutionalize positive norms and ensure longevity of transformative change.

CELEBRATING FAMILIES

240 S4T members (120 men, 120 women) were trained in Celebrating Families to strengthen spousal relations and increase men's participation in child learning and education. This approach was strategically paired with UPG to address underlying social barriers. Personal testimonies, particularly from men who became gender equality champions, demonstrate that the training served as a critical enabling condition for economic success, ensuring that economic gains were managed cooperatively and contributed to family stability rather than conflict.

"My family life was so bad. But after changing, my family's well-being improved. No more troubles in the village because of my and my wife's quarrels. My wife and I shared the messages received through World Vision to other couples in trouble in the community. Their lives also transformed. I was elected chief of the hill because of the change I am bringing into the community. I am now influencing the administration to promote community sensitizations as a great weapon to fighting against GBV within households and communities." WITNESSED BY SALVATOR, A CHIEF OF NYAMYUMBA HILL

WELL-BEING

The B4MCN II advanced well-being through vocational empowerment, economic inclusion, and interventions addressing the root causes of violence and stigma.

- 1 The project implemented vocational training and entrepreneurship for 106 participants from S4T women's associations, PWD associations, and mixed S4T groups completed comprehensive sewing vocational training. Additionally, 60 PWD (including 30 women) received sewing machines and skills training to launch businesses. Currently, 18 associations operate effectively with 106 sewing machines at their workplaces. To date, sewing enterprises have generated 7,474,100 BIF (approximately 2,580 USD) in income demonstrating tangible livelihood impact through inclusive entrepreneurship.
- 2 In relation to nutrition and health, because of male engagement and Nurturing Care Group strategies, 4,362 men participated in nutrition-related interventions over one year, contributing to improved infant and young child feeding practices, care-seeking behavior, and household nutrition outcomes.
- 3 By pairing economic transfers with mindset and relationship-strengthening training (EWW, Celebrating Families), the project addressed the cyclical link between economic stress and household conflict. Increased awareness and reporting of GBV, along with community dialogue on harmful norms, contributed to shifts in victim-shaming attitudes and greater social accountability. Women and marginalized groups reported increased confidence, dignity, and capability – key dimensions of well-being – as a result of both economic inclusion and transformed household and community relations.



REPLICABILITY

The B4MCN II project offers a replicable framework for tackling the root causes of child malnutrition through integration of GEDSI. Its success is built on a transferable blueprint that begins with a clear diagnostic of universal barriers such as women's limited asset control and restrictive cultural norms, and intentionally targets the most marginalized groups, including women, indigenous communities, and persons with disabilities. This foundational analysis ensures interventions are precisely aimed at the sources of exclusion and vulnerability, a step that can be replicated in any context of entrenched inequality.

The project's core replicability lies in its modular, synergistic design. It practically demonstrates how to combine proven economic empowerment activities—like Ultra-Poor Graduation and Gender-Inclusive Financial Literacy Training—with deliberate social norm change initiatives, such as Faith and Development approaches and Male Engagement. Crucially, it pairs each technical intervention with complementary “enabling activities” (e.g., combining cash transfers with equitable decision-making training) to address underlying barriers like intimate partner violence). This integrated package is delivered through scalable, community-owned structures, primarily women-led savings groups and their federations, which ensure sustainability and peer-based support long after the project ends. Furthermore, the model employs a measurable framework for tracking transformative change across key GEDSI domains, from shifts in household decision-making power to changes in distribution of household tasks, providing clear benchmarks for adaptation.

FAITH-BASED APPROACHES

Sustainability of project outcomes beyond the intervention period is a central focus. This is supported by the involvement of both men and women, especially influential church leaders at local and national levels, who have been trained to champion GEDSI transformational approaches like Empowered World View and Celebrating Families. These trusted community facilitators help embed lasting behavioral and social change.

OWNERSHIP

The project deliberately embedded ownership of interventions at multiple levels to ensure sustainability beyond its lifecycle. These include a participatory approach and the active involvement of administrative authorities and decentralized government departments at every phase, which ensure local ownership and continuity.

To consolidate community ownership, the project invested in continuous skills transfer through regular training and refresher sessions for volunteers such as community health workers (CHWs), lead farmers, UPG members, and S4T volunteers. Further, beneficiaries receive comprehensive training, and strong collaborations have been established between seed producers, ISABU, and ONCCS. Partnerships with national institutions such as ISABU and ONCCS further embedded project interventions within existing technical and regulatory frameworks.

Additionally, the project has taken a strategic step by grouping S4T members into federations and confederations, helping to maintain their activities beyond the project's lifespan. Finally, to ensure compliance with government regulations, the project facilitated the registration of all S4T groups following the guidelines recommended by the Bank of the Republic of Burundi (BRB), enabling these groups to carry out their activities officially and sustainably.

Thanks to community discussions/conversations on the fight of violence against women that were conducted in the project coverage area, discriminatory cultural practices were challenged and these led to positive change within families. Women testify to a great improvement in joint decision-making while husbands shared a positive mindset change and understanding of the importance of inclusive decision-making with their wives on children's nurturing, hygiene, education, and their participation in household roles and income increase, which contributed to the overall well-being of the household. 265 persons testified their change through different topics. (Source: B4MCN II MTR Report)

"It's not just a service; it's something we all work on together. All S4T federation members as well as other community members pay a fee to use the mill, and the money is kept by S4T federation committee. We even opened a bank account. The money earned is not the end goal; it is a start for new plans. We want to use these funds to make healthy porridge. This is more than just grinding grains. It's about fighting against malnutrition, especially for those who need it most like children, by offering balanced food made right here in Muramba. We, the DUKOREREHAMWE Federation members, are proud to be at the heart of this transformation."

ESPERANCE



RECOMMENDATIONS

Findings from the GEDSI analysis indicate that 66.2% of community members continue to report practices that violate the rights of women, while only 54.2% of women report participation in decisions on how to spend their income during the last three months. Notable advances have been observed in gender equality and women's empowerment, particularly through shared management of household assets and more inclusive decision-making processes. Nevertheless, persistent disparities affecting women-headed households, Batwa communities, and PWD highlight the need for more intentional and differentiated support to ensure that gains are equitable, inclusive, and sustainable across all outcomes.

Findings from the present report call for an integrated approach to sustain and deepen gender equality, disability and social inclusion gains. This includes implementing targeted behavior change communication and scaled-up GBV prevention in lagging provinces. GBV programming should remain a core component of all GEDSI interventions rather than a stand-alone activity. Proven transformational methodologies, such as Gender-Inclusive Financial Literacy Training (GIFT), Celebrating Families, and Women's Economic Empowerment (WEE), should be embedded across all sectors to shift household power dynamics and economic access. Concurrently, efforts must enhance inclusive economic pathways for women, Batwa, and persons with disabilities through skills, finance, and market linkages. Engaging men and community leaders as champions is essential to legitimize and sustain norm change. Finally, establishing robust, disaggregated data systems is critical to track progress, ensure accountability, and effectively target the most marginalized groups.



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