



Graduating to Resilience Coaching



CONTEXT

Coaching is an essential component of the Graduation Approach and an element that has contributed to the success of the model. It is generally considered a useful way to develop an individual or group's skills, abilities, and achievements. Coaching is an ongoing relationship wherein a social worker (coach) supports and motivates a participant to use their existing knowledge and skills to make informed, realistic decisions to achieve objectives. It is a personalized approach that uniquely addresses the needs of households (HH) and is designed to help HH members share information, discover their realities, and explore their opportunities and barriers as they work towards achieving goals together through collaborative interactions with the coach. In considering a coaching approach, the Graduating to Resilience Activity (the Activity) looked to the Graduation Communities of Practice, to documented positive experiences of coaching, and the Uganda ReHOPE strategy that emphasizes the enhancement of peer to-peer learning, building social cohesion, and reducing conflict.

The **Graduating to Resilience Activity** is a USAID/Bureau for Humanitarian Assistance (BHA) Resilience Food Security Activity (RFSA) led by AVSI Foundation in partnership with Trickle Up and AIR, which seeks to test the Graduation Approach's ability to graduate ultra-poor refugee and host community households in Kamwenge District from food insecurity and fragile livelihoods to self-reliance and resilience. This seven-year Activity will engage 13,200 households that are economically active, but chronically unable to meet their basic needs without some form of assistance, in two cohort periods.

Based on a review of the literature, the Activity decided to test two different coaching methodologies in Cohort One to determine which type was most cost effective. The Activity tested a two-pronged coaching methodology involving individual coaching for two treatment arms of participants and group coaching for another treatment arm. The Activity used these coaching approaches to help HHs improve their food security and nutrition and economic status.



WHAT WE DID

Each primary participant was assigned a coach to work with for the 30-month Cohort One implementation period. 206 coaches received training and followed a set curriculum and sequence of coaching topics and approaches. Coaches and participants signed a social contract to ensure agreement on the roles, responsibilities, and relationship between participants and the coach.

Data used in this brief are performance monitoring data or data collected for the formative assessments conducted by the Activity. The data are not intended to measure impact.

The Importance of Coaching

"To echo Graduation scholars, the transformative potential of regular coaching and mentoring around life skills must be emphasized and is, 'perhaps the most critically successful factor for the Graduation Approach' or 'the X-factor.' Implementers consistently identify coaching as one of the most critical success factors for the Graduation approach. Participants from various Graduation programs have reported significant changes in their confidence and morale as a result of the support they receive from the coaches."¹

¹ Coaching in the Ultra-Poor Graduation Approach.

<https://bracupgi.org/wp-content/uploads/2021/06/Coaching-in-the-Ultra-Poor-Graduation-Approach.pdf>

Individual Coaching - 176 individual coaches worked with participants one-on-one with the participant's families and/or HHs to explore each HH's graduation pathway, identifying their goals and challenges to create strategies for progress. Each individual coach was assigned approximately 25 HHs. The coach visited each of the HHs bi-weekly, making a total of about 60 contacts with each HH for, on average, 60 minutes per visit. During the visits, the coach delivered key messages on nutrition, water, sanitation, and hygiene (WASH) savings, business, preventive health, and referred HH members to critical services.

Group Coaching - The group coaching model took the coaching conversation into a small group context with a collection of families and HHs. Coaches created an intimate space to focus on goal setting and deepen awareness around various topics—just like with individual coaching—except the timing and methods of group engagement varied. Each group coach was assigned six groups consisting of 25 HHs each, for a total of 150 HHs for each of 30 coaches. Each group of 25 HHs was divided into smaller sub-groups to accommodate the participation of an additional HH member, such as a spouse, in the coaching sessions. Each participant was assigned a “buddy,” or peer member of the group, to support each other and follow up outside of the group. The coaches did not conduct home visits except in cases where a specific report was made about a participant in need; if a participant failed to turn up for activities repeatedly; reported illness, signs of domestic abuse or other violence; or the buddy assigned to them could not support them.

WHAT WE LEARNED

Participants in both the group and individual coaching model valued the experience. According to the Coaching Needs Assessment conducted by the Activity in 2020, the majority of participants (97.4%) considered coaching to be a beneficial and relevant resource to help them address their HH needs. Both individual and group participants reported having a positive relationship with their coach and said they sought out coaches for advice and felt that coaches were patient and readily available to support in resolving any household tensions. Participants noted that they enjoyed learning about the topics covered in the coaching curriculum and wanted more time to engage with the materials. Furthermore, participants commented that seeing their coaches frequently, in addition to working with buddies, reminded them of their goals and this helped them to stay on track.

The coaching curriculum was critical to enhancing participants' and non-participants' knowledge, attitudes, and practices around key topics. Participants credited coaches with increasing knowledge, sensitizing households, motivating households to follow recommended practices, and being a source of

“

“I think the coaching sessions have caused positive behavioral change in the household; currently there is joint decision making, which has greatly reduced GBV cases in the households.”

- Youth male focus group participant from the host community

“Group coaching enabled my husband to learn from other men how to handle me as a wife with respect.”

- Adult female focus group participant from the refugee community

”

support. Among respondents in interviews and focus groups for the Cohort Two formative assessments, coaching emerged as a beneficial component of Graduating to Resilience, and stakeholders believed it has led to numerous improvements that have led to better livelihood outcomes, such as greater joint household decision making and business planning. Participants also reported that home visits, in particular, were a critical motivating factor, as HHs wanted to demonstrate their progress in achieving nutrition and WASH goals. Youths who participated in coaching reported the various ways it built their knowledge and skills in nutrition and WASH practices, health-seeking practices, financial literacy, business skills, and soft skills, such as conflict management and negotiating skills.

Coaches were essential in helping improve gender relations within households. According to the Gender Assessment conducted at the end of Cohort One, both men and women commented that the family coaching sessions helped them to resolve issues and manage conflict within the family, brought the family closer together, and made it easier to implement action plans and learnings from the coaching sessions. Notably, female youth participants from the refugee community said that having children participate in the family coaching sessions served as an opportunity for children to see how parents can jointly plan for their HHs. Coaching was cited as a key activity in changing gender norms at the HH and community levels by participants, coaches, and other Activity staff. Both male and female host and refugee community members noted that through coaching, they were able to gain knowledge and skills around joint decision making, saving, planning, and conflict management and negotiation. In addition, coaching was noted as a key resource for helping reduce gender-based violence within households. Most importantly, participants noted that coaches would helped resolve conflicts within the household before issues arose.

Irregular attendance of other HH members at coaching sessions was due to both external constraints and messaging. Although the participation of other HH members in the coaching sessions was encouraged, the Activity recorded inconsistent attendance by participants and HH members, especially among primary participants' spouses. This was mainly attributed to poor motivation, conflicting HH activities, and spouses prioritizing other responsibilities including farming, food distribution, going to market, handling a business, and other social events within the community. The Activity also learned that some spouses misunderstood the meaning of the woman plus household approach which contributed to a lack of participation.

The optimal caseload for one coach to ensure sufficient outreach and attention is four groups. During Cohort One, the Activity assigned each Group Coach to be responsible for six groups (150 participants total), while Individual Coaches worked with 25 participants each. While reviewing Cohort One quarterly monitoring data



Photo: AVSI Foundation

and routine touch point data for primary participants, the Monitoring and Evaluation team discovered that some participants were not being reached regularly by coaches. Project Management team members worked with the coaches to plot out their daily activities and discovered that group coaches could only realistically reach four groups per day, four days a week. Individual Coaches were better able to reach their targeted participants, often reaching about seven each day.

Key Coaching Outcomes from Cohort One

- A total of 3,227 HHs worked with individual coaches and 73% of these participants met graduation criteria at least three times consecutively during the cohort. That includes 76% of HH from treatment Arm 1 and 69% of Arm 3 HHs.
- A total of 1,576 HHs worked with 30 group coaches and 74% of these participants met graduation criteria at least three times consecutively during the cohort.
- Participants stated that through coaching they improved their skills (98%), attained higher self-efficacy (49%), and were able to strengthen their social networks by meeting new friends through the group coaching sessions (30%).
- The Nutrition and WASH Assessment conducted at the end of Cohort One revealed that coaching had a strong influence on improving HH nutrition and WASH practices. 92% of HHs had soap and water at a handwashing station and 97% of HHs practice correct use of recommended household water treatment technologies.
- 88% of females reported as having high self efficacy.
- 46% of participants reported gender-based violence (GBV) as less acceptable after participating in Graduating to Resilience.
- 94% of women in union reported participating in decisions about the use of self-earned cash and 94% of women in union report participating in decisions about the use of a spouse or partner's self-earned cash.

HOW WE ADAPTED

Based on the learning, the Activity made the following adaptations to the coaching approach and curriculum. Adaptations were made both in real-time during the implementation of Cohort One and to the Cohort Two design during the refinement period between cohorts.

Cohort One

The Technical Steering Committee used the monitoring data, feedback from coaches, and GPS mapping of households to support the decision to reduce the Cohort One caseload for Group Coaches from six to four groups. The Committee also agreed that activities be delivered four days a week, with the fifth day of the week dedicated to weekly meetings in which Program Officers offered additional training and mentorship to coaches. During Cohort One, the Activity reviewed the coaching curriculum and



Photo: AVSI Foundation

introduced additional topics such as protection from sexual exploitation and abuse, and COVID-19 prevention. These topics corresponded to issues that were arising during the implementation of Cohort One and made coaching more responsive to current events and concerns. The revised curriculum also included an updated sequencing of topics such as gender, conflict resolution, and joint decision making to be earlier in the coaching timeline, due to their importance and ability to affect positive outcomes related to subsequent topics and activities.

“

“I now know how to prepare nutritious food. I also began to keep my home clean. This is what I learnt from our coach’s cooking demonstrations and health sessions. My children rarely fall sick.”

- Maombi Bea, Activity Cohort One participant

“Before all this knowledge, I did not involve my wife in making decisions for our family and businesses. But with coaching on gender-related issues, I have learnt the importance of joint decision-making in a family and this is helping us to progress and has brought peace in our home.”

- Gad Karimwibuga, Activity Cohort One participant

”

Cohort Two

The team reviewed the coaching curriculum and strengthened the participant recruitment and initial engagement activities, placing a special emphasis on mobilizing other HH members, especially spouses. Coaches directly contacted spouses in person or over the phone to reach agreement on the coaching schedule and program for each week, giving them sufficient time to prepare for the sessions. The additional investment in spouse and family participation is anticipated to result in stronger cooperation between participants and their household members and extend the benefits of participation more directly to other household members.

The Activity translated the coaching materials including the Graduation Map, Self-Reflection Tools, and the Guide for Mid-Upper Arm Circumference—a measure of nutrition status—into three local languages: Kiswahili, Kinyabwisha, and Runyakitara. These translations, in addition to the incorporation of visual learning aids including videos and posters into the coaching curriculum, will improve participant comprehension of the materials in their native tongues. The Activity also adapted the coach training approach to include “just-in-time” and interactive training for coaches on topics shortly before they are intended to be rolled out to participants. This ensures material is fresh and coaches are able to ask questions and learn as they implement their coaching curriculum.

Participants were divided into two treatment arms, with both arms receiving group, rather than individual coaching, but the approach now includes additional visits to the HH by each coach over the course of cohort implementation. The team found that home visits were especially valuable to participants as a way to show progress on aspects like WASH and child feeding to coaches and get feedback on successes and challenges. The Activity is also testing a hybrid coaching model with individual touch points factored into the group coaching model, meaning participants will still have one-on-one time with their coaches to supplement their work with buddies and groups.

The Activity added community-based activities including outreach sessions, legal clinics, and radio programs to address community myths and barriers around gender norms, nutrition, WASH, and health to reinforce coaching activities.

The overall length of coaching implementation was reduced from 30 to 24 months to align with the time necessary for most participant households to reach graduation at least three quarters consecutively, as well as to reduce the dropout rate, as the Activity found in Cohort One that dropouts increased considerably in the last six months of programming. This adaptation is also expected to improve the cost effectiveness of the Cohort Two approach as a whole.



Photo: AVSI Foundation



HOW WE WILL CONTINUE LEARNING:

While the Activity made great strides in learning and adapting the coaching model to meet participants' needs in the most cost-effective manner, there is still much to be learned about how coaching can be best applied to promote long-term, sustainable HH level changes. During Cohort Two, the Activity is partnering with Duke University to conduct a coaching study to expand the evidence base and knowledge around the coaching approach. The coaching study will help the Activity to better understand the dynamic and relational aspects of the coach role, which characteristics are most important for the kind of change the Activity seeks to achieve, and how best to train and support coaches so that they reach their fullest potential. The study will also explore the coach-participant dynamics and how to facilitate an optimal relationship that benefits all. Through a mixed-methods approach, the study will explore the following questions:

- In what ways is coaching important for achieving the goals of Graduating to Resilience?
- What makes for a “good” coach? What is the role of training, and what is the role of supervision and support provided, or peer support?
- How can the training offered to coaches be improved to enhance the capacity of coaches to communicate with and enter into relationships with the participants in such a way as to stimulate their protagonism?
- What are the signs that a coach is not able to achieve the intended goals and should be replaced?
- How does the group dynamic help or hinder the job of the coach?

Findings from this study will be shared with donors, policymakers, local stakeholders, and other organizations implementing the Graduation Approach to contribute to the evidence base around the model and promote the most effective and efficient approach to supporting extremely poor households to become more self-reliant and resilient.