

# Graduating to Resilience

## Graduation Approach



### BACKGROUND

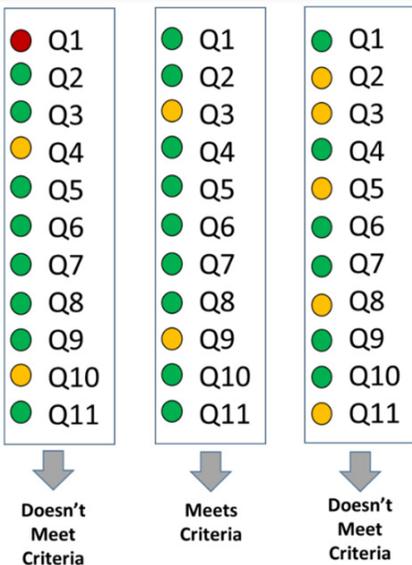
Rwamwanja refugee settlement, located within Kamwenge District, is home to more than 81,000 refugees, most of whom arrived in or after 2012 from the Democratic Republic of the Congo, and who receive some food and cash assistance from the World Food Programme (WFP). While benefiting from social services provided to refugees, the non-refugee population in the area faces similar development challenges; up to two thirds of the local population in the sub-region experience some level of food insecurity.

The Graduating to Resilience Activity employs a **Graduation Approach** that consists of a holistic set of services provided to targeted extremely poor or ultra-poor households (HH), designed to help recipients construct new livelihoods while building skills and confidence, along with an asset base to diversify income, protect against shocks, and sustain well-being.

The Activity's locally adapted Graduation Approach has produced positive outcomes in key areas, including household income and consumption, assets and savings, food security and nutrition, physical and mental health, and women's empowerment. The Activity uses a woman-plus household approach, engaging a woman and/or youth as the primary participant and entry point to each household.

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.

### Graduation Criteria



Graduation is achieved when a participant and her/his household are assessed to have met the necessary conditions of self-reliance supported by sustainable livelihoods, and awareness of and access to safety nets. Graduation criteria are assessed quarterly by coaches and validated using monitoring and context data for triangulation.

To consider a household as having met the Graduation Criteria, a household must meet the minimum criteria at least three quarters consecutively. A household that meets the criteria registers the following responses from a self-assessment regarding food security and nutrition, economic activity, basic needs, savings, social capital, and self-efficacy:

**NO RED ANSWERS** In this sense, every question of the Graduation Criteria vector is equally important, being able on its own to "veto" the household's graduation, and

**AT LEAST 8 GREEN ANSWERS** To promote the holistic concept of resilience adopted by the Activity.

*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.*

Participants and households are assessed using the following questions:

| #    | Section / Question   |
|------|--|
|      | <b>FOOD SECURITY AND NUTRITION</b>   |
| Q1   | In the last 1 month, was there a time when you (or a member of your household) reduced meal size or skipped a meal <u>because of lack of money or other resources?</u> |
| Q2   | In the last week, did all your household's meals contain foods from the 3 food groups GO, GRO, and GLO?  |
|      | <b>ECONOMIC ACTIVITY</b>   |
| Q3   | How many sources of income does your HH have?  |
|      | <b>BASIC NEEDS</b>   |
| Q4   | Do you live in an improved structure?  |
| Q5a. | Are your school-aged children <u>are</u> going to school?  |
| Q5b. | If you answered your child has missed more than 12 days of school please explain.  |
| Q6   | In the last 3 months, were you able to get healthcare services for you and your household when you needed them?  |
| Q7   | Does your HH treat water prior to consumption?   |
| Q8   | Do you have access to a hand washing facility and is there soap and water at the hand washing facility?  |
|      | <b>SAVINGS</b>   |
| Q9a. | How much do you have in savings?   |
| Q9b. | What is the value of your current productive assets?   |
|      | <b>SOCIAL CAPITAL</b>  |
| Q10  | If you or a member of your household had a problem <u>that your household cannot solve on its own</u> , who could you turn to for support?                             |
|      | <b>SELF-EFFICACY</b>   |
| Q11  | I can set goals to improve the well-being of my household and achieve them.  |



## WHAT WE DID

To support households to graduate from extreme poverty, the Activity provided comprehensive and reinforcing forms of support, including:

- **Consumption Support:** All beneficiary households received a monthly consumption support cash transfer during their first year of participation to facilitate households meeting their food and nutritional needs. Refugee households received \$5.00 each per member per month and Ugandan households received \$4.00 each per member per month. The average household had five members.
- **VSLA:** The Activity supported the formation of new village savings and loan association (VSLA) groups comprising an average of 25 members each. Groups were trained and supported to meet, save and borrow weekly. 100 pilot groups were supported to digitize their records on an online platform.
- **Asset Transfer:** When beneficiaries completed core technical skills training and developed a business plan, the Activity provided a cash lump sum asset transfer equivalent to \$300 per household.
- **Coaching:** A graduation coach regularly engaged with households to work on a set of contextualized messages on relevant topics, especially those related to nutrition and water, sanitation, and hygiene (WASH) practices, gender, savings, and life skills.

Additionally, households received the following support:

- Nutrition education, WASH, and health interventions
- HHs linked to quality and affordable agricultural inputs dealers
- Referrals to nutrition, WASH, and health services
- HH enrolled in Farmer Field Business Schools and trained in selected value chains
- HH linked to formal financial services
- HH trained in core market-based business and technical skills
- Production and marketing groups created and supported
- HHs provided with support to use market information



Photo: AVSI

Finally, households were randomly assigned to three different treatment arms and a control group. The treatment arms consisted of the following interventions:

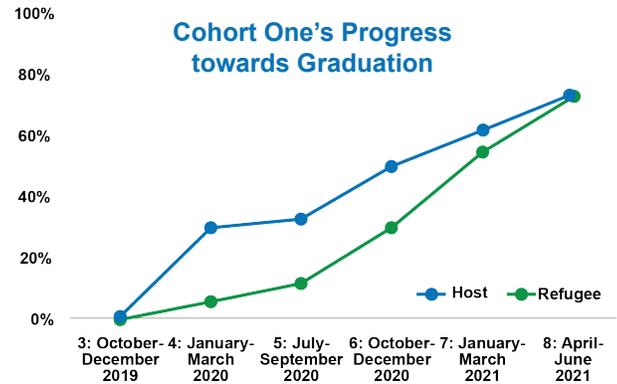
| Program Component                         | ARM 1<br>Standard<br>Graduation | ARM 2<br>Group<br>Coaching | ARM 3<br>Empowerment<br>Model |
|---|---------------------------------|----------------------------|-------------------------------|
| Consumption support                       | ●                               | ●                          | ●                             |
| Livelihood skills<br>training and support | ●                               | ●                          | ●                             |
| Savings and financial<br>inclusion        | ●                               | ●                          | ●                             |
| Asset transfer                            | ●                               | ●                          | —                             |
| Coaching                                  | <b>Individual</b>               | <b>Group</b>               | <b>Individual</b>             |
| Linkage and referrals                     | ●                               | ●                          | ●                             |

### WHAT WE LEARNED

Host community households reached graduation status faster than refugee households initially, but by the end of Cohort One, **both host and refugee communities reached 73%.**

A household that met the criteria four times or more consecutively (96%) was significantly more likely to achieve graduation compared to one that met the criteria just three times (94%) during implementation. Additionally, the more quarters a household achieved the graduation criteria, the more likely they were to graduate in June 2021.

In Cohort One, 83% of households met the graduation criteria three times non-consecutively, indicating that households developed coping strategies such as savings or livelihood diversification, used these coping strategies in times of shock, and could rebound once adapted to the shock or the shock had subsided. The table below shows results overall:



#### Graduation Results for Cohort One, by Community

| Stage              | Definition   | Host         |             | Refugee      |             | Total        |             |
|--------------------|--|--------------|-------------|--------------|-------------|--------------|-------------|
|                    |  | # HHs        | % HHs       | # HHs        | % HHs       | # HHs        | % HHs       |
| <b>Graduation</b>  | Met the criteria at least three times consecutively  | 1,758        | 73%         | 1,746        | 73%         | 3,504        | <b>73%</b>  |
| <b>Progression</b> | Household is working towards graduation but has yet to meet all criteria three times consecutively | 536          | 22%         | 546          | 23%         | 1,082        | 23%         |
| <b>Never Met</b>   | Never met grad criteria  | 126          | 5%          | 91           | 4%          | 217          | 5%          |
| <b>Total</b>       |  | <b>2,420</b> | <b>100%</b> | <b>2,383</b> | <b>100%</b> | <b>4,803</b> | <b>100%</b> |

Treatment Arm 1 was the fastest on average to reach graduation (in 6.0 quarters), which was significantly ( $p < 0.01$ ) faster than treatment Arm 2 (6.2 quarters) and 3 (6.3 quarters). However, treatment Arm 2 closed the gap and ended with nearly the same number of households achieving graduation criteria consecutively without retrogressing.

Table 2 shows the same results, differentiated by treatment arm.

#### Graduation Results for Cohort One, by Treatment Arm

| Stage              | Definition   | Arm 1        |             | Arm 2        |             | Arm 3        |             | Total        |             |
|--------------------|--|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|
|                    |  | # HHs        | % HHs       |
| <b>Graduation</b>  | Met the criteria at least three times consecutively  | 1,244        | <b>76%</b>  | 1,160        | <b>74%</b>  | 1,100        | <b>69%</b>  | 3,504        | 73%         |
| <b>Progression</b> | Household is working towards graduation but has yet to meet all criteria three times consecutively | 309          | 19%         | 370          | 23%         | 403          | 23%         | 1,082        | 23%         |
| <b>Never Met</b>   | Never met grad criteria  | 78           | 5%          | 46           | 4%          | 93           | 6%          | 217          | 5%          |
| <b>Total</b>       |  | <b>1,631</b> | <b>100%</b> | <b>1,576</b> | <b>100%</b> | <b>1,596</b> | <b>100%</b> | <b>4,803</b> | <b>100%</b> |

### **SUCCESS STORY**

Zipora Uzamukunda and her household of ten settled in Rwamwanja Refugee Settlement in early 2013 after fleeing the Democratic Republic of the Congo due to social and political atrocities. Her household survived on maize and beans grown on a small piece of land allocated to her by the Ugandan government. She owned a cow, but it contracted a disease and because she lacked the knowledge to treat it, Zipora decided to sell the cow and focus on agriculture. Her crops failed to yield a good harvest, however, leaving her with no savings or alternative source of income.

By participating in Graduating to Resilience, Zipora gained knowledge in modern agronomic practices and animal husbandry and received business coaching and coaching in nutrition, savings, self-efficacy, and financial literacy.

As a result, Zipora expanded her business; she started rearing sheep that have since multiplied to a flock of 46, and she sells cooking oil. Her businesses generate a monthly profit of UGX 550,000 (~ USD 147). Confident in her skills in animal husbandry, Zipora plans to start rearing cows to support her children's education.

A portion of households dropped out of the Activity early, some after meeting graduation criteria at least once, and some after graduating, though not all attained these results. Overall, 756 (52.9%) of the households that dropped out were refugee households, compared to 674 (47.1%) among the host community. Dropout rates were consistent across the three treatment arms; Arm 3 registered the highest overall dropouts of 35.3%, followed by Arm 2 (32.4%) and Arm 1 (32.3%).

The main reasons for dropping out include:

1. Relocation to another village, sub-county and district: 46% (Host 44.7%, Refugee 48.1%);
2. Lack of need to continue participating in project activities (after asset transfer and consumption support/the project no longer met my needs): 18% (Host 17.9%, Refugee 18.1%);
3. Inadequate time to participate: 7% (Host 6.2%, Refugee 6.9%);
4. Went back to Congo: 7% (Refugee);
5. Sickness/disability/old age: 6% (Host 9.6%, Refugee 2.5%).



Photo: AVSI

Despite the possibilities for material improvement these graduation results show, in a separate AVSI Foundation study of refugee mental health experiences, conducted in Palabek refugee settlement in Northern Uganda, 35% of respondents indicated that they were experiencing depression at the time, and 64% of these individuals reported that their depression was interfering with their daily lives. These insights provided important context to consider along with the graduation results.

## HOW WE ADAPTED

The consortium chose to incorporate group interpersonal therapy (G-IPT) for a subset of Cohort Two participants. This therapeutic approach is participatory and group-based, empowering vulnerable individuals to improve relationships, develop communication and conflict resolution skills, and foster lasting support networks. Within these groups, participants share their own challenges, discuss actions they have taken to manage these challenges, and provide support to one another.

**Cohort Two will scale up the most cost-effective approach of the three arms tested in Cohort One and will test two treatment arms:**

- **Treatment Arm 1:** Standard group coaching with all interventions
- **Treatment Arm 2:** Standard group coaching with all interventions plus mental health support

**Based on evidence from Cohort 1, the Activity also adjusted the minimum savings graduation criterion from greater than or equal to three months' expenses per household in Cohort One, to two months' per household in Cohort Two.** This change was motivated by assessment findings indicating the high savings threshold was the limiting factor among 5% of households that did not graduate, and in light of evidence from other graduation programs showing savings minimum requirements were, in general, lower than the Activity's. **Finally, the Activity shortened the implementation timeline for Cohort Two from 30 months to 24.** Given the dropout rate accelerated in the last six months of Cohort One and one of the main reasons cited for dropout was completion of activities and training, this time frame is anticipated to be sufficient to yield similar results, while improving the cost effectiveness of the interventions.

**IPA will conduct a long-term ex-post survey of 6,000 households about three years after the end of Cohort One to evaluate the long-term impact of the graduation approach and activity results.**



Photo: AVSI