Building Resilience through the Graduation Approach

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Introduction

The United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA)-funded Graduating to Resilience Activity (the Activity) developed a robust learning agenda to drive evidence generation and facilitate Activity implementation and adaptation. This technical brief documents the findings from a follow-up assessment conducted with Cohort 1 households 18 months after implementation ended to understand whether gains made during the Activity were sustainable and if households were resilience without Activity support. The assessment drew on quantitative and qualitative data to identify where households are struggling, unpack facilitators and barriers to sustaining graduation, and identify coping mechanisms used to recover from shocks. Findings are meant to inform how to design, adapt, and scale the graduation approach to promote resilience. To view other technical briefs in this series please visit: www.avsi-usa.org and www.air.org.

Key Takeaways

Graduation attainment during cohort implementation appeared to set households on a path to resilience. Households that attained graduation during Cohort 1 were more likely to be better off 18 months later.

Refugee households were slower to attain graduation during implementation, and their unique challenges continued to hinder their resilience.

There were notable areas that facilitated resilience, including households' savings and assets, social capital, and self-efficacy as well as areas that inhibited resilience, such as nutrition and water, sanitation, and health (WASH).

Households used various coping mechanisms to mitigate the impact of shocks and are taking a personalized approach to deciding how to prioritize and use scarce resources.

Organizations looking to implement the graduation approach should:

- Tailor graduation interventions for refugees, focusing on the prevailing shocks and specific outcomes that refugees struggle to maintain.
- Target barriers to WASH sustainability.
- Ensure that economic interventions focus on diversity and flexibility to build resilience.

Global Context

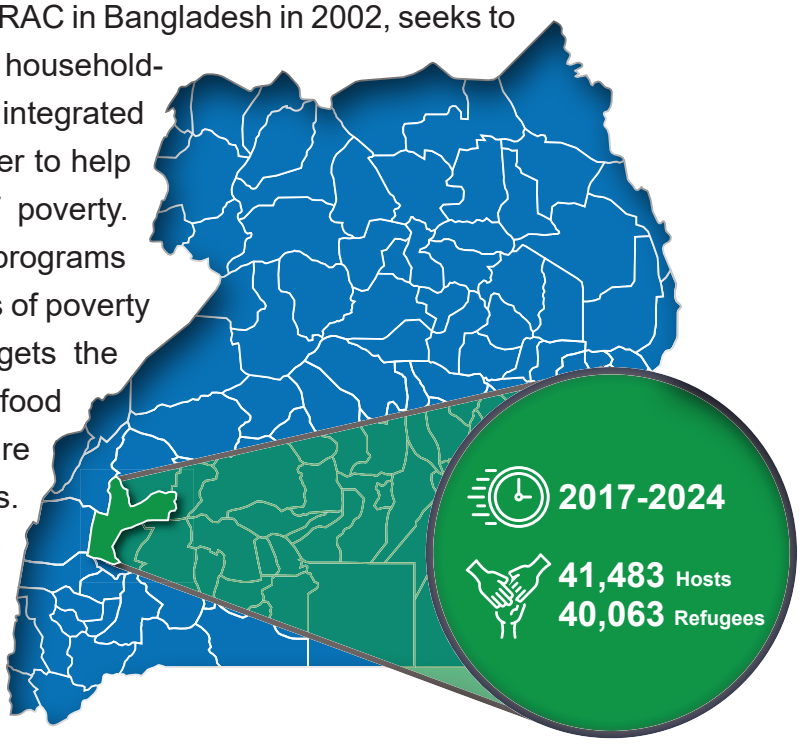
Substantial progress in reducing global poverty has been made over the past three decades; however, increasingly frequent and recurrent crises along with protracted conflicts and displacement threaten to derail development progress. This is particularly true for poor and extremely poor households that are disproportionately affected by such shocks and stressors. At the same time, donors are facing funding constraints and continued scrutiny over the effectiveness of development assistance. In the face of these realities, governments and donors are looking for cost-effective, sustainable interventions that can be applied at scale. The focus is on interventions that strengthen the resilience of individuals, households, communities, countries, and systems to prepare them for and help them rebound from shocks and stressors. Strengthening resilience capacities and providing participants and implementors the tools and resources to respond to and sustain well-being during crises are essential to ensure that development progress is sustained.[1]

USAID Definition of Resilience[2]

The ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth.

The Graduation Approach

The **graduation approach**, first used by BRAC in Bangladesh in 2002, seeks to address these challenges and strengthen household-level resilience capacities by delivering an integrated set of interventions that build on each other to help households address the root causes of poverty. Whereas traditional poverty alleviation programs may support those who are on the margins of poverty thresholds, the graduation approach targets the "ultra poor," those who suffer from chronic food insecurity and fragile livelihoods and are acutely vulnerable to shocks and stressors. These populations tend to lack access to markets, social services, and even local and international support. The graduation approach is a **timebound, sequenced,**



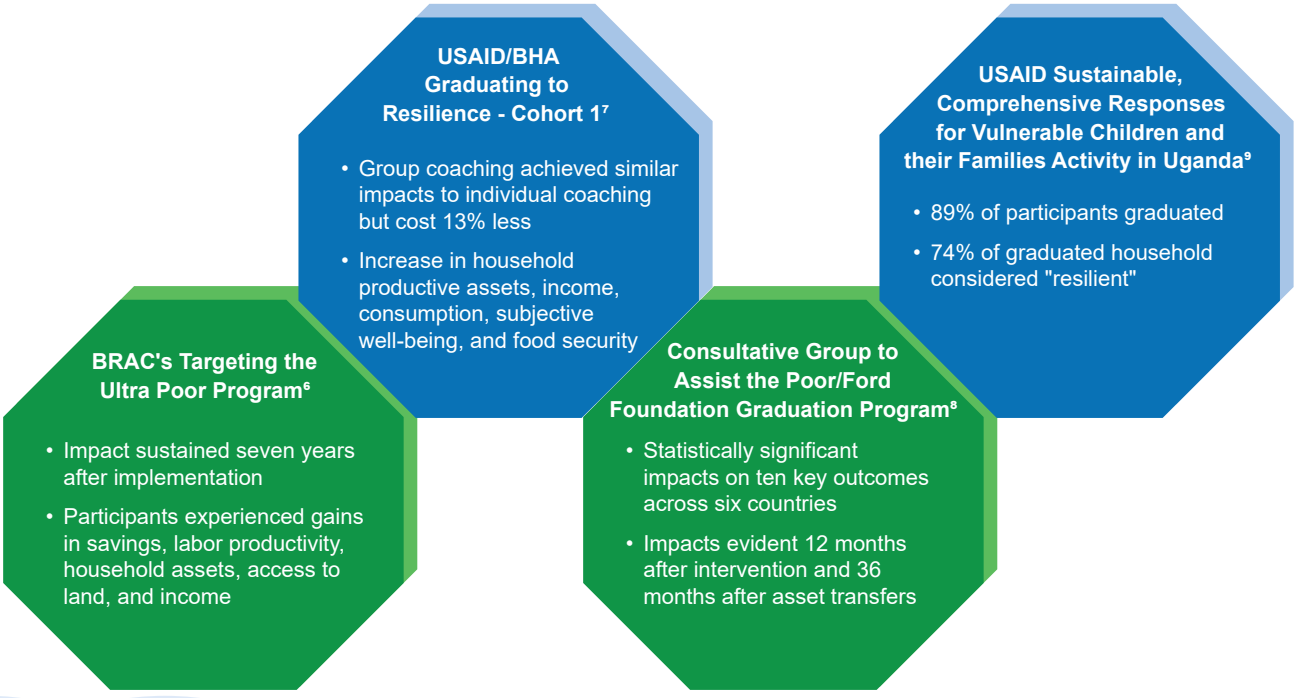
[1] Harshani Dharmadasa et al., PROPEL Toolkit: An Implementation Guide to the Ultra-Poor Graduation Approach (Bangladesh: BRAC), 2015. https://www.un.org/esa/socdev/egms/docs/2016/Poverty-SDGs/BRAC-PROPEL-Toolkit.pdf.

[2] https://2017-2020.usaid.gov/sites/default/files/documents/1867/0717118_Resilience.pdf

multisectoral set of interventions delivered at the household level that targets women and youth as primary participants and the point of entry to the household, but it engages all members through different activities. The graduation approach centers on four pillars: (1) social protection, (2) livelihood promotion, (3) financial inclusion, and (4) social empowerment.[3] Although the core elements of the approach are vital to addressing the key challenges facing poor and ultra-poor households, the success of the model relies on an organization's ability to adapt and contextualize the interventions and implementation strategies to the specific needs of the target population based on individual contexts.

Since 2002, the graduation approach has been tested in various countries and contexts and has proven to be successful in helping participants escape from poverty and improve their quality of life. Furthermore, the graduation approach has been shown to provide long-term positive impacts, with households sustaining economic gains in income, labor productivity, and household assets five years after implementation has concluded.[4] Given these positive findings, as of 2021, there had been 219 economic inclusions/graduation programs implemented in 75 countries, reaching nearly 92 million households and 70 million individuals, directly or indirectly.[5]

Exhibit 1. Graduation Program Successes



[3] PROPEL Toolkit, 2015.

[4] https://www.theigc.org/sites/default/files/2015/12/IGCJ2287_Growth_Brief_4_WEB.pdf

[5] Colin Andrews et al., The State of Economic Inclusion Report 2021: The Potential to Scale (Washington, D.C.: World Bank), 2021. https://openknowledge.worldbank.org/entities/publication/b12f8624-c03d-5f1d-a7e3-8bb857e733b7.

[6] Balboni, C., Bandiera, O., Burgess, R., & Kaul, U. (2015). Transforming the economic lives of the ultrapoor. IGC Growth Brief Series 004. London.

[7] Technical and Operational Performance Support (TOPS) Uganda Graduation Randomized Control Trial Associate Award. 2022. Endline Report of the Resilience Food Security Activity Graduating to Resilience in Uganda, Cohort 1. Washington, DC: The TOPS Program.

[8] Banerjee, A., et al. (2015), A Multifaceted Program Causes Lasting Progress for the Very Poor: Evidence from Six Countries. https://tinyurl.com/yxd7wp5f

[9] E3 Analytics and Evaluation Project. 2018. Ex-Post Evaluation of the Sustainable, Comprehensive Responses for Vulnerable Children and their Families Activity in Uganda. https://pdf.usaid.gov/pdf_docs/PA00TJ6B.pdf

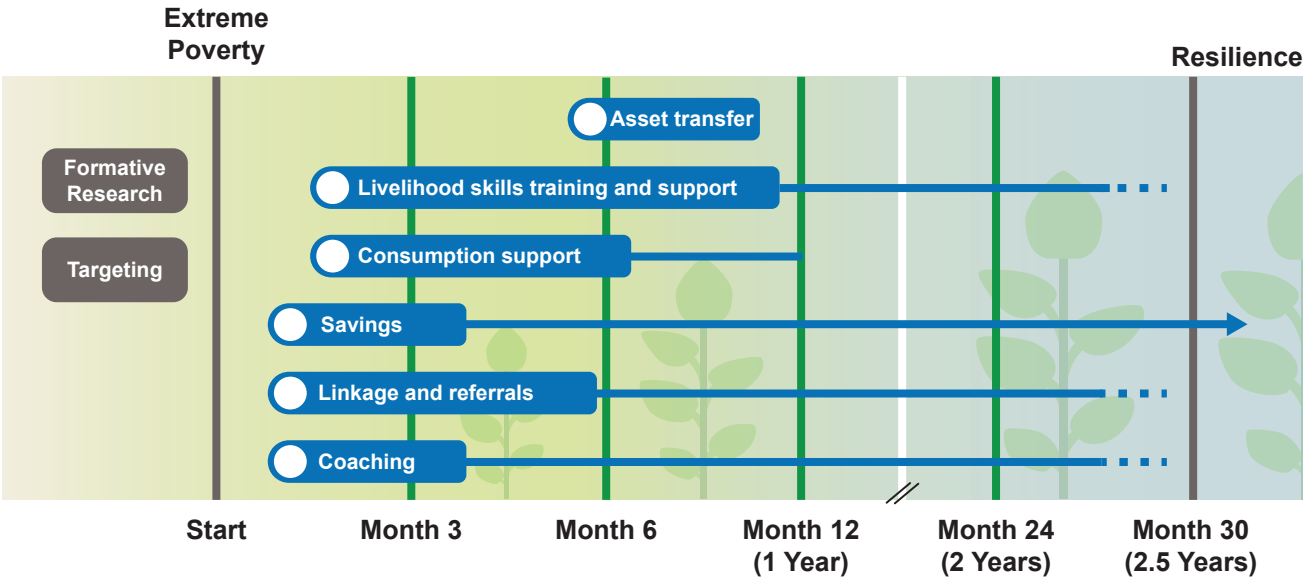
Graduating to Resilience Activity

Recognizing the profound impact that the graduation approach could have on tackling global poverty, USAID/Bureau for Humanitarian Assistance (BHA) funded the Graduating to Resilience Activity (the Activity) to adapt the graduation approach, contextualizing the design to support 13,200 refugee and Ugandan host community households in the Kamwenge district to graduate from conditions of food insecurity and fragile livelihoods to self-reliance and resilience. Using a woman-plus-household graduation approach, over the seven-year implementation period the Activity provided an integrated mix of interventions, including but not limited to life skills coaching, farmer field business school, enterprise selection planning and management, financial and digital literacy, village savings and loan associations (VSLAs), food consumption support, asset transfer, referrals to critical services, and linkages to private- and public-sector services and business coaching. To contribute to the evidence base and help identify the most cost-effective and efficient approach to reaching ultra-poor refugees and host community populations, the Activity was implemented in two 24- to 30-month cohorts (2018–2021 and 2022–2023), with each cohort testing different variations of the graduation model. Through a randomized controlled trial conducted by Innovations for Poverty Action (IPA), the Activity tested and generated rigorous evidence regarding the variations. Exhibit 2 summarizes the variations tested during Cohort 1 implementation, and Exhibit 3 illustrates the sequencing of components during Cohort 1 implementation.

Exhibit 2. Cohort 1 Activity Components

Component	Arm 1 Standard Graduation	Arm 2 Group Coaching	Arm 3 Empowerment Model
Consumption Support	●	●	●
Livelihood Skills Training and Support	●	●	●
Savings and Financial Inclusion	●	●	●
Asset Transfer	●	●	—
Coaching	Individual	Group	Individual
Linkage and Referrals	●	●	●

Exhibit 3. Cohort 1 Activity Component Sequencing



Tracking Progress

To monitor and assess whether households were developing the building blocks for resilience, the Activity used a set of highly specialized **graduation criteria.** The Activity developed the criteria by drawing on best practices and existing tools for resilience assessment to be accessible, meaningful, and measurable. Coaches and community-based trainers collected graduation criteria data from all participant households on a quarterly basis using a tool consisting of eleven relatively simple questions that rely on the beneficiary's self-report or self-reflection. The answers are not associated with numbers or scores, but rather coded according to a color scale (red, yellow, green), which symbolizes the proximity or distance of each answer from an ideal profile of a self-reliant household. To consider a household as having met the graduation criteria for a given quarter, a household must have had the following:

Activity Graduation Criteria

1. Meal frequency
2. Diet diversity
3. Income diversification
4. Household structure
5. Children in school
6. Access to healthcare
7. Treating water
8. Handwashing
9. Savings and assets
10. Social Capital
11. Self-efficacy

- No **RED** answers, because each of the criteria is equally important, and a household cannot be considered resilient when one of the criteria is missing or low enough to be scored as red; and
- At least eight **GREEN** answers, to promote the holistic concept of resilience adopted by the Activity.

Based on the household's responses and color gradation score, it is grouped into one of three stages:

- **Graduation stage** – A household is considered graduated if they have met the graduation criteria for three or more consecutive quarters.
- **Progression stage** – A household is considered in the progression stage if they are working towards graduation but have not yet meet the graduation criteria three times consecutively.
- **Never met stage** – Households in this category have never met the graduation criteria.

The Activity used these data to identify whether and where households were struggling and to provide targeted assistance to help households address specific needs.

Key Cohort 1 Achievements

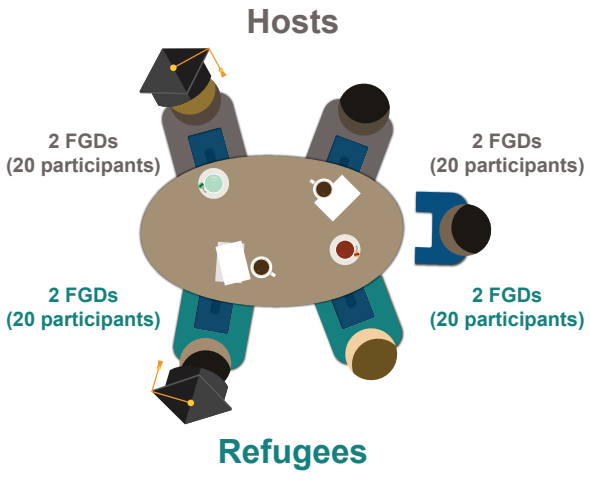
71%	Households that met acceptable food consumption scores
96%	Children aged 6-23 months who met minimum meal frequency
58%	Children aged 6-23 months who met minimum dietary diversity
61%	Households with diversified incomes
96%	Households with diversified businesses
100%	Households that sent their children to school

By the end of Cohort 1 implementation, 73% of participant households had graduated. Overall, households had diversified their sources of income, increased their savings and productive assets, and were better able to meet their households' basic needs, including nutrition; water, sanitation, and health (WASH); and education—all of which indicated that households were on a path toward resilience and self-reliance.

Methods

To understand whether these gains were sustainable and whether households were resilient without Activity support, **the Activity followed up with 4,270 Cohort 1 households[10] 18 months after implementation ended**. The Activity collected qualitative feedback through focus group discussions (FGDs) from households that continued to meet the criteria 18 months later, and from those that no longer met the criteria and had not sustained results. This follow-up provides a window into whether and where households are struggling to maintain graduation, unpacks facilitators and barriers to sustaining graduation, and identifies coping mechanisms and

Exhibit 4. FGD Sample



[10] Follow-up survey data were collected from 4,270 households, of which 3,109 were Cohort 1 graduates, 972 were in progression, and 189 did not graduate during Cohort 1.

strategies households are using to manage and recover from shocks. Findings from this follow-up are meant to help inform donors, policymakers, government, and implementing partners to design, adapt, and scale the graduation approach to promote sustainable, long-term outcomes that promote resilience. Exhibits 4 and 5 describes the composition of the quantitative and qualitative samples for the follow-up assessment.

Exhibit 5. Graduation Status at the Conclusion of Cohort 1

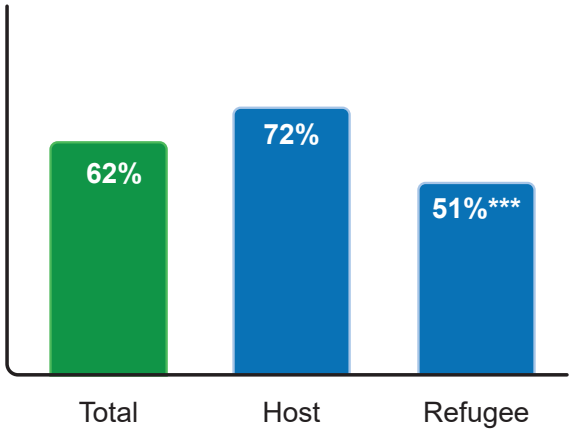
Stage	Definition	Cohort 1 End		2023 Assessment	
		#HH	%HH	#HH	%HH
Households (HHs) Assessed		4,803	97%	4,270	86%
Graduation	Assessed HHs that met the criteria in at least three consecutive quarters	3,504	73%	3,109	73%
Progression	Assessed HHs as working toward graduation but yet to meet the criteria for three consecutive quarters	1,082	23%	972	23%
Never Met	Assessed HHs never met graduation criteria	217	5%	189	4%

Sustained Resilience

The Activity found that **62% of households that had graduated at the end of Cohort 1 were still meeting the criteria 18 months after implementation ended.** At follow-up, graduates from the host community households (72%) met the graduation criteria at a significantly higher rate than households from the refugee community (51%) (Exhibit 6).

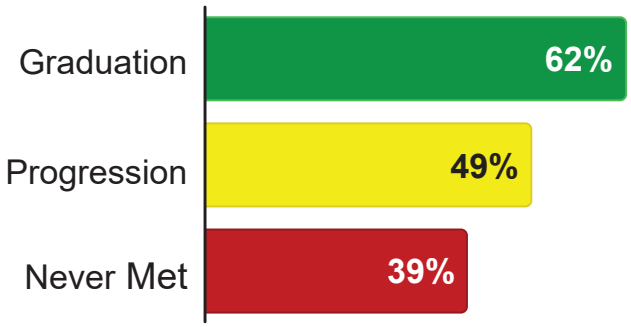
Further, the study found that 49% (477) of households that were in the progression stage—meaning the households that never met the graduation criteria three times in a row but did meet the criteria at least once by the end of Cohort 1 (n = 972)— met the graduation criteria at follow-up. An additional 38% (73) of households surveyed that never met the criteria during Cohort 1 implementation (189) met the criteria at follow-up. These results are shown in Exhibit 7.

Exhibit 6. Households That Maintained Graduation at Follow-Up, by Participant Type



*p<0.10, **p<0.05, ***p<0.01

Exhibit 7. Graduation Rates at Follow-up, by Cohort 1 Graduation Status



Graduation attainment during cohort implementation appeared to set households on a path to resilience. Households that attained graduation during Cohort 1 were more likely to be better off 18 months later. Although 62% of households that graduated during Cohort 1 implementation[11] met the graduation criteria again at follow-up, rates of follow-up criteria attainment were lower among households that had progressed but never graduated (49%) and those that never graduated (39%). However, the fact that a notable number of households in the progression or never met stages met the criteria at follow-up could indicate a general trend of better living conditions. These results suggest that the status of graduation can serve as a reliable proxy for resilience strengthened by a program, at least in the short to medium terms. They also suggest that investing the time and resources necessary to implement the graduation approach is worthwhile, given the relative success of graduated households in sustaining resilience and the progress that households that did not reach graduation during implementation made toward improving their conditions post-implementation.

Households appeared to be more resilient at follow-up relative to the beginning of cohort implementation, regardless of graduation attainment. While both those who sustained graduation and those who did not declined in overall criteria attainment between the end of implementation and follow-up, 82% of all households met a higher number of criteria at follow-up than they did at the beginning of implementation. In this sense, even those households that failed to meet the graduation criteria at the time of follow-up could be considered more "resilient" according to USAID's definition, because they exhibited an improved ability to absorb the impact of shocks and stressors relative to their circumstances at the beginning of Cohort 1 implementation.

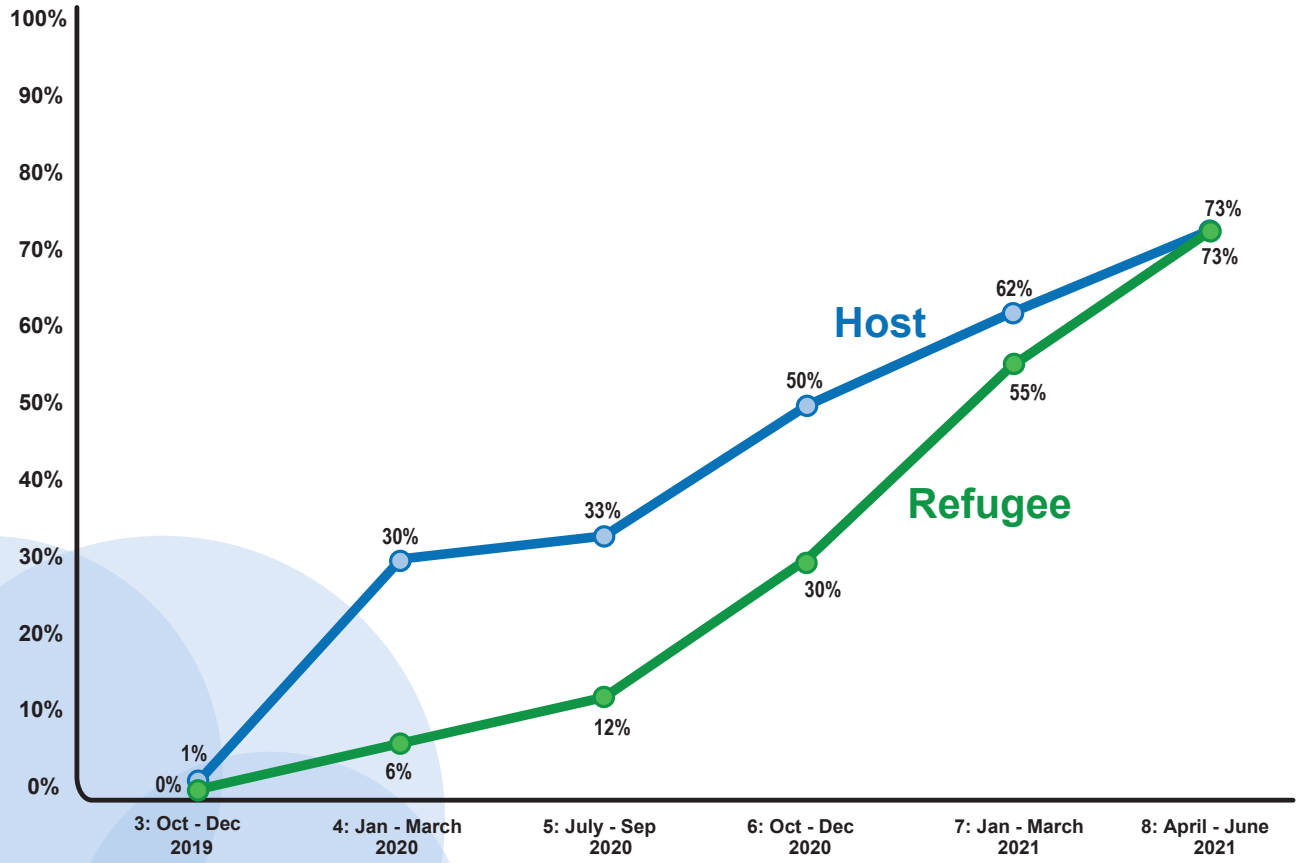
Graduating to Resilience uses the graduation approach to deliver an integrated set of interventions. Focusing on women as the entry point, the Activity seeks to engage all members of the household to improve household level resilience. Photo: AVSI.

[11] Attained graduation criteria at least three quarters in a row without backsliding.

Refugee households were slower to attain graduation during implementation, and their unique challenges continued to hinder their resilience. At the end of Cohort 1 implementation, 73% of refugee households had attained graduation status, the same percentage of attainment as host community households. Refugees gained ground to reach this outcome after beginning the cohort behind their host community counterparts. Looking at the graduation data over time, it appears that at the conclusion of Cohort 1, refugee households took longer to graduate than host community households by about 0.8 quarters, or 10 weeks.[12] Key areas of struggle for refugee households during cohort implementation were savings and handwashing, which is consistent with the challenges they faced at follow-up. Despite catching up with their host community counterparts by the end of Cohort 1, at follow-up refugee households were significantly less likely to have maintained their graduation status than host community households (51% versus 72%, respectively).[13] Exhibit 8 shows the graduation attainment over time by participant type.

> "…when I reached the camp my husband had just died, I was still living in the mugondero….he left me with children and if I had not got knowledge from the CBTs and coaches my children would not have grown, they taught me how to save and plan for money, I now can pay school fees for them, they eat and live well…"
>
> *Refugee community member who sustained graduation*

Exhibit 8. Graduation Rate, by Participant Type

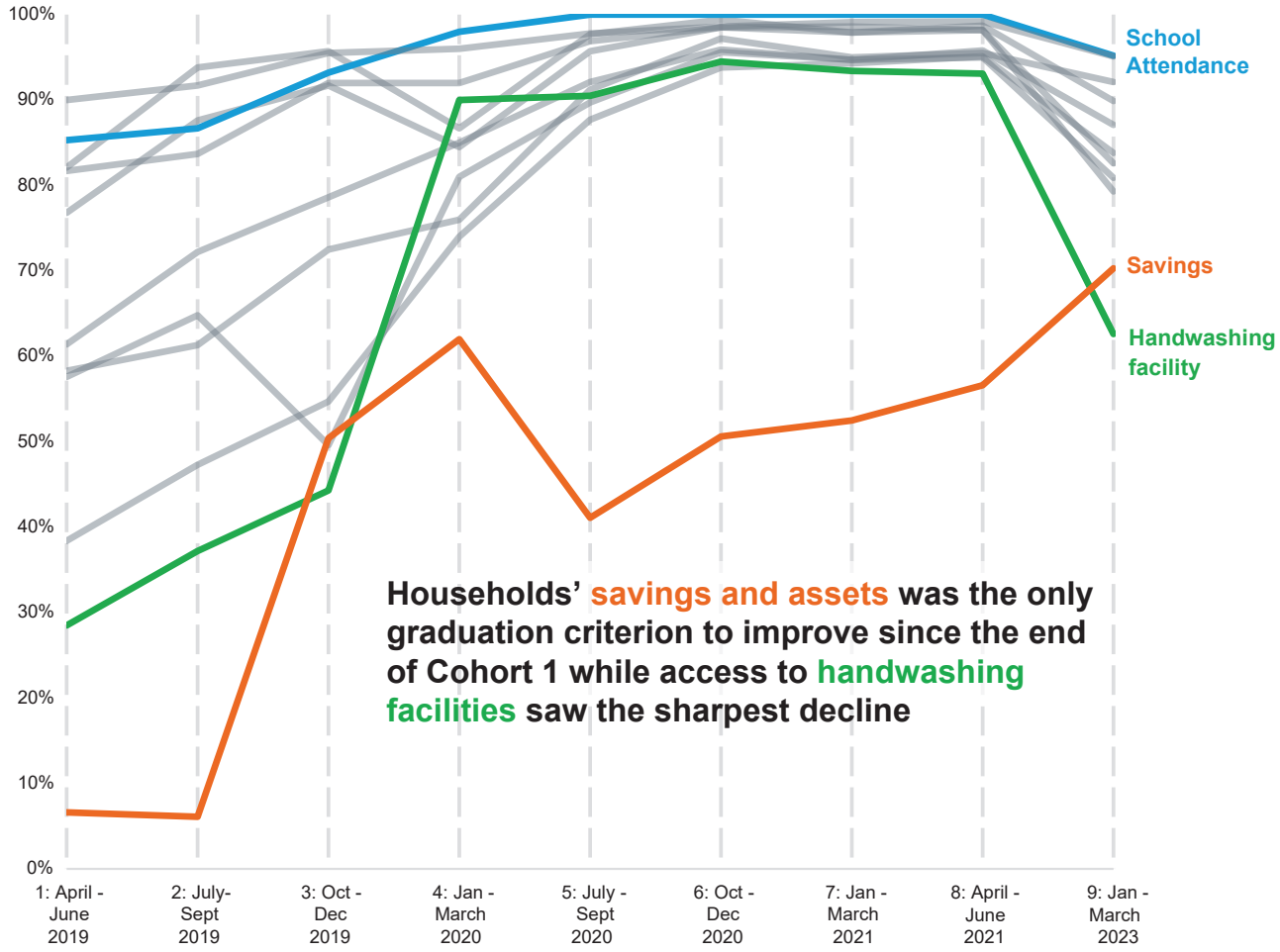


[12,13] This finding is significant at $p < 0.01$.

Unpacking the Graduation Criteria and Resilience

Although most of the results by individual graduation criteria have followed a similar pattern since Cohort 1 concluded, there were notable areas that facilitated resilience, including households' savings and assets, social capital, and self-efficacy. There were also areas that inhibited households' resilience, such as nutrition and WASH. Exhibit 9 shows the trend over time of the proportion of households that attained each criterion.

Exhibit 9. Rates of Attainment of Graduation Criteria



Household Savings and Assets

Savings and assets were one of the most challenging results for households to attain during implementation and, despite gains at follow-up, this criterion remains a challenge for some households. Access to cash, either in the form of financial services or savings, has been shown to help households absorb and recover from shocks and stressors.[14] On this basis, one of the

[14] United States Agency for International Development (USAID), 2022 Resilience Policy Revision (Washington, D.C.: USAID), 2022. https://www.usaid.gov/sites/default/files/2022-12/Resilience-Policy-Revision-Jan-2023.pdf.

eleven graduation criteria assesses how many months of household expenses a household could cover, if necessary, with the value of their savings and assets. Despite receiving an asset transfer and consumption support from the Activity, amassing sufficient savings and assets was one of the most challenging results for households to obtain during the first cohort. By the end of Cohort 1 implementation, **in June 2021, 57% of households had at least three months of expenses' worth of savings or assets, and 33% had two months' worth.** Households with one month's worth of savings or less (10% of households, at the end of Cohort 1) were scored "red" for this criterion.

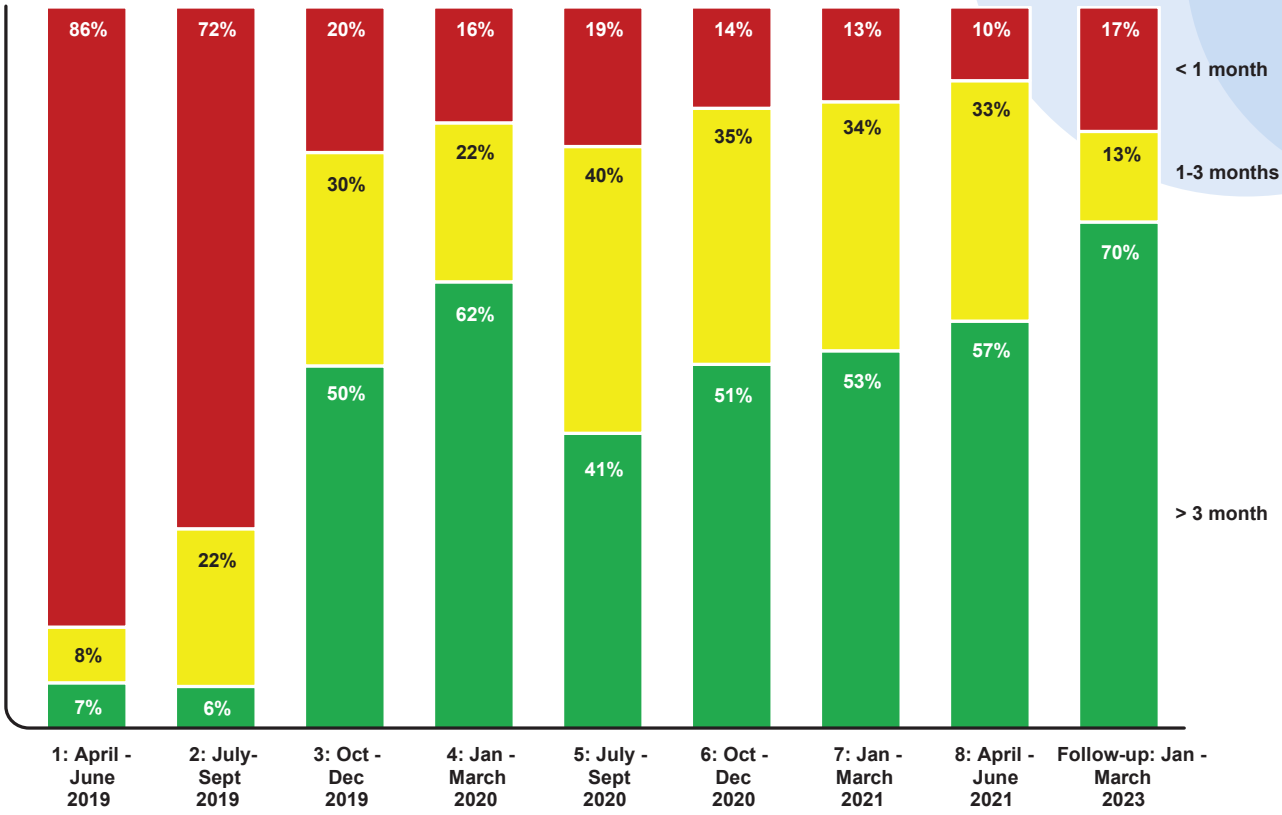
For comparison, when the Activity collected data for the period of January–March 2020, 62% of households had the equivalent of at least three months of savings and assets, and 22% had two months' worth. Household savings dropped substantially for the period of July–September 2020, with only 41% of households having at least three months of savings and assets and 40% having two months' worth.[15] The decrease during Cohort 1 was most likely due to the COVID-19 pandemic and public health restrictions that impacted households' ability to generate income, often causing them to dip into their savings. Although households were able to recover between July 2020 and the end of cohort implementation, savings and assets remained a challenge.

The Activity worked through VSLAs to provide financial literacy training and increase participants access to financial products and services. The Activity tested out new approaches to help formalize VSLA processes and link them to formal financial institutions through mobile money. Photo: AVSI.

Despite challenges during implementation, 18 months after the cohort concluded, the proportion of households with combined savings and assets equivalent to at least three months of household expenses had increased, from 57% to 70% for all households surveyed. At the same time, the proportion of households with less than one month's equivalent of savings and assets increased from 10% to 17%. Among households that were graduates at the end of Cohort 1, those that maintained their graduation status at follow-up had more than double the savings per household member (UGX 538,972 [$145]) compared to those that did not sustain their graduation status (UGX 223,083) [$60]). Exhibit 9 shows the progression of savings and asset attainment by quarter during Cohort 1 and at the time of follow-up data collection.

[15] Due to restrictions on travel and gathering early in the pandemic, the Activity team was unable to collect household data between April and June 2020.

Exhibit 9. Household Savings and Assets over Time



Although, overall, a higher proportion of households had sufficient total savings and assets at follow-up, this increase was driven by host community households. At follow-up, 89% of host community households had at least three months' worth of savings and assets compared to 54% at the end of Cohort 1 implementation. On the other hand, **the proportion of refugee households with at least three months' worth of savings and assets decreased** from 60% at the end of cohort implementation to 50% at follow-up.

Furthermore, the **gap between host and refugee households' savings and assets grew** between the end of Cohort 1 implementation and follow-up. Specifically, host community households had an average of UGX 433,758 ($116) per person in savings and assets at the end of Cohort 1 implementation and an average of UGX 562,591 ($150) per person at follow-up. Comparatively, refugee households had an average of UGX 375,459 ($100) per person in savings and assets at the end of Cohort 1 implementation and an average of UGX 95,882 ($26) per household at follow-up. Between the end of implementation and follow-up, the average host household increased its savings by UGX 128,834 ($34) per person, whereas refugees saw their savings fall by UGX 279,555 ($74) per person.

Despite gains in savings, households appear to still be struggling to make larger investments that could contribute to resilience. Participants cited a desire to improve their dwellings but

indicated that gathering the resources to make these investments was a challenge. This may be because households are relying on their savings to meet basic needs and cope with stresses and shocks, particularly during lean seasons. Finally, this may be further complicated by the fact that, at follow-up, 84% of households appeared to have fewer sources of income, including fewer household members earning income at follow-up—down from 95% at the end of Cohort 1.

Social Capital and Self-Efficacy

Social capital remained high among households. Social capital builds resilience capacities by enabling individuals, households, and communities to lean on and support each other when faced with shocks and stressors.[16] Almost all participants (95%) maintained their connections with community members whom they could turn to when in need. VSLAs were noted as a specific form of support that households drew on to help meet their basic needs and address shocks. VSLAs were noted as a resource in helping to build savings and provide access to loans, and through support from other members.

> … I felt trainings I had received had empowered me to set goals on my own and achieve them…
>
> *Host community member who sustained graduation*

Self-efficacy among participants remained strong. Self-efficacy, or the belief in one's ability to succeed, has been shown to be positively correlated with an individual's ability to recover from shocks and stresses.[17] Almost all participants (90%) indicated that they could set goals and formulate plans to improve the well-being of their households, demonstrating high self-efficacy and a sense of control over their future. Participants noted that they had used the planning tools and resources that the Activity provided to achieve goals such as acquiring more land and/or assets, recover lost assets, expand their businesses, and improve their housing structures.

> Saving with the VSLA group has enabled me to meet most household needs. I have confidence to meet my needs even when it is difficult and to get money from the VSLA.
>
> *Host community member who sustained graduation*

Household Income

Households had fewer income streams, although income diversification remained strong overall. Income diversification helps households build their adaptive resilience capacities, enabling them to employ different strategies and approaches when responding to shocks and stressors.[18]At the end of Cohort 1, 95% of households reported having diversified income streams. Eighteen months later, this figure had decreased to 84% of households. Notably, the proportion of respondent

[16] "Building Resilience: Social Capital," resiliencelinks, USAID. Accessed July 16, 2024. https://www.resiliencelinks.org/building-resilience/social-capital.

[17, 18] USAID, Resilience Policy Revision, 2022.

households with one source of income by one household member—or no sources of income at all—remained the same at 2% between the end of Cohort 1 and follow-up, indicating that the proportion of the cohort in the most precarious situation regarding income had not increased since the end of implementation. In other words, even those households with results that declined from green to yellow for this criterion have not completely lost their income, but they are less likely to have multiple earners with multiple sources, a situation that makes them more vulnerable to economic shocks.

Income diversification was a challenge that both host and refugee households faced at follow-up. In addition, the situation for refugee households was complicated by changes in other international donor and government programs. Specifically, refugees noted reductions in World Food Program rations, which for many households are an important source of income.

Exhibit 10. Household Income Diversity

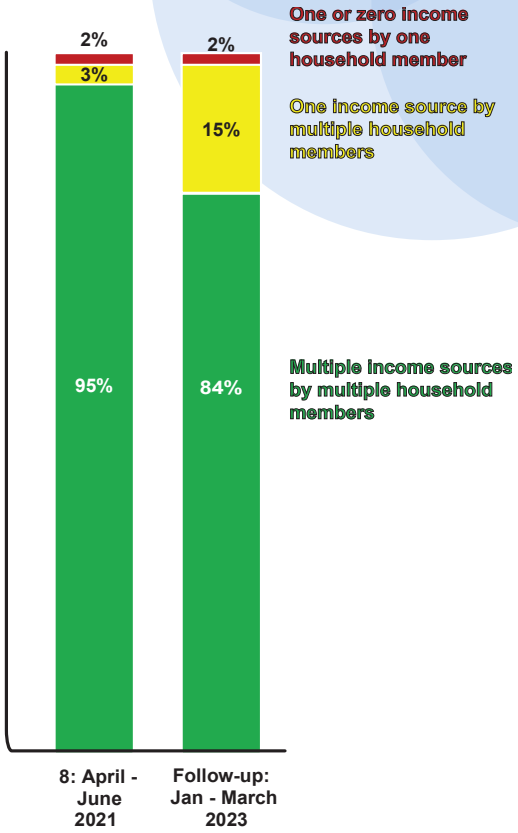
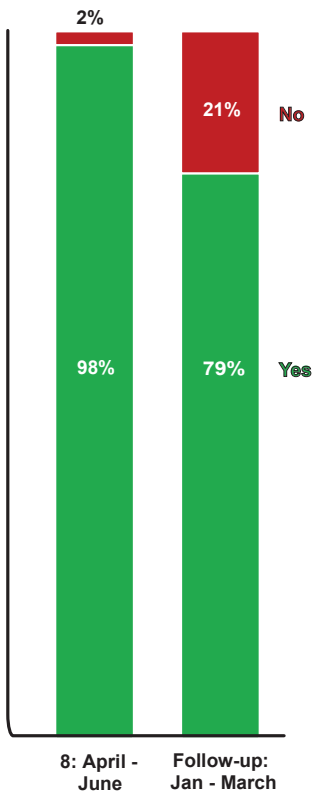


Exhibit 11. Adequate Dietary Diversity



Nutrition

Households increased meal skipping and decreased dietary diversity. Meeting a household's basic needs, such as food, water, and shelter, is an essential element of resilience. However, in times of stress, households may alter consumption patterns as a coping strategy. This may include switching from preferred food to cheaper substitutes; borrowing or purchasing food on credit; reducing the number of people to feed by, for example, sending them to neighbors' houses; or rationing food available in the household by cutting portion sizes or skipping meals.[19] At follow-up, 17% percent of households indicated that a member of the household had skipped a meal or reduced meal size in the previous month due to lack of money or other resources. Similarly, 21% of households did not meet the criterion for dietary diversity, which requires that all meals in the previous week contain foods from all three Go, Grow, and Glow food groups.[20,21] This is compared to the end of Cohort 1, when only 2% of households indicated that a member of the

[19] Daniel Maxwell and Richard Caldwell, Coping Strategies Index: Field Methods Manual, Second Ed. (Geneva, Switzerland: Cooperative for Assistance and Relief Everywhere, Inc. [CARE]), 2008. https://www.fsnnetwork.org/sites/default/files/coping_strategies_tool.pdf.

[20] Note that quantitative data for this assessment were collected in March, a month that is typically part of the lean season in these communities. Even compared to previous results from the same time frames (January–March 2021 and 2020), results from this assessment are relatively lower.

[21] Go—food that gives energy; grow—food that helps build muscles; glow—food that protects from illness and keeps hair, skin, and nails healthy. All are essential to a balanced and nutritious diet.

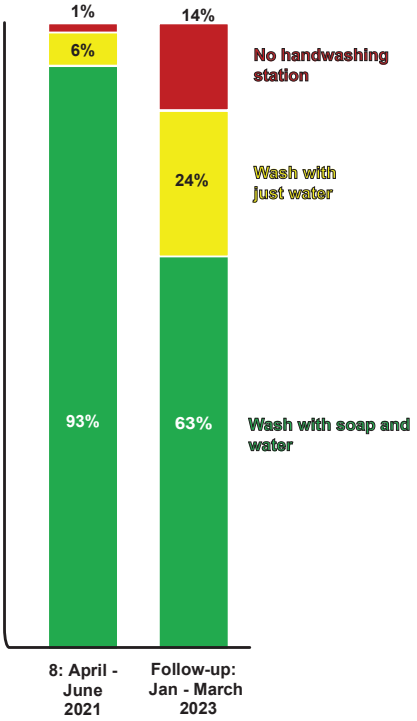
household had skipped or reduced a meal, and only 2% of households had not met the dietary diversity thresholds. Notably, 100% of Cohort 1 graduates who met the graduation criteria at follow-up met the dietary diversity criteria compared to households that did not meet the graduation thresholds at follow-up, which met the dietary diversity criteria at a much lower rate (50%). Similarly, 100% of Cohort 1 graduates met the meal frequency criteria at follow-up, while only 59% of households that did not meet the graduation threshold met the meal frequency criteria. Although this was true of both host and refugee households, refugee households were more likely to experience instances of meal skipping or reduction and a decrease in dietary diversity compared to host community households. Respondents from the refugee settlement also noted reductions in plots of land allocated by the government to accommodate newly arrived refugees. Reductions in landholdings affect refugee households' quantity of food cultivation from farming to meet their households' basic nutrition needs and their ability to sell it to generate income.

> "Sometimes my children get sick, and the medical needs are so expensive, which makes it difficult for me to meet basic needs."
>
> *Refugee who did not sustain graduation*

The Activity adopted the Family mid-upper arm circumference (MUAC) approach where caregivers are trained to screen their children for malnutrition using the MUAC tapes distributed by the Activity. Photo: AVSI.

Households struggled to maintain WASH practices. Access to WASH services can improve households' resilience by protecting them from disease and reducing the risk of health-related shocks and stressors.[22] At the end of Cohort 1, almost all households had access to handwashing facilities (only 1% did not have access); 18 months later, **14% of households said they had no access to a handwashing facility** (Exhibit 12). Among Cohort 1 graduates, there was a large gap in access to handwashing facilities between those who maintained graduation at follow-up (0% had no access) and those who did not (32% had no access). About twice as many refugee households (18%) reported having no access to handwashing facilities compared to host community households (9%). Similarly, there was a drop-off in the proportion of households that treated their water prior to consumption, from 95% at the end of Cohort 1 to 81%

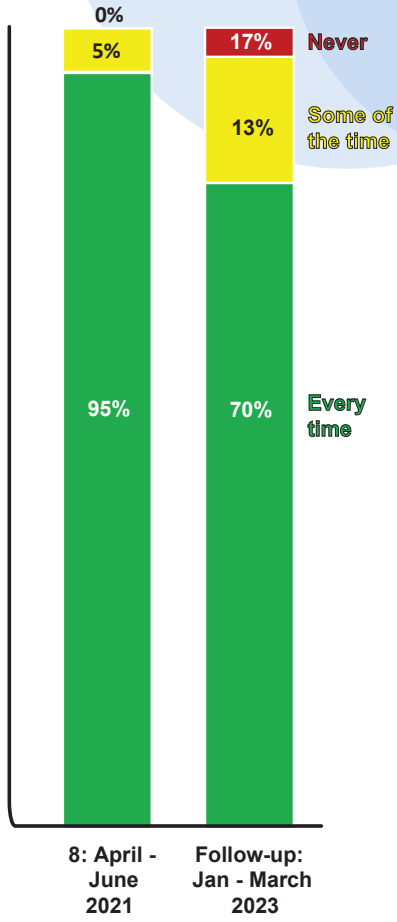
Exhibit 12. Access to Handwashing Station



[22] "What Is Climate-Resilient Water, Sanitation and Hygiene, and Why Is It Important?" WaterAid, posted September 5, 2023. https://washmatters.wateraid.org/blog/what-climate-resilient-water-sanitation-hygiene-why-important-cop.

at follow-up. Most of those who stopped treating their water were refugee community households, among whom 5% no longer treated their water compared to 2% in the host community.

Exhibit 13. Household has Access to Safe Drinking Water



Sustaining WASH outcomes is a key challenge to resilience. The significant decline in WASH outcomes may indicate that maintaining safe handwashing and drinking water are difficult for households to sustain without outside support, or that these behaviors are not seen as a priority by some households relative to meeting other needs like shelter and food. This is particularly true for refugee households, which struggled to maintain WASH outcomes more than their host community counterparts. This is significant because, although all the outcomes captured by the graduation criteria are important and interconnected for achieving and maintaining resilience, **declining WASH behaviors have the potential to spoil other aspects of resilience.** Drinking or cooking with contaminated water and skipping handwashing can spread disease, which in turn can make individuals too sick to earn income or care for themselves and their families and can decrease the nutritional benefits they derive from their diet. Although it is impossible to determine with the data from this assessment whether the lower rates of drinking water treatment and handwashing are influencing health outcomes among this cohort, households contacted at follow-up commonly cited injury and illness as a shock encountered following the conclusion of Cohort 1, and they cited health and medical expenses as some of the most difficult for their households to accommodate.

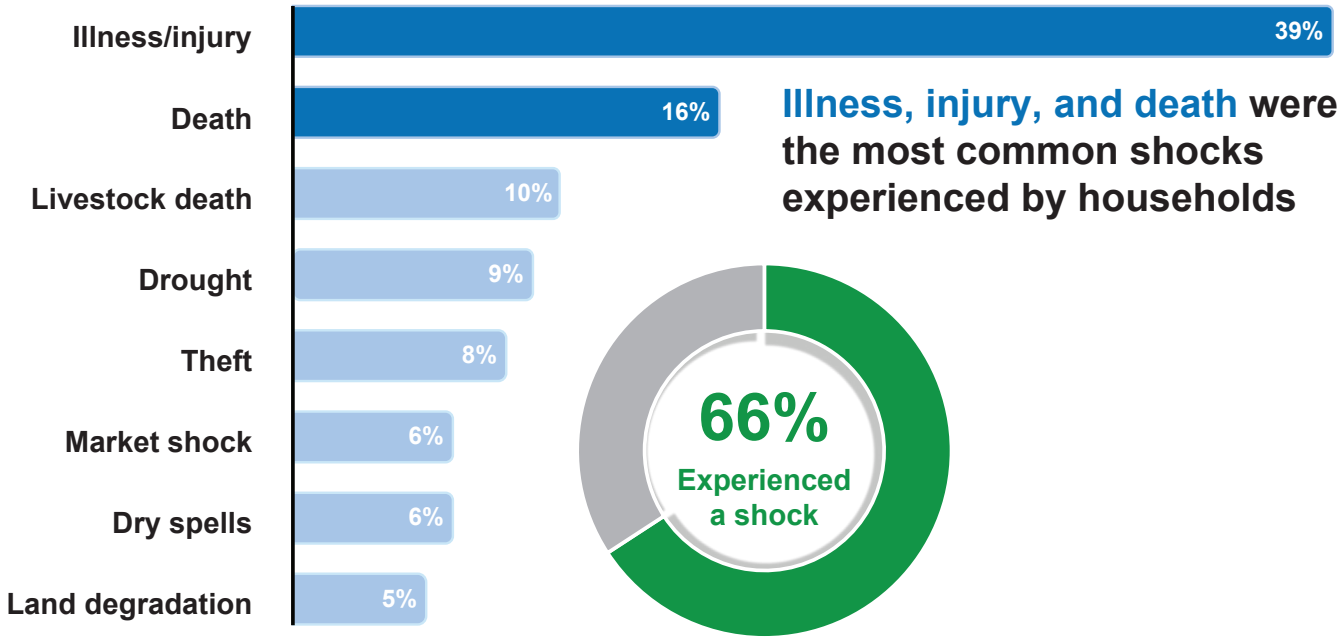
Shocks and Coping Mechanisms

Sixty-six percent of households reported experiencing a shock during the 18 months since implementation ended.[23] Among those who reported experiencing any shock, 40% experienced more than one shock. The most common shock noted by far was illness or injury, followed by death and livestock death (refer to Exhibit 10). Refugee households reported experiencing a shock slightly more often compared to host community households (67% versus 64%, respectively),[24] **but refugees were more likely (50%) to experience multiple shocks compared to host community households (29%).** This finding suggests that the refugee population continues to be more vulnerable than their host community counterparts, and their gains from graduation

[23] Note that each household respondent was asked whether their household experienced any shocks in the time since the cohort concluded, but the enumerators did not provide examples of what could be considered a shock before the respondent answered yes or no. Respondents who answered in the affirmative were asked a follow-up question about which shocks they had experienced, and the enumerator recorded their answer(s). This is a potential limitation of the study; perhaps because of the way the question was phrased for quantitative data collection, rates of experience of shocks (66%) appear to be lower than the rates measured by other, similar studies.

[24] Difference statistically significant at $p < 0.05$.

Exhibit 14. Type and Frequency of Shocks



Note: Responses under 5% are excluded from this graph

programming are more precarious. Furthermore, these shocks are seemingly related to their refugee status and factors external to the Activity, such as a reduction of land portions and food assistance, and the arrival of more refugees, which host community households do not face—at least to the same extent.

When dealing with a shock or stressor, households employ different coping mechanisms and strategies. These coping mechanisms may be adaptive or distressful. Adaptive strategies are those that seek to minimize risk but are reversible and will not limit households' ability to recover after the shock. Adaptive strategies may include migration, livelihood diversification, and the use of social support systems. Distressful coping strategies, on the other hand, are considered irreversible and difficult to recover from once the shock is over. Distressful coping strategies may include reducing food consumption, killing or selling livestock at a low price, and depleting productive assets. Households that employ multiple coping mechanisms—mainly adaptive coping mechanisms—are considered to be more resilient.[25]

Households used various coping mechanisms to mitigate the impact of shocks, including both adaptive and distressful strategies. The majority of households (70%) dipped into their savings to cover additional expenses, most notably to cover the cost of medical fees, purchase food, and cover other basic

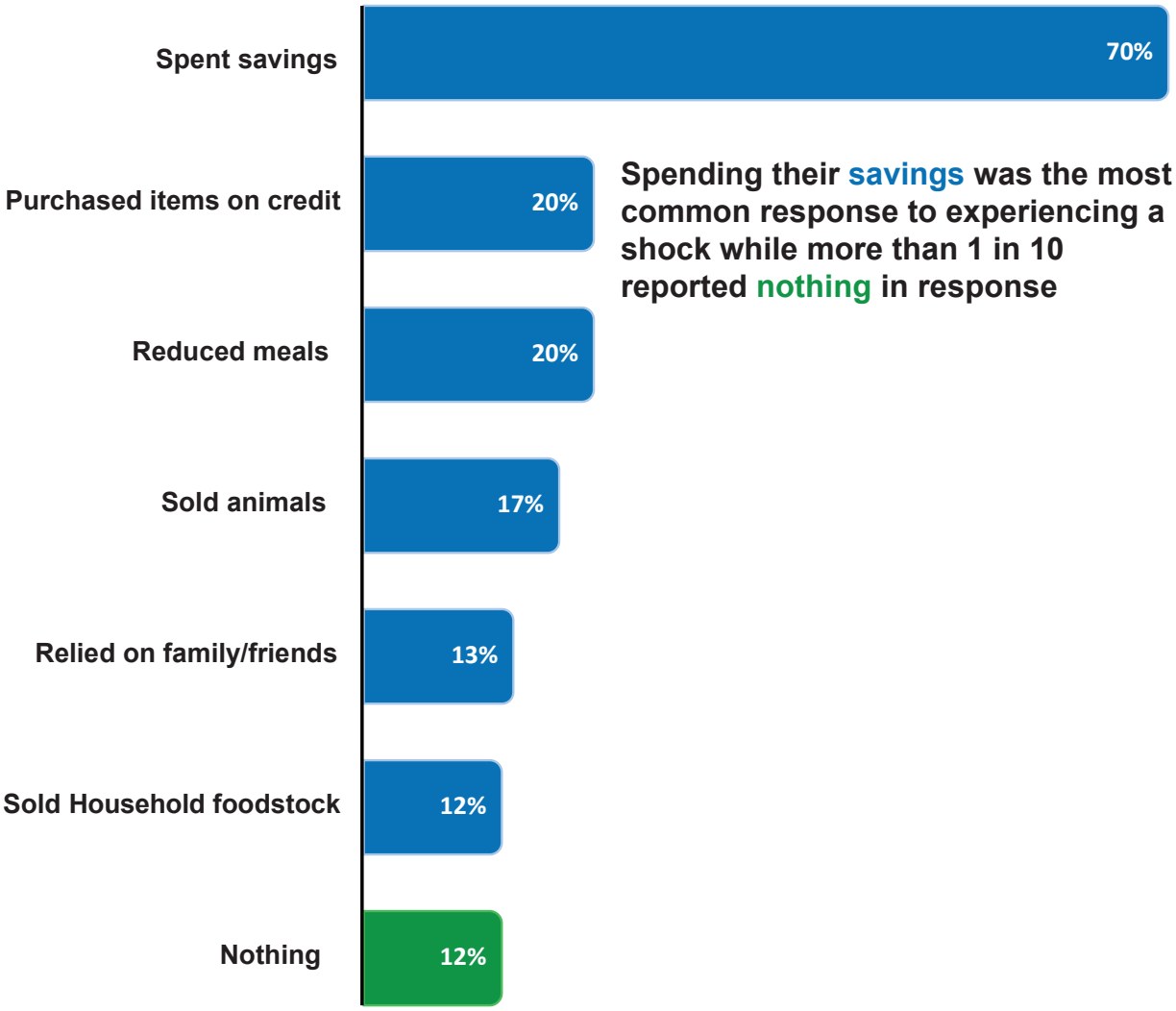
> "…my child got sick and was admitted [to a health center] in Fort Portal. I got support from the VSLA…. the saving group gave me a loan to cater for the medical bills and some of my needs…"
>
> *Refugee who did not sustain graduation*

[25] Mercy Corps, From Conflict to Coping: Evidence from Southern Ethiopia on the Contributions of Peacebuilding to Drought Resilience among Pastoralist Groups (Portland, Oregon: Mercy Corps), 2012. https://www.mercycorps.org/sites/default/files/2020-02/from_conflict_to_coping_final%20report.pdf.

needs in response to the low crop yields and livestock production caused by adverse weather conditions (refer to Exhibit 14). Households often complemented their savings with loans from VSLAs and family members to cover unexpected expenses, including school fees, medical bills, and agricultural services. Unfortunately, one in five households that experienced a shock resorted to reducing meals as a coping mechanism, with more refugee households (31%) employing this mechanism compared to host households (15%).

Households are taking a personalized approach to deciding how to prioritize and use scarce resources. Households are drawing on their savings, selling assets such as livestock, relying on family/friends/community, or even employing the drastic measure of reducing meals as coping mechanisms. Here it is important to consider the time scale for such coping measures; skipping or reducing the next meal is a step households can take immediately and as needed, whereas selling livestock or reaching out to one's support network takes more time and effort, even if the overall stabilizing benefit may be greater.

Exhibit 15. Type and Frequency of Coping Mechanism



Recommendations

Tailor graduation interventions for refugees, focusing on the prevailing shocks and specific outcomes that refugees struggle to maintain.

It is unclear whether a longer cohort implementation might improve graduation and resilience rates for refugees, especially given the relative disadvantages they start out with, or whether more intensive interventions over the same time period that focus specifically on refugee needs, such as larger asset transfers, more support and access to savings, and improved WASH infrastructure, might help refugees achieve the same sustained outcomes as host community participants. In addition, tailored coaching for refugees on resilience and how to respond to a shock by employing more adaptive coping mechanisms, such as relying on social support systems, could be effective. This is especially relevant given the fact that refugee participants tended to experience more shocks than host community participants, and most types of shocks were outside the ability of a program to control (e.g., access to land, water, and health facilities). Finally, given the differences in sustained resilience between households that graduated during Cohort 1 and those that did not, donors should continue to invest in comprehensive graduation programs designed to graduate as many cohort households as possible by the conclusion of program implementation. However, the lower rates of sustained resilience among even those refugee households that graduated give further credence to the recommendation that donors attune programming to the strengths, needs, and setbacks that refugees experience to maximize their chances for lasting resilience.

The Activity continually refined and adapted the coaching curriculum based on the needs of participants including adding topics on parenting and psychosocial support and restructuring the sequencing of the curriculum to address gender topics earlier in the implementation process.

Target barriers to WASH sustainability.

Donors and implementing partners should conduct research during implementation—ideally with an eye to systems measurement and using complexity-aware methods—to determine whether WASH challenges are related to contextual factors, such as lack of infrastructure; lack of access to or the price of products such as soap; or individuals' knowledge, attitudes, and beliefs. Interventions should be targeted to address those challenges to ensure that households can continue healthy WASH practices after programming concludes. Successful implementation of WASH practices could help to reduce one source of health-related stresses and shocks, which in turn could potentially reduce households' need to draw on savings or sell assets.

Ensure that economic interventions focus on diversity and flexibility to build resilience.

Although households had, on average, increased their total savings and assets at follow-up, many still relied on spending savings or selling assets to meet basic needs or cope with shocks, which prevents them from making the kinds of larger capital investments that can grow and sustain their resilience. One way that donors and implementing partners may be able to help address this issue is by connecting participants to additional forms of flexible, low-risk products such as insurance or short-term loans, which would allow them to make larger investments such as improving their houses or expanding their businesses. This is particularly important for refugee households, which often have fewer assets that they can sell if they experience a shock.

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