

Graduating to Resilience

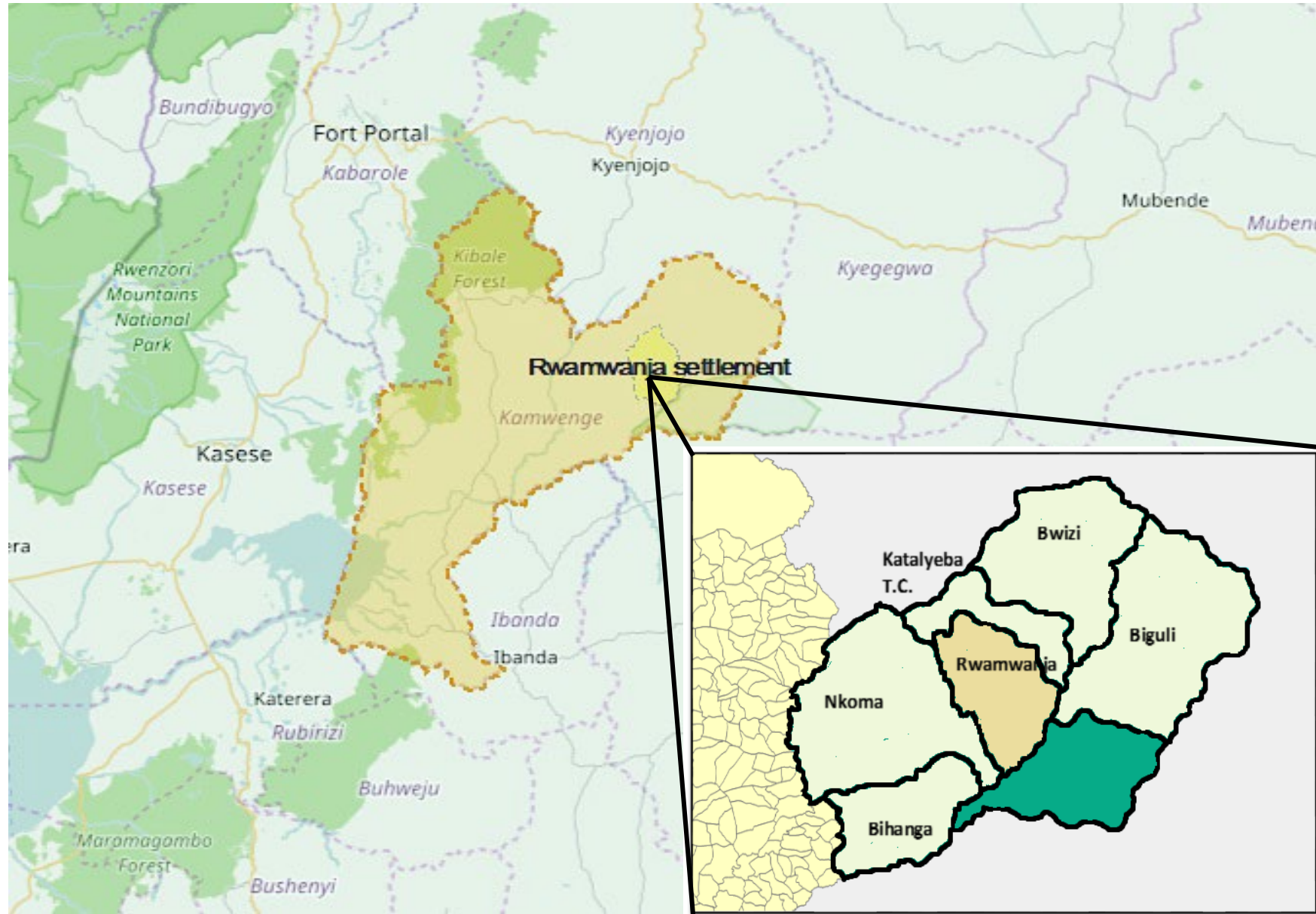
An Adaptive Management Approach in the context of an RCT

June 13, 2019, Washington, DC



Graduating to Resilience

- **Target:** 13,200 HHs
- **Breakdown:** 50% host community / 50% refugee
- **Interventions:** 2 cohorts (30 months each), with beneficiaries assigned to three project arms.
- **RCT** to identify **most cost-effective** arm.



Project Goal: Extremely poor refugee and Ugandan households in Kamwenge region graduate from conditions of food insecurity and fragile livelihoods to self-reliance and resiliency

Purpose 1: Improved household food level availability and nutritional status of household members

Sub Purpose 1.1: Increased agricultural productivity of households

Sub- Purpose 1.2: Improved nutrition, health, and WASH related practices

Purpose 2: Improve economic status.

Sub Purpose 2.1: Increased household economic asset base

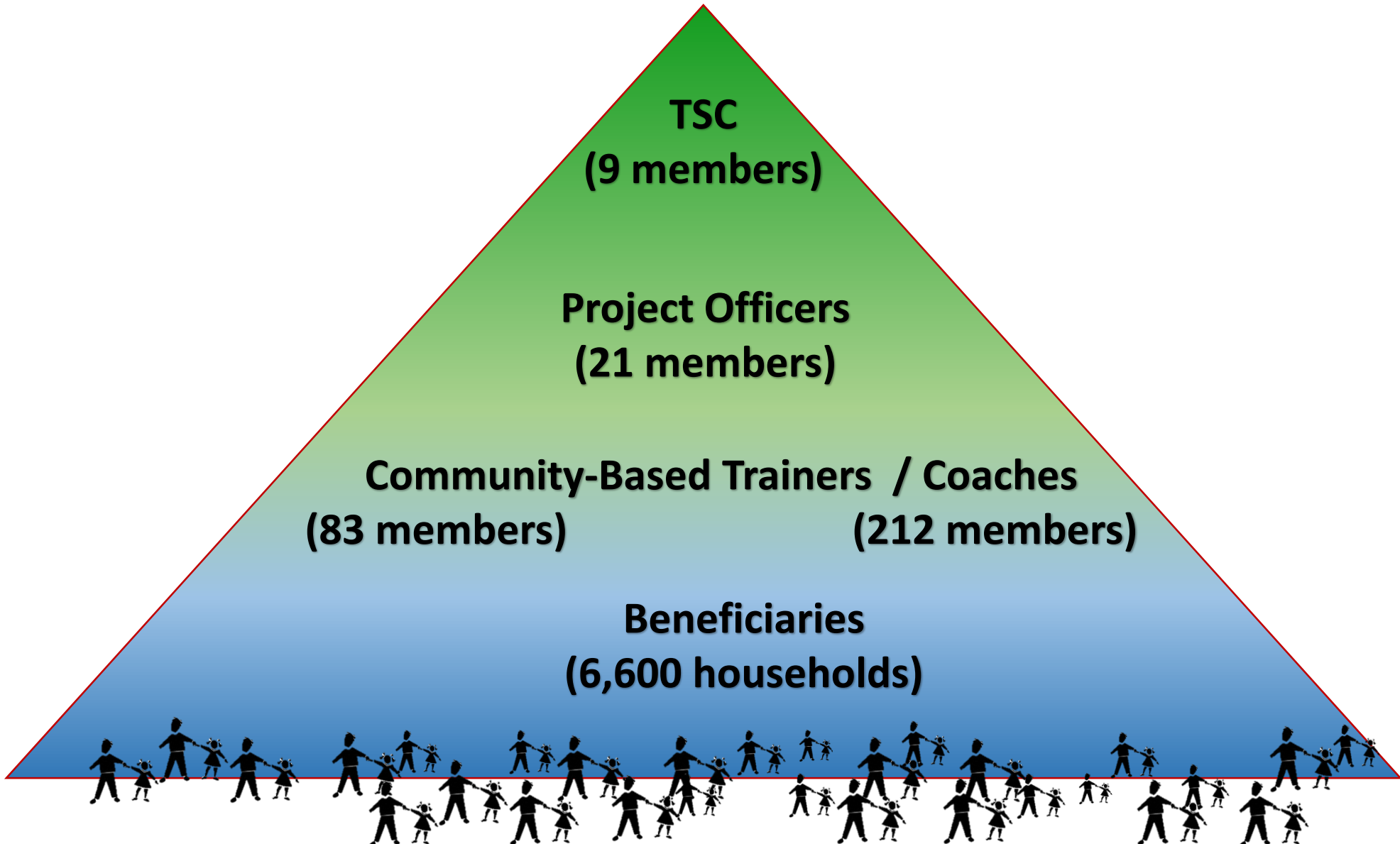
Sub Purpose 2.2: Increased income

ment

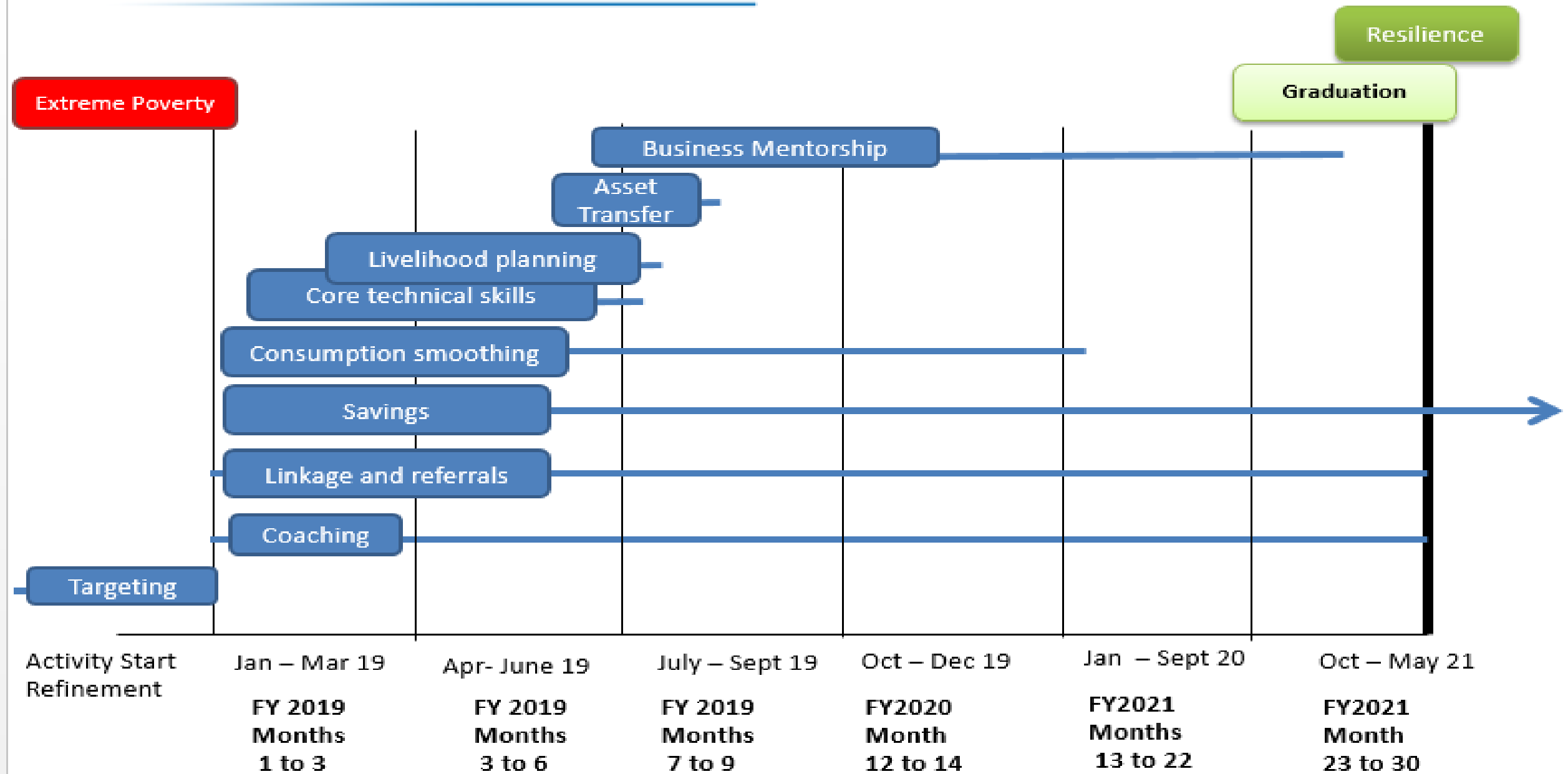
GRADUATING TO RESILIENCE COMPONENTS OF ACTIVITY ARMS

PROGRAM COMPONENT	ARM 1 STANDARD GRADUATION	ARM 2 GROUP COACHING	ARM 3 EMPOWERMENT MODEL
Consumption Support	●	●	●
Core Training and Skills	●	●	●
Savings	●	●	●
Asset Transfer	●	●	—
Coaching	INDIVIDUAL	GROUP	INDIVIDUAL
Linkages	●	●	●

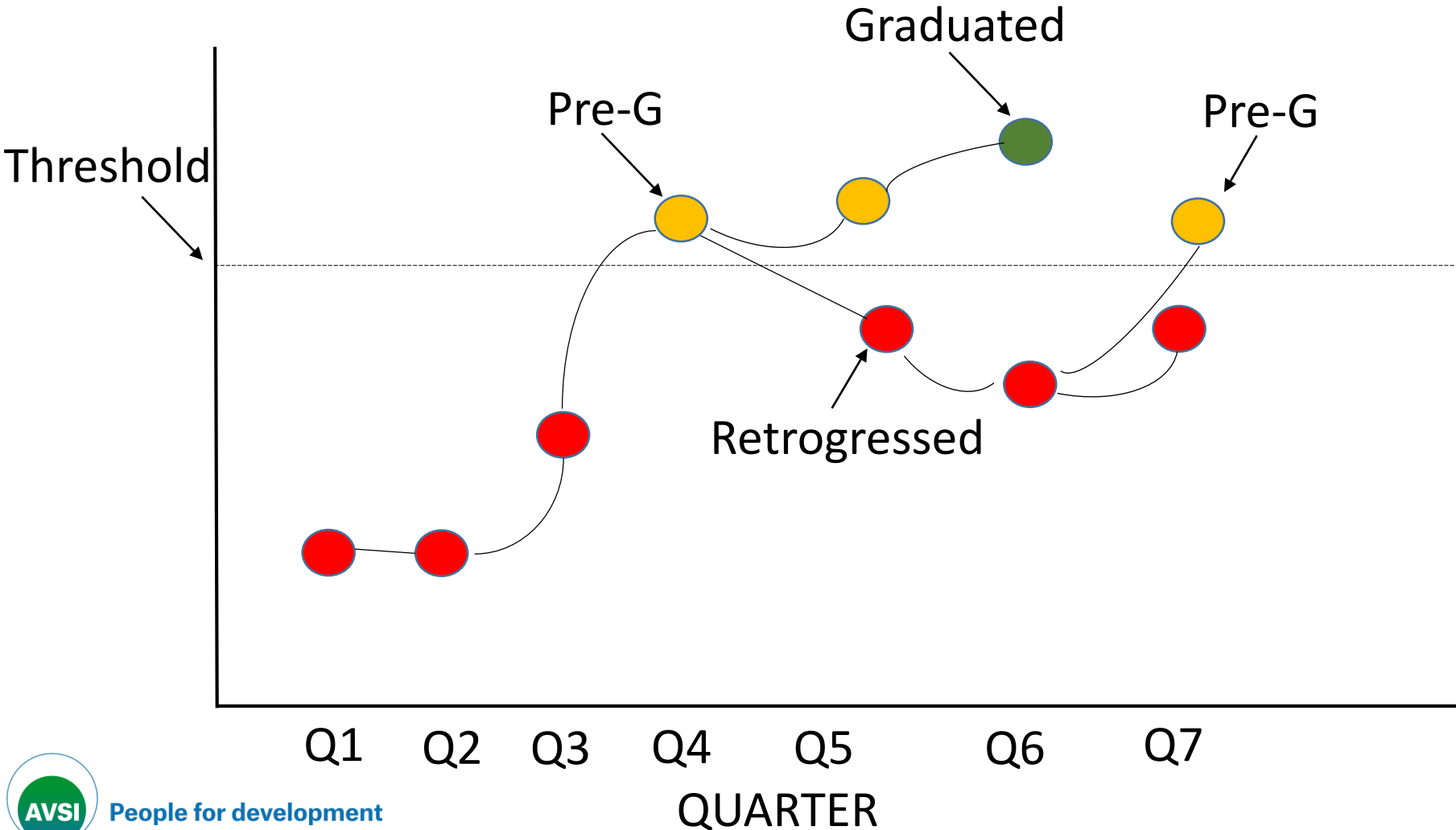
Graduating to Resilience- Activity Delivery Structure



GRADUATING TO RESILIENCE ACTIVITY SEQUENCING APPROACH



Graduating to Resilience- Pathway to Graduation



Graduating to Resilience- Adaptive Management

- Scenario Planning to Enable Flexibility
- Learning and Reflection Opportunities
- Create and use a CLA (Collaborating, Learning and Adapting) Plan
- Documenting Adaptations

Type of Adaptation	Illustrative Adaptation Decisions	Decision Making Process
Design of an ongoing activity or project	During implementation, Government determines that donors may no longer provide financial support to refugees. Changes to the Activity must take place to be compliant with policies.	Does not affect the validity of the RCT (all participants in all treatment arms are affected the same way). Meeting called, decision to change Activity will be documented and communicated to USAID and partners.
Calibrate an intervention or its delivery.	It is determined that families need additional coaching in financial literacy. This information can be added to the coaching curriculum.	Does not affect the validity of the RCT (all participants in all treatment arms are affected the same way). Decision to adjust intervention will be documented and communicated to USAID and partners.
Adaptations to improve / design an intervention.	A pilot of one or more approaches leads to learning a better way of identification of target populations.	Decision to adjust intervention will be documented and communicated to USAID and partners. Learning is documented and shared with practitioners.
Adaptations may affect the design of ongoing RCT	Coaches are discovered to be unable to reach all of their households and they are asking for a reduction of participants to follow.	Groups are assigned with intention. Re-assigning them may affect the design of the on-going treatment arm. This decision cannot be made without involvement of RCT partner and USAID.
Adaptations to be made in the next iteration.	After the first cohort, the RCT identifies one treatment arm to be most cost-effective.	This information will be used to design the second cohort interventions

Example: Identification of Participants

- Need to identify households that meet enrolment criteria, pre-assignment to treatment arms.
- Standardized tools (for instance, the Progress out of Poverty Index-PPI): more “objective” but less inclusive of community views.
- Participatory Approaches (for instance, Participatory Wealth Ranking-PWR): more inclusive but also more “subjective”.
- Each approach vulnerable if alone (“false positives/negatives”).
- Sequencing also an issue (PPI→PWR vs. PWR→PPI)

Identification of Participants – pilot process

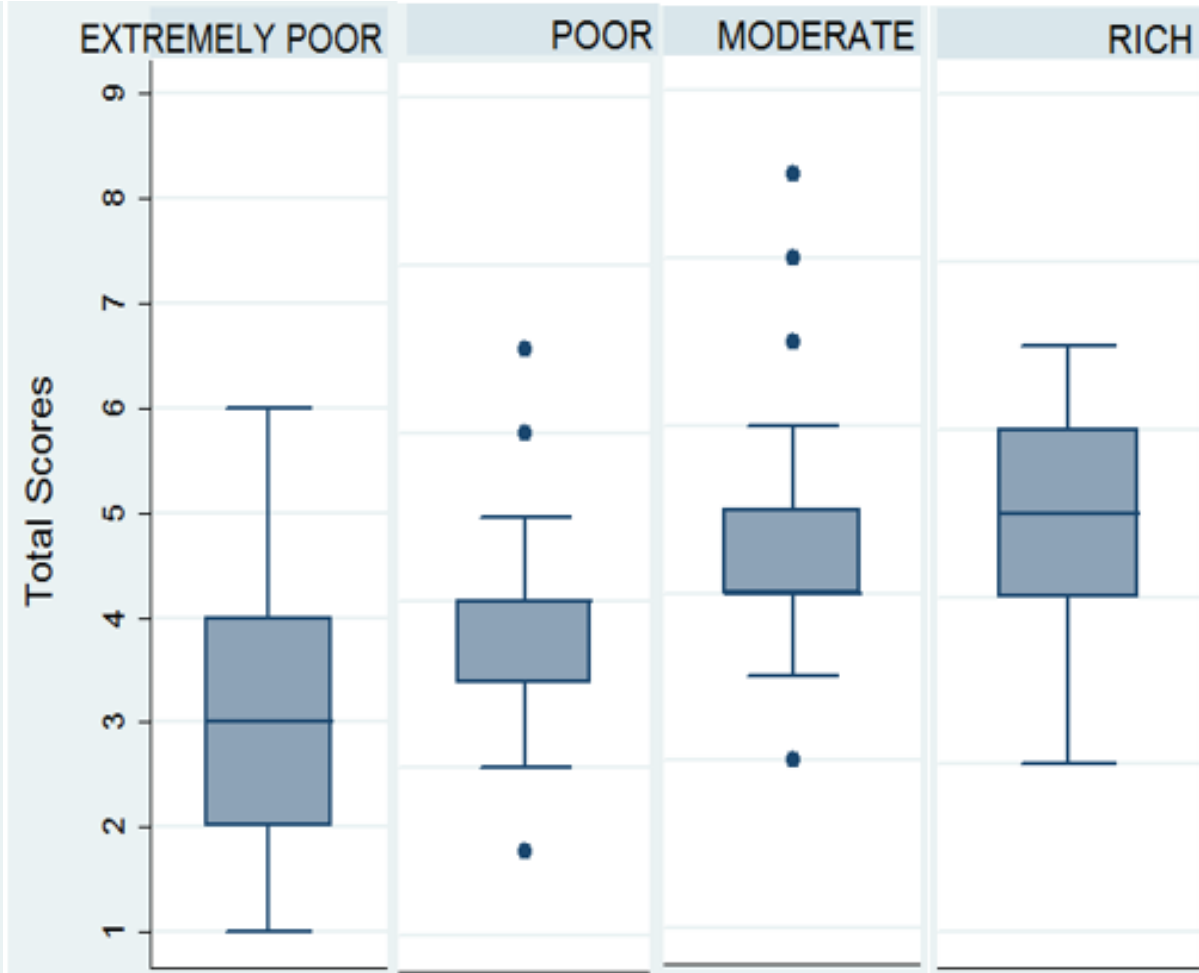
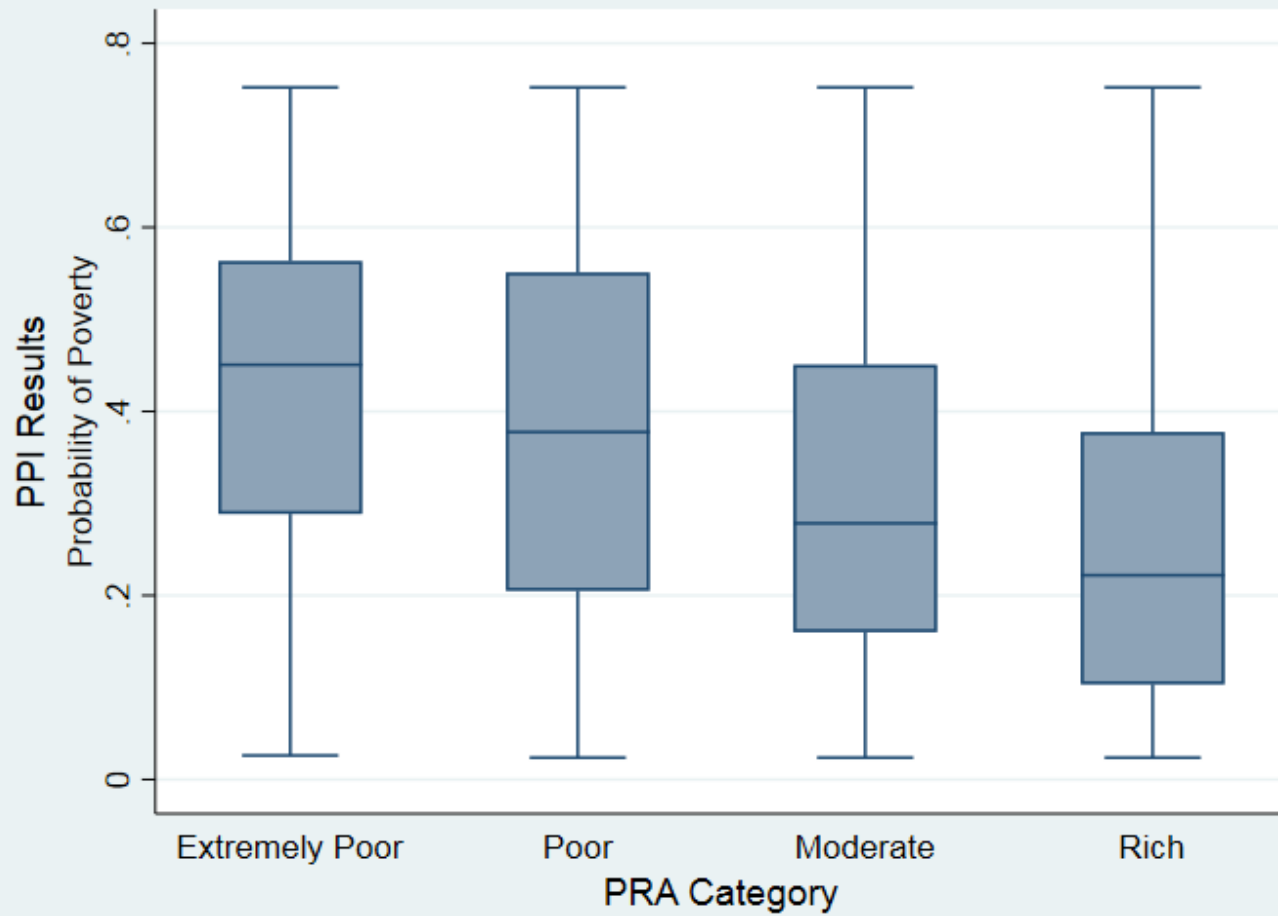
- Meetings with leaders in 6 villages (3 Refugee, 3 Host)
- Collection of lists of households for the 6 villages, from the leaders.
- Implementation of PWR, assigning households as “extra-poor”, “poor”, “moderate”, “rich”.
- Follow-up with administration of the PPI for all households identified in the PWR.
- “Pause and Reflect”- Analysis of results obtained.
 - PPI and PWR provided inconsistent results (poor/rich, poor/moderate, rich/poor, etc)
 - “Missing” households (not included in PWR or not found by PPI)

Identification of Participants – pilot process (cont.)

- Development of contextualized scorecard to replace PPI.
- Revision of order of activity (list → scorecard → PWR)
- Implementation of activity in 6 additional villages.
- “Pause and Reflect”- Analysis of results obtained.
 - Scorecard and PWR provided more consistent results
 - “Missing” households were minimized
- RESULT: The second approach and tools are adopted and utilized for a total of 194 villages (45 refugee and 149 host) over nine weeks, reaching a total of 35,204 households.



Comparing PPI/PWR and Scorecard/PWR



Conclusions.

- Adaptive Management offers multiple opportunities to improve programming.
- Large scale activities stand to gain from Adaptive Management, both for the resources invested and the coverage of participants. Size and complexity of the activity also imply operational challenges.
- Such challenges are further intensified in the context of a Randomized Controlled Trial-RCT, although not impossible.
- Scenario Planning, Collaborative approaches and regular communication among key stakeholders are key for success.



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