

# Midline Report of the Graduating to Resilience RFSAs in Uganda, Cohort 2

IMPEL Brief



Photo Credit: Esther Ruth Mbabazi / Save the Children

## SUMMARY

The second cohort of the resilience food security activity (RFSAs) Graduating to Resilience uses results from the first cohort to deliver a refined version of the Graduation Approach, adding a randomized group therapy component guided by Interpersonal Psychotherapy (IPT) principles to improve mental health.<sup>1</sup> The midline study aims to identify the impact of adding a psychosocial component to a graduation program in both a refugee settlement and the communities surrounding it.

At the midline, we find that the impact of adding group therapy to this RFSAs is negative for psychological wellbeing and economic activity in the host community and has no significant effect on the refugee community. The effects are concentrated among participants with high rates of baseline distress.

We do not necessarily take these findings to mean that mental health therapies cannot improve the effectiveness of graduation programs. On the contrary, this data shows that economic activity is significantly associated with psychological distress and that the negative impacts on mental health were mirrored by negative impacts on economic outcomes. Instead, we interpret these results to suggest that either group therapy or the implementation of group therapy was not effective in this context.

## ABOUT THE RFSAs

**Implemented by:** AVSI Foundation (AVSI) with a consortium including TrickleUp and the American Institutes for Research (AIR)

**Intervention Period:** 2022 – 2024 (Cohort 2) and 2018 – 2021 (Cohort 1)

**Funded by:** The United States Agency for International Development (USAID) Bureau for Humanitarian Assistance (BHA)

**Intervention Areas:** Kamwenge District of Uganda, includes approximately 3,400 households in the refugee settlement and 3,600 in the host community

<sup>1</sup> Markowitz, J. and Weissman, M. (2012). Interpersonal psychotherapy: Past, present and future. U.S. Department of Health and Human Services National Institutes of Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3427027/>.

Weissman M. M. (2006). A brief history of interpersonal psychotherapy. *Psychiatric Annals*, 36(8), 553–557. <https://doi.org/10.3928/00485713-20060801-03>

## BACKGROUND

As of 2019, about 659 million people worldwide lived on less than \$2.15 per day.<sup>2</sup> People living at this income level face numerous obstacles to improving their wellbeing. Previous research from six countries found that the Graduation Approach, which aims to confront these obstacles simultaneously by combining a series of six components (cash grants, asset transfers, skills training, individual coaching, access to savings groups, and basic healthcare) designed to help participants build new livelihoods, had positive impacts on a wide range of outcomes after 3 years, and reduced participants' levels of stress.<sup>3</sup>

Psychosocial drivers of poverty have also garnered growing interest, leading to the consideration of psychosocial support in social protection programs.<sup>4</sup> Approximately 280 million people in the world have depression, and women are 50% more likely to experience it than men. In low- and middle-income countries, more than 75% of people do not receive treatment.<sup>5</sup>

In an AVSI Foundation survey in the Palabek refugee settlement in northern Uganda,<sup>6</sup> 35% of respondents indicated that they were experiencing moderate to severe depressive symptoms at the time, and 64% of these individuals reported that their depressive symptoms (e.g., fatigue and sadness) were interfering with their daily lives. Up to 23% of all respondents said that they had had suicidal thoughts within the last 2 weeks. In addition, during the Graduating to Resilience Cohort 2 sensitization sessions, the RFSA collected data that indicated that up to 80% of refugees had experienced depressive symptoms at some point in their lives, as well as 60% of host community members. Early-stage evidence from IPA's research in Ghana<sup>7</sup> and Niger<sup>8</sup> suggests that the integration of psychological interventions into graduation interventions could improve participants' economic and health outcomes for minimal additional cost.



Photo Credit: AVSI Foundation

<sup>2</sup> <https://pip.worldbank.org/home> (accessed on August 28, 2023)

<sup>3</sup> Banerjee, A., Duflo, E., Goldberg, N., Karlan, D., Osei, R., Parienté, W., Shapiro, J., Thuysbaert, B., & Udry, C. (2015). A multifaceted program causes lasting progress for the very poor: Evidence from six countries. *Science*, 348(6236), 1260799. <https://doi.org/10.1126/science.1260799>

<sup>4</sup> Bossuroy, T., Goldstein, M., Karimou, B., et al. (2022). Tackling psychosocial and capital constraints to alleviate poverty. *Nature*, 605, 291–297. <https://doi.org/10.1038/s41586-022-04647-8>

<sup>5</sup> <https://www.who.int/news-room/fact-sheets/detail/depression> (accessed on August 28, 2023)

<sup>6</sup> The mental-health rapid assessment of refugee and host communities in the Palabek refugee settlement was conducted by AVSI Foundation and Strong Mind in 2018.

<sup>7</sup> Barker, N., Bryan, G., Karlan, D., Ofori-Atta, A., & Udry, C.. (2022). Cognitive Behavioral Therapy among Ghana's rural poor Is effective regardless of baseline mental distress. *American Economic Review: Insights*, 4(4), 527–45. <https://doi.org/10.1257/aeri.20210612>

<sup>8</sup> Bossuroy, T., Goldstein, M., Karimou, B., et al. (2022). Tackling psychosocial and capital constraints to alleviate poverty. *Nature*, 605, 291–297. <https://doi.org/10.1038/s41586-022-04647-8>

## CONTEXT OF THE EVALUATION

While the Graduation Approach may have lasting positive impacts on a range of outcomes, graduation programs are relatively expensive because of the intense level of support they offer. The costs pose a challenge for governments that want to scale up the approach. A primary goal of the Graduation to Resilience activity in this setting is to improve mental health and self-reliance among extremely poor households in the Rwamwanja Refugee Settlement and the surrounding host communities.



Photo Credit: AVSI Foundation

Funded by BHA, the Implementer-Led Evaluation and Learning (IMPEL) Associate Award conducted a [randomized evaluation of Cohort 1](#) to better understand the effectiveness of several variants of graduation programming focused on improving nutrition and self-reliance among populations in and around a refugee settlement. The adjusted graduation programming had significant positive impacts for both activity participants and their households on key outcomes, including food security, nutrition, and self-reliance. All variations of the graduation programming also had large positive returns on investment.

Cohort 2 of the Graduating to Resilience RFSAs includes 7,000 households in western Uganda and consists of both a round of follow-up surveying of Cohort 1 study participants to measure longer-term impacts as well as an evaluation designed specifically around Cohort 2 interventions. The latter aims to provide new evidence on amplifying the impact of the “Refined Graduation” Approach by incorporating low-cost mental health treatments, namely group therapy guided by IPT principles. This document refers to the approach of this second cohort as “Refined Graduation” to distinguish the package of interventions administered in Cohort 2 from those of Cohort 1.

## INTERVENTION DETAILS

This brief focuses on a midline follow-up survey conducted to evaluate the group therapy component of Cohort 2. Researchers worked with IPA, AVSI Uganda, USAID, and Save the Children to conduct a randomized evaluation to compare the impact that graduation programming variations (including the addition of group therapy components) have on the psychological wellbeing, health, and economic activity of refugees and host communities.

The key interventions of the Refined Graduation Approach are:

1. **Consumption support:** a small, regular cash transfer provided over 12 months to stabilize incomes, enable households to focus on new livelihoods, and prevent the consumption of productive assets. This cash transfer is about \$4–5 per household member per month. The transfer per household throughout the cash transfer periods totals about \$300.
2. **Productive asset transfer:** a lump sum cash transfer for any small-scale income-generating activity of about \$300 that takes place about 6 months after the beginning of the activity.

3. **Trainings in technical skills:** includes financial literacy, enterprise selection, planning and management, improved agricultural skills (crop and livestock), and bank linkages. These trainings happen in the first 6 months of the program before the asset is distributed.
4. **Coaching on various themes:** includes health, nutrition, gender, life skills, and sanitation. Each participant attended 48 group coaching sessions over 24 months and had eight quarterly individual touchpoints over the same period.
5. **Access to savings:** village savings and loan associations create a secure place to save income and access low-interest loans.
6. **Referrals and linkages:** referrals from coaching staff related to domestic violence, protection, health, nutrition, and linkages to services within the public and private sectors like extension services, energy, finance, markets, and agricultural inputs.

One difference between Cohort 1 and Cohort 2 programming is the intensity of coaching. Cohort 1 participants received two different coaching approaches—individual coaching (every 2 weeks) and group coaching (weekly). The evaluation of Cohort 1 showed that the group approach was the most cost-effective.<sup>9</sup> The RFSA is employing a hybrid approach for Cohort 2. This hybrid approach is mostly based on group coaching sessions happening every 2 weeks but also includes quarterly individual touchpoints to maintain individual contact between participants and coaches.

The randomized group therapy was based on a therapeutic approach that was participatory and group-based to empower isolated and vulnerable women (95% of primary participants are women) to improve relationships, develop communication and conflict resolution skills, and foster lasting support networks. Within these groups, participants shared their challenges, discussed actions they took to manage them, and supported one another. There were 12 sessions across 8 months (April to November 2022). Each quarter, participants were intended to have six group coaching sessions and at least one individual touch point (with more touch points at the beginning of the program).

In the Cohort 2 evaluation, we compare households that were randomly assigned to offers of Cohort 2 participation with group therapy with those who were assigned to offers of Cohort 2 participation without group therapy. The purpose is to measure the additional effect of group therapy programming.

The researchers conducted a midline follow-up survey to measure household-level impacts on psychosocial wellbeing and economic activity approximately a year after the Graduating to Resilience activity started and shortly after the end of the 8 months of group therapy intervention.

## MIDLINE RESULTS

At the midline, we find that the impact of adding group therapy to the RFSA is negative for psychological wellbeing and economic activity in the host community and has no significant effect on the refugee community. The effects are concentrated among participants with high rates of baseline distress (as measured by the Kessler Psychological Distress Scale–6 Questions (Kessler-6)). This was measured a few months after the end of group therapy. We do not necessarily take these findings to mean that mental health therapies cannot improve the effectiveness of graduation programs. On the contrary, this data shows

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<sup>9</sup> See the endline report of the Cohort 1 Graduating to Resilience evaluation:

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. [https://pdf.usaid.gov/pdf\\_docs/PA00ZNCJ.pdf](https://pdf.usaid.gov/pdf_docs/PA00ZNCJ.pdf).

that economic activity is significantly associated with psychological distress. The negative impacts on mental health were mirrored by negative impacts on economic outcomes. Instead, we interpret these results to suggest that either group therapy or the implementation of group therapy was not effective in this context.



## Psychological Distress Index

In the host community, households assigned to group therapy scored on average 0.11 standard deviations (SDs) higher than non-group therapy households on an aggregate measure of psychological distress. The index combines and normalizes three common measures of mental health: Kessler-10 Question, Patient Health Questionnaire (PHQ)-9, and General Anxiety Disorder (GAD)-7.



## Economic Index

In the host community, households assigned to group interventions scored on average 0.12 SDs lower than non-group therapy households on an economic activity index. The difference is driven by a difference in investment in income-generating activities. The index aggregates information on participant labor supply, investments, and intentions to expand economic activity.



## Optimism and Social Wellbeing

In the host community, households assigned to group therapy interventions scored on average 0.22 and 0.14 SDs lower than non-group therapy households on optimism and social wellbeing indices, respectively. The optimism index aggregates information about personal aspirations and aspirations for the participant's children. The social wellbeing index aggregates information about subjective social status and subjective social worth.

## NEXT STEPS

We will conduct an endline survey in 2024, approximately 30 months after the beginning of the Cohort 2 Graduating to Resilience RFSAs.

### ABOUT IMPEL

The Implementer-Led Evaluation & Learning Associate Award (IMPEL) works to improve the design and implementation of Bureau for Humanitarian Assistance (BHA)-funded resilience food security activities (RFSAs) through implementer-led evaluations and knowledge sharing. Funded by the United States Agency for International Development (USAID) BHA, IMPEL will gather information and knowledge in order to measure performance of RFSAs, strengthen accountability, and improve guidance and policy. This information will help the food security community of practice and USAID to design projects and modify existing projects in ways that bolster performance, efficiency, and effectiveness. IMPEL is an eight-year activity (2019–2027) implemented by Save the Children (lead), TANGO International, Tulane University, Causal Design, Innovations for Poverty Action, and International Food Policy Research Institute.

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