



**Evaluating the resilience of  
women during COVID-19  
pandemic in India:  
An empirical analysis**

**2022**

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INDIA







# ABOUT US

World Vision India is one of the country's largest child focused humanitarian organisations. With over seven decades of experience at the grassroots, we work in 200 districts impacting around 26 lakh children and their families in over 6200 communities spread across 25 states and one union territory, to address issues affecting children, in partnership with governments, civil societies, donors and corporates.

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# EXECUTIVE SUMMARY

The COVID-19 pandemic has worsened livelihood outcomes for women in India for multiple reasons including loss of work, domestic violence and higher carer duties. This study empirically measured the resilience of women involved in a particular World Vision (WV) India program known as the Graduation Model (GM), during the COVID-19 pandemic. WV India is one of the country's largest humanitarian organisations. The GM is a multi-pronged approach which supports the ultra-poor across the world who earn less than USD 1.90 a day. A total of 1307 women (655 GM beneficiaries and 652 from the control group) from six states across India were surveyed and fourteen focus group discussions were conducted for this study. To the best of our knowledge, this is the first study which measures the resilience of ultra-poor women who are beneficiaries of the WV Graduation Model across India during the second wave of the COVID-19 pandemic. The study found that mean resilience of the beneficiaries is much higher compared to the control group due to the multifaceted approach of the GM model. The study also found that across all the four pillars of the GM (social protection, livelihood promotion, financial inclusion and social empowerment), beneficiaries of the GM model were more resilient compared to the control group. This study demonstrates how a multisectoral approach adopted by WV India's GM has enhanced the resilience of beneficiaries by enhancing the adaptive, absorptive and transformative capacities of the women. By enhancing these three capacities the GM enables the wellbeing of its beneficiaries despite shocks, stresses and uncertainty, such as those induced by the pandemic. Furthermore, since these three capacities are mutually reinforcing and exist at multiple levels (individual, household, community, district, national, and within social-ecological systems), the GM approach enhances the resilience of not just the individual woman beneficiary but of the household and society at large, creating deep structural change and transformation. The findings of this study are critical in terms of (a) informing the policy and practice of World Vision India and other organisations across the world which are implementing the Graduation Model, and (b) using a statistically robust method to develop a reliable and valid scale which empirically captures resilience, and which can be replicated in other studies.





Beneficiary Name  
**Tumpa Biswas,**  
Village  
**Vivekanandapally, West Bengal state**  
Monthly Income  
**Rs.4200/-**

## INTRODUCTION

Despite recent economic gains, India remains “home to the largest number of the world’s poor” (Ayres, 2018: 14-15). Even before the COVID-19 pandemic hit India, the country ranked 94 out of 117 countries on the Global Hunger Index (GHI, 2019), a ranking worse than other South Asian countries including Bangladesh and Nepal which are Least Developed Countries. The livelihoods of those who live in extreme poverty are more at risk since they are often excluded from development programs aimed at poverty alleviation. The World Bank defines extreme poverty as living on less than \$1.90 a day. In 2017 India’s enormous efforts towards poverty reduction considerably slowed down when compared to the past decades. In a report entitled Reversals of Fortune, the World Bank highlight reversal of hard earned gains in poverty reduction ‘for the first time in a generation’ caused by the COVID-19 pandemic. The World Bank estimates that in 2020, between 88 to 115 million additional people were pushed into extreme poverty (World Bank, 2020: 5). According to the United Nations, 47 million of these people are estimated to be women and girls (Women, UN, 2020). However, social, economic and financial exclusion exacerbated by disproportionate burden of household responsibilities including agricultural labour, caring for children and the old have further increased vulnerability of the “ultra-poor” women who live on less than \$1.90 a

day (Vivek, 2021). Close to 87 million women and girls live in extreme poverty in India currently. Prior to the pandemic, the female poverty rate was 13.3 percent compared to 12.1 percent for males. The United Nations estimate that the pandemic in is likely to push 14.7 percent of females in India to extreme poverty compared to 13.7 percent of men (Pandit, 2020). The pandemic worsened livelihood outcomes for women in India for multiple reasons including: (a) female workers including farm labourers, seasonal migrants, and informal workers losing work (b) an increase in domestic violence against women (c) inadequate access to social security schemes designed to protect livelihoods, and (d) women burdened with more caring responsibilities.

In India out of the 350 million people who are extremely poor, one-fifth (70 million people) are ultra-poor (Vivek, 2021). This calls for a comprehensive assessment. The main aim of this study is to empirically measure the resilience of women in a particular World Vision (WV) India program known as the Ultra-Poor Graduation Model, that emerged during the second wave of the COVID-19 pandemic. This study is the first of its kind which was conducted among the women beneficiaries of WV across the country. The findings of this study are critical in terms of (a) informing the policy and practice of World Vision India and other organizations

across the world which are implementing the Ultra-Poor Graduation Model, and (b) using a statistically robust method to develop a scale which empirically captures resilience and can be replicated in other studies.

WV India is one of India's largest humanitarian organizations which focuses on children with over seven decades of experience at the grassroots. The organisation employs proven, effective development, public engagement, and relief practices empowering vulnerable children and communities living in contexts of poverty and injustice, to become self-sufficient bringing long term lasting change. WV India works in 200 districts impacting 2.6 million children and their families in over 6200 communities across 25 states and union territories. The Organization primarily is committed to addressing issues in partnership with governments, civil society organizations, the donor community, and corporate organizations. WV India's Ultra-Poor Graduation Model focuses on the ultra-poor across the country (World Vision India, 2022: 1)

This report is organized as follows: The narrative begins by defining the Ultra-Poor Graduation Model, its genesis and evolving process, implementing process followed by World Vision across India. This section is followed by exploring the concept of resilience and examining the three types of resilience: absorptive, adaptive and transformative. Following this is the description of research methodology. Findings and discussion is the final section in the sequence.

## What is the Ultra-Poor Graduation Approach?

In a bid to improve the livelihoods of ultra-poor households, in 2002, the NGO Bangladesh Rural Advancement Committee (BRAC) designed a program entitled "Targeting the Ultra-Poor Program" primarily to respond to the particular vulnerabilities and problems faced by these households. This program was studied by the Consultative Group to Assist the Poor (CGAP) which is a global partnership comprising thirty development organisations that work on advancing the lives of the poor, particularly through financial inclusion (CGAP, 2017). The findings of the impact of the Ultra-Poor Program were widely disseminated particularly with those organizations working in the area of microfinance. In 2006, CGAP and the Ford Foundation helped the formation of "Graduating the Poor Initiative" aimed at testing the BRAC approach to ascertain if it was effective in improving the livelihoods of the ultra-poor in countries other than Bangladesh. They set up 10 pilot programs in eight countries across three continents (Asia, Africa, and Latin America) "to determine whether, with the right mix of well-sequenced interventions offered over a specified period, the poorest households could "graduate" from extreme poverty" (CGAP, 2017, p. 2). Implemented for over 24-36 months, the multifaceted

pilot programs targeted the ultra-poor in villages with different interventions including the provision of basic safety nets (food or cash), skills training, the provision of productive assets (such as animals) or capital to begin employment, access to financial services, and social empowerment support through mentoring and coaching programs (CGAP, 2017 p. 2). Various studies have been conducted to evaluate the outcomes of the GM, particularly to ascertain if the model is able to generate (a) "sustainable self-employment activities" and (b) lasting improvements in the well being of beneficiaries (Banerjee et al., 2015 p. 772). These studies, including those involving Randomised Control Trials (RCTs) have concluded that the Ultra-Poor Graduation Model has been very effective in improving livelihood outcomes for the poorest in society across the world with strong and sustainable gains made in the areas of consumption, income, food security, financial savings, health and empowerment of women (BRAC-World Vision, 2019; CGAP, 2017). What has not been studied is how resilient the beneficiaries of the GM have been during the COVID-19 pandemic.

Since it was first introduced, the Ultra-Poor Graduation Model has been changed and adapted to improve its efficacy and allow for scalability across the world while at the same time allowing for enough flexibility to cater to different countries and varying contexts. BRAC thus developed a four-pillar approach to graduation: social protection, livelihoods promotion, financial inclusion and social empowerment (see Figures 1 and 2). Since the GM involves a multipronged four-pillar approach to graduation (as opposed to just the provision of cash or the provision of training or coaching) which is "carefully sequenced", the program is quite expensive to run (CGAP, 2017, p. 2). The model is targeted to assist ultra-poor households through various different pathways including providing safety nets on the one hand, and training for empowerment and wellbeing on the other. Despite being more expensive, due to the success of the BRAC program and subsequent pilot programs in promoting sustainable livelihoods, the Ultra-Poor Graduation Model (GM) has been adopted by development organisations throughout the world including World Vision India.

## World Vision India's Graduation Model

Using the BRAC model in 2015, World Vision India developed its own unique approach to graduating the ultra-poor through its Area Development Programs (ADPs). In the early 1990s, World Vision began employing ADP approach to address community development. An ADP operates "in contiguous geographical areas" involving 40,000 to 50,000 people for a period of up to 15 years. ADPs are "large enough to have some micro-regional impact, yet small enough to make a major impact on selected communities". While ADPs were

first implemented in rural areas, over time, they have evolved to be operationalized in urban areas. All ADPs vary according to the local context and the “expressed need” of the community (World Vision Australia, 2009: 3).

World Vision India’s Ultra-Poor Graduation Model targets vulnerable, unskilled, and landless households which are excluded from financial services and frequently face food insecurity. World Vision India has developed specific minimum measurable standards for graduation over 24 months through its ADPs including rigorous processes for targeting the ultra-poor and integrating the four pillars throughout the program (see Figure 2) (BRAC- World Vision, 2019). From 2015-2020 WV India has implemented the Ultra-Poor Graduation Model in 15,985 households, across 36 ADPs in 15 states in the country. Overall, 76.45% of all participating households have “graduated”, which means they have completed the 2-year program.

WV India has three different types of Ultra-Poor Graduation Model interventions: (a) farm-based assets (for example cows, poultry etc.) (b) non-farm-based assets like a grocery shop and skill-based services such as carpentry, tailoring etc., and (c) a blend of both farm and non-farm based assets. The Model provides assistance for immediate needs of families, with long-term investments in training, financial services and business development so that, within two years, people living in extreme poverty are equipped to help themselves with the available coping mechanisms to move out of ext



Figure 1: Source: (BRAC- World Vision, 2019: 11)

The COVID-19 pandemic elucidates the importance of resilience in graduating ultra-poor people. As Collins (2017, p. 58) argues, resilience is not only a very important organising concept but it “significantly contributes to scaling more shock-responsive, risk-informed approaches to graduation.” The following section defines the concept of resilience.

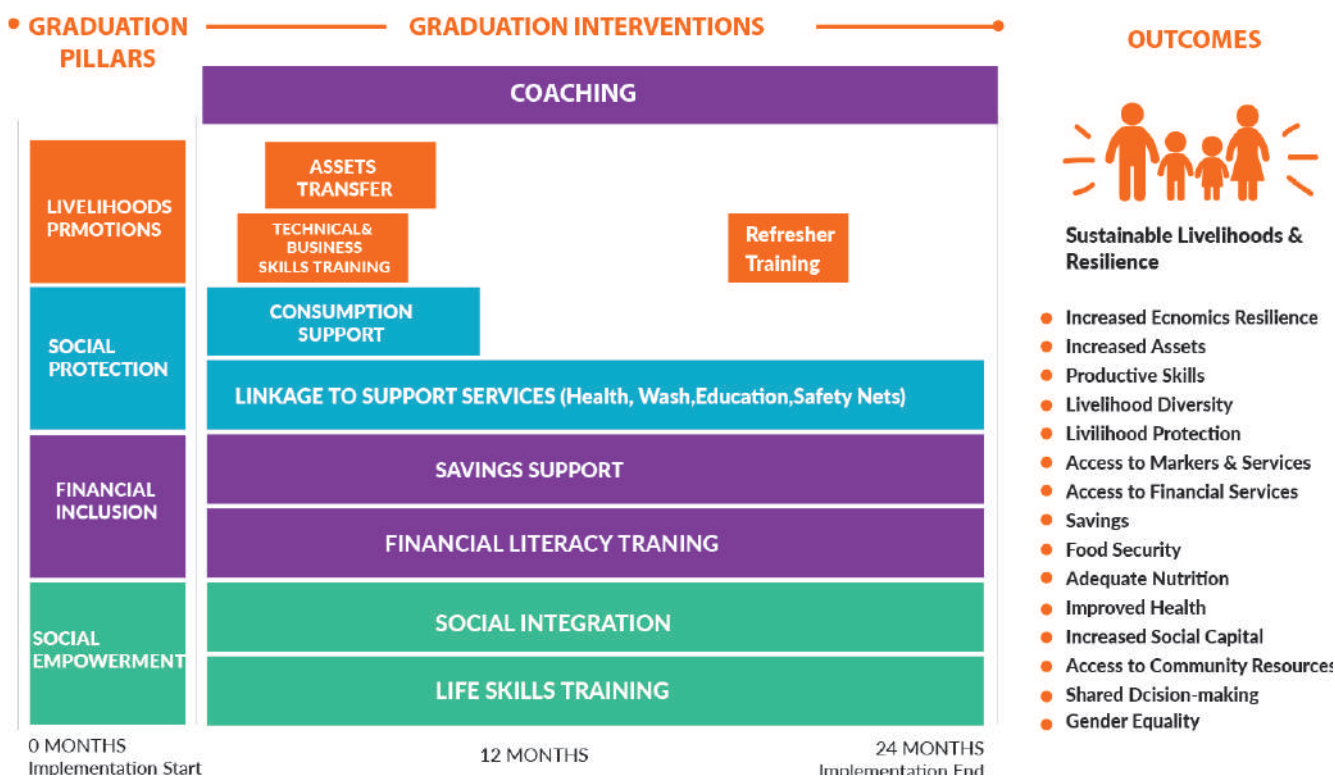


Figure 2: Source: (BRAC- World Vision, 2019: 12)



## THE CONCEPT OF RESILIENCE

Over the last two decades, the concept of resilience has emerged as a central paradigm in humanitarian aid, disaster risk reduction, climate change adaptation, and social protection sectors and features prominently in mainstream development discourse (Béné, Headey Haddad et al., 2016; Osbahr, 2007; Levine et al., 2012; Hoddinott, 2014; Jones & Tanner, 2015, Walsh-Dilley et al., 2016). Resilience, which is derived from the Latin verb 'resilire' (meaning ability to jump back) is used to refer to the capacity to recover quickly from difficulties, toughness and shocks (Klein et al., 2003). One of the most commonly adopted conceptualisations of resilience was proposed by Holling in his seminal work on 'Resilience and Stability of Ecological Systems'. Resilience here is theorised as a measure of the ability of [eco]systems to absorb changes of state variables, driving variables, and parameters, and still persist (Holling 1973: 17).

Building on Hollings framework Walker et al. 2002 and Folke 2006 developed the concept of socio-ecological resilience. Social-ecological resilience draws on systems thinking and emphasises the adaptive capacity of the system, that is the capacity to learn, combine experience

and knowledge, adjust responses to changing external drivers and internal processes, and continue operating (Berkes et al., 2003: 13). It also draws on the transformative capacity of the system, which is the capacity to create a fundamentally new system when ecological, economic, or social structures make the existing system untenable (Walker et al., 2004: 5). An important aspect of this more elaborate conceptualisation is the recognition that resilience results not only from one, but from the combination of all of these three capacities: (1) absorptive capacity leading to persistence, (2) adaptive capacity leading to incremental adjustments/changes and adaptation, and (3) transformative capacity leading to transformational responses (Béné et al. 2012). This conceptualisation of resilience as a combination of absorptive, adaptive and transformative capacities implying that resilience is a capacity, not an outcome (Quandt, 2018). Thus it can be built through interventions such as the Ultra-Poor Graduation Model.

Current resilience thinking has however largely focussed on natural systems and is often criticized for ignoring the social or political side of social-ecological systems (Brown, 2014). One response to these criticisms has been the development of a livelihood perspective in resilience thinking. Tanner et al. (2015: 23) define livelihood resilience as "the capacity of all people across generations to sustain and improve their livelihood opportunities and well-being despite environmental, economic, social, and political disturbanc-

es.” Focusing on livelihood resilience places people at the centre of analysis and highlights the role of human agency, rights, and capacity to prepare for, and cope with shocks (Tanner et al., 2015). Central to livelihood resilience are the coping strategies used by households or individuals during times of stress such as those precipitated during the ongoing COVID-19 pandemic. Building livelihood resilience means that a given household’s livelihood strategies and activities are better prepared to cope and manage the impacts of shocks, navigate uncertainty, and adapt to changing conditions (Marschke and Berkes, 2006).

During disasters and crises, the role of women within households and their contribution toward creating resilient communities by taking leadership roles is well documented. Their skills in mobilization including their deeper connections within the society makes them well placed in the role of transformative agents (Carr, 2013; Clot & Carter, 2009; Reed et al., 2013; Action- Aid, 2017; Dankelmen, 2010; Nagel, 2016).

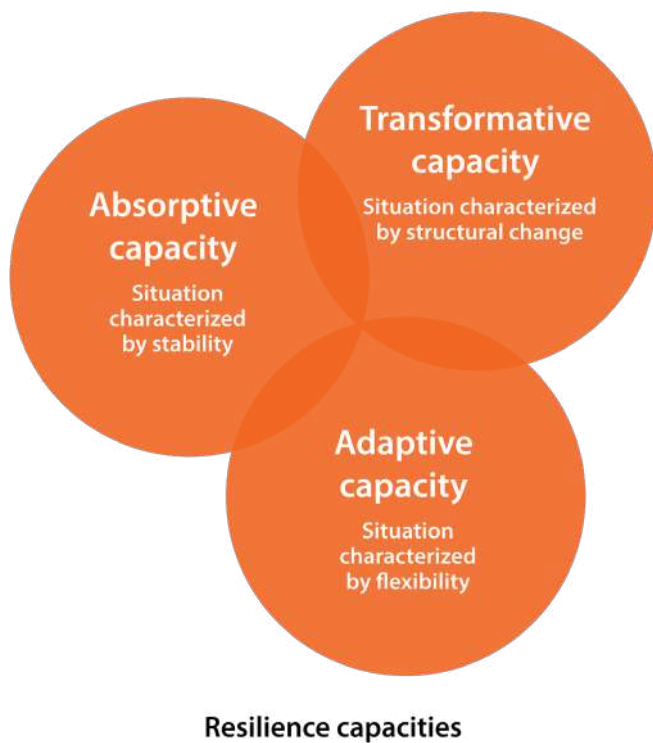


Figure 3: Source: (Oxfam, 2017: 1)

WV India applies a resilience lens to its Ultra-Poor Graduation Model which is designed as an integrated, multi-pronged systems approach to address the underlying causes of vulnerability (Figure 3). WV India’s Ultra-Poor Graduation Model is firstly designed to assist communities to absorb shocks primarily through implementing programs which assist communities in generating in-

come and in building savings. The model is therefore designed to provide stability to households and particularly to women who are able to earn a regular income (through small businesses) and build household savings.

Secondly, the Ultra-Poor Graduation Model is designed to allow community members to adapt to changing circumstances which can occur due to climate change or pandemics. This is done through specific programs which assist them in diversifying their livelihood options. Beneficiaries are provided training to access financial services and markets as well as how to better access public sector resources. The model is also designed to allow women to build adaptive resilience through diversification of income by developing a second livelihood source. The second livelihood builds on the first one. For example, women can set up complementary businesses such as tailoring as well as selling bracelets; or setting up chicken farming to begin with and then expanding to selling chicken manure (BRAC-World Vision, 2019). Adaptive resilience is thus “characterised by flexibility” where incremental and innovative changes are made (Oxfam, 2017: 1; BRAC-World Vision, 2019).

Thirdly, the Ultra-Poor Graduation Model is designed to transform livelihoods through social empowerment programs which include life skills training, forming important community networks (see Figures 2 and 3). This form of resilience is characterised by “structural change”.

Such changes include changing community and family gender norms, organising for social change and building strong community support networks (BRAC-World Vision, 2019: 38).

The aim of this study is to measure the resilience of women who are beneficiaries of the WV India Graduation Model compared to women in a control group, across six states in India during the second wave of the COVID-19 pandemic. A further aim is to create a statistically robust method to develop a reliable and valid scale to empirically capture resilience which can be replicated in other studies. The following section outlines the method we used to carry out the study and how this tool was designed and used.

## Method

This study adopts a convergent mixed methods approach (Creswell, 2015) to address the research aim. Quantitative data was collected through a survey instrument and qualitative data through focus group discussions (FDGs). Both these data sets were analysed and then the results were merged and compared. The data collected in the FDGs was used to inform the survey design and also used to interpret the statistical results. In following a mixed methods approach this study draws interpretations based on the combined strengths of survey data and FDGs to understand resilience.

Over two months, a team of experts from World Vision India and academics from Monash, Indian Institute of Management (IIM) Udaipur and Flinders University designed a questionnaire for this study. A 2015 gender sensitive tool kit developed by the international NGO Action Aid, 'Assessing People's Resilience' was used as our starting point to design our toolkit to measure resilience (Le Masson & Lovell, 2015). We specifically designed the questionnaire to measure resilience of participants who had completed the Graduation Program in India. There were seven sections in the survey questionnaire. The first two sections contained descriptive questions on the demographic background of the participants and the Ultra-Poor Graduation Model. The following sections focussed on the four pillars of the GM: social protection, livelihood promotion, financial inclusion and social empowerment. The seventh section comprised multiple 5-point Likert scale questions on resilience due to the "superior reliability and validity" of a multi-item scale (Tharenou, Donohue, & Cooper, 2007, p. 161).

A Likert scale is used to measure an individual's attitudinal information by translating it into a numeric scale (Likert, 1932). In this study, likert-scale questions addressed respondents' community-level resilience in four categories: social, economic, institutional and infrastructural. Initially 54 items were extracted from the ActionAid toolkit which Le Masson and Lovell (2015) developed to assess people's resilience to natural disasters. The ActionAid toolkit was created in the South Asian context to compare resilience to disaster risks between men and women. Thus, this toolkit was chosen for the initial identification of items to measure gender resilience of women in this study. The items were then adapted to the Likert-scale questionnaire. The Likert scale questions offered 5 scales to respondents which they used to agree or disagree with a particular statement in relation to resilience (we refer to each statement as an item of resilience). Each statement captured a respondent's direction of attitude as well as the magnitude of the direction (Albaum, 1997). This is because each respondent could choose to agree or disagree or, to strongly agree or strongly disagree with a statement.

The questionnaire was field tested prior to the survey. The responses were used to tweak the instrument to ensure accuracy. Fourteen Focus Group Discussions (FGD) were conducted across different ADPs in the six states. FDGs were only conducted with the GM beneficiaries. They were chosen with the help of Self-Help Groups (SHGs) which operate in World Vision India ADPs (see Table 1).

## Sampling Strategy

The research design comprised a cross-sectional questionnaire survey of a sample of women across six different states in India. The sample includes a group of GM beneficiaries in ADPs who received World Vision support and graduated from extreme poverty. A comparable group of women was also included in the sample as a control in the study also from World Vision ADPs who did not receive any support under the GM. The CG consisted of women who are not beneficiaries of WV India program but live in the same geographical location and in similar context of the facilities and services provided by the various levels of Government.

The study adopted purposive sampling. Respondents from both groups were chosen from 11 ADPs over six states namely Assam (1), Andhra Pradesh (3), Karnataka (1), Bihar (2), Mizoram (1) and West Bengal (3) to capture the vast geographical diversity of India. A total of 19 enumerators were selected and trained for data collection. The orientation of enumerators was conducted in regional languages on 2 and 10 July 2021.

Surveys were conducted in person from 11th July to 31 August, 2021 using the survey tool Kobocollect. Data collection was facilitated by senior managers, managers, design monitoring evaluation specialists and a technical specialist on livelihoods. Respondents were selected based on the total number of beneficiaries who had participated in the GM in the respective states.

1. The control group in this study is defined as those who are not beneficiaries of the GM or any other WV India program, but live in the same geographical location (city or village) as the beneficiaries and are recipients of the same facilities and services from local, state and central governments as are GM beneficiaries.

**Table 1: Focus Group Discussions**

No	World Vision India Area Development Program	Name of the Village	State	Partici-pants	Participant Group	Date
1	Shantidata ADP	Gundugolanu	Andra Pradesh	13	SHG members	16.08.21
2	Premadhara ADP	G. Konduru	Andra Pradesh	14	SHG members	16.08.21
3	Korukonda ADP	Gadarada	Andra Pradesh	13	SHGs members	16.08.21
4	Korukonda ADP	Sirengapattinam Kotikeswaram	Andra Pradesh	14	SHG members	11.03.22
5	Mizoram HIV Project	Aziwal	Mizoram	10	Community leaders and SHG leader Both male and female partic-ipated	17.08.21
6	Vaishali ADP	Vaishali	Bihar	20	SHG members	17.08.21
7	Muzaffapur ADP	Gopalpur ward no. 7/ Self	Bihar	10	SHG members	17.08.21
8	Muzaffapur ADP	Darapatti , Marwan Block , Muzaffarur District	Bihar	8	SHG members	11.03.22
9	Bijapur ADP	Utnal Village	Karnataka	7	SHG members	19.08.21
10	Bhojpur ADP	Maraha Village	Bihar	13	SHGs members	19.08.21
11	Basanti	Vivekananda Village Development	West Bengal	11	Community leaders and SHGs members	19.08.21
12	Basanti	Tridibnagar	West Bengal	12	SHG Members	11.03.22
13	Bhardaman ADP	Goda Khandekar Para	West Bengal	9	Community leaders and SHG leaders	19.08.21
14	Udulguri ADP	Udulguri	Assam	10	SHGs members	17.08.21

## Characteristics of the Study Sample

A total of 1307 participants consented to participate in the study. The age of the respondents ranges from 20 to 65 with a mean age of 37.8. In the sample, 3.98% respondents are single, and 92.43% respondents have children. Out of 1307 respondents, 786 (60.14%) went to a school. In terms of social status, 259 (19.8%) of our respondents identified as Other Backward Classes (OBC), 224 (17.1%) as Backward Class (BC), 106 (8.1%) as Scheduled Tribe (ST), 652 (49.9%) as Scheduled Caste (SC), and 66 (5%) as Forward Class (FC)/ General. A total of 247 18.9% respondents reported having some land; the land size was under one hectare for 98% of these respondents. On average, the respondents' household size is 4.39. The respondents are distributed across different states as outlined in Table 2.

Table 2: Sample Size

States	Beneficiary group	Control group	Total respondents
Andhra Pradesh	340	340	680
Assam	25	25	50
Bihar	152	150	302
Karnataka	45	46	91
Mizoram	25	25	50
West Bengal	68	66	134
Total	655	652	1307

## Findings

Exploratory Factor Analysis (EFA) was performed to obtain a single factor from a multi-item resilience scale. After dropping of items due to cross-loading (>0.4), the EFA (n=1307) yielded a 25-item factor that explains 83% of the variance with factor loadings ranging from 0.6518 to 0.8456. The Cronbach's alpha value is equal to 0.9674 that shows the reliability of the resilience scale (Nunnally, 1978). The composite factor score was then saved as a variable for resilience with a higher value, meaning a higher resilience. The skewness (-0.781) and kurtosis (3.076) values of the resilience variable are found within acceptable ranges of  $\pm 1$  and  $< 7$  respectively, and thus demonstrate its normal distribution. Following a rigorous method, this study thus developed a 25-item scale for gender resilience. The items of the scale and their factor loadings are presented in Table 3.

Table 3. Scale validity and reliability

Scale	Factor loading <sup>1</sup>	Cronbach's alpha <sup>2</sup>
Resilience		0.9674
I have an ongoing income source.	0.6985	
My household earns income from different sources.	0.7367	
I am able to access government grants/credit.	0.7297	
My house is safe and it would stand if there is a natural disaster.	0.7027	
My house is safe for isolation during COVID-19.	0.7301	
My house is located in an area which is not at risk of hazards.	0.7835	
There is a safe and reliable route to travel to another city or village.	0.7631	
I am able to cover the cost of energy throughout the year.	0.7291	
I have adequate access to information related to COVID-19.	0.7838	
I am satisfied with the healthcare provided.	0.6867	
It is possible for my household to access skilled birth attendance.	0.7741	
I can go to a hospital using my own means if I need to.	0.6812	

2. Factor loading shows the extent to which an item is related to the 'resilience' scale.

3. Cronbach's alpha measures the internal consistency of the 'resilience' scale - it indicates how reliable 25 items are to measure resilience.



There is enough food in the household to feed everyone adequately.	0.8456	
I have income to buy food to feed everyone adequately.	0.8186	
I have adequate support from other household members to look after my children.	0.8003	
I am able to access social safety net programme if I need to.	0.6518	
The household views domestic violence a problem for the community.	0.7115	
There is no prevalence of domestic violence in the household or in the neighbourhood.	0.7503	
There is no prevalence of child marriage in the household or in the neighbourhood	0.7450	
I do not fear sexual harassment in the community	0.6935	
I take part in decisions in the community.	0.6682	
I have the same access to financial resources as my spouse/ other family members.	0.7100	
I have the same access to leadership opportunities as my spouse/ other family members.	0.7568	
I am aware of a disaster management committee/plan in the community.	0.7846	
If there is a disaster, I receive assistance (such as relief or cash or goods).	0.8356	

In the next step, a one-way ANOVA was conducted to investigate if resilience is different between the beneficiary group (n=655) and the control group (n= 652). The ANOVA reveals a statistically significant difference of resilience between these two groups ( $F(1,1305) = 34.66, p = 0.000$ ). Then a Tukey post-hoc test was conducted which shows that the beneficiary group has statistically significant higher resilience ( $p = 0.000$ ). The ANOVA and the Tukey post-hoc test thus demonstrate that during the pandemic, WV India's Ultra-Poor Graduation Model helped beneficiaries with a significantly higher resilience compared to non-beneficiary women (see Figure 4). A mean score for the resilience variable was then computed by different states and four pillars of the Ultra-Poor Graduation Model. The calculated mean scores of gender resilience were presented in the below bar charts to demonstrate the variation of the resilience across different factors for both control and beneficiary groups.

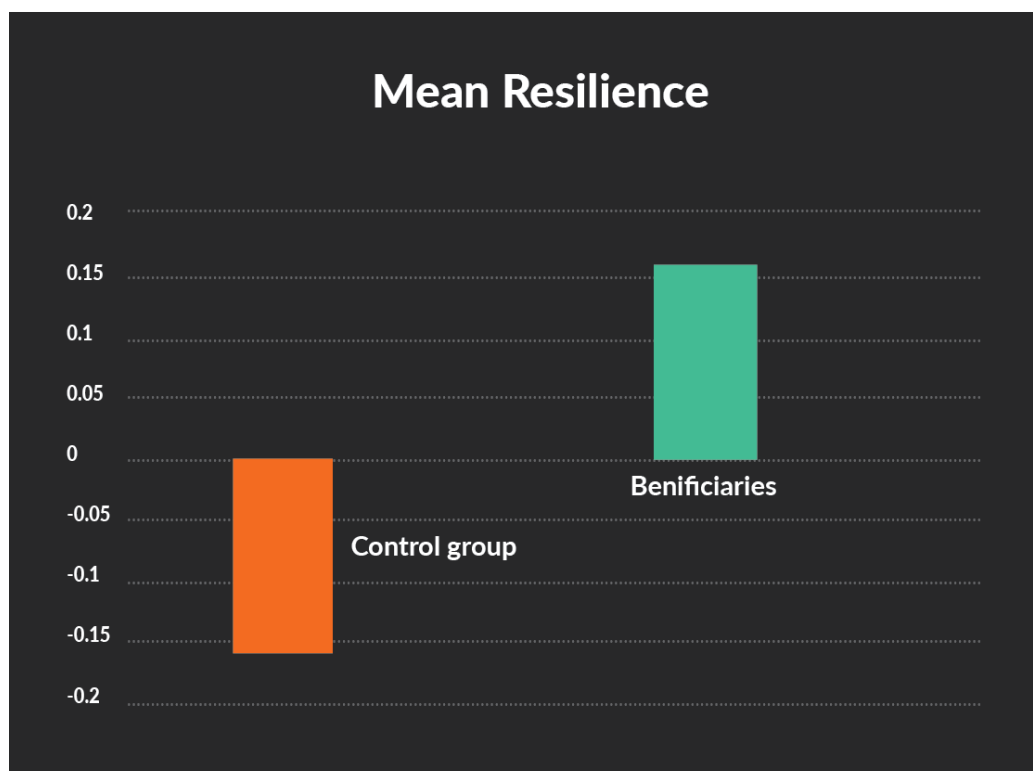


Figure 4



# RESILIENCE AS PER THE FOUR PILLARS OF THE GRADUATION MODEL

In this section we present the results of our study under the four pillars of the WV India Graduation Model: social protection, livelihoods promotion; financial inclusion and social empowerment.

## Pillar 1: Social Protection

Social protection includes “preventive, protective and promotive mechanisms to support basic income security including consumption support, crisis relief, and access to health education” (BRAC-World Vision, 2019: 11). It also includes access to social safety net programs provided by local, state and central governments. World Vision India’s interventions under this pillar include (a) food and nutritional security particularly for women and children, (b) assistance in accessing healthcare services as well as training on basic healthcare, (c) assistance in accessing primary and secondary education and (d) assistance in developing and accessing drinking water and sanitation facilities (BRAC-World Vision, 2019: 25-26).

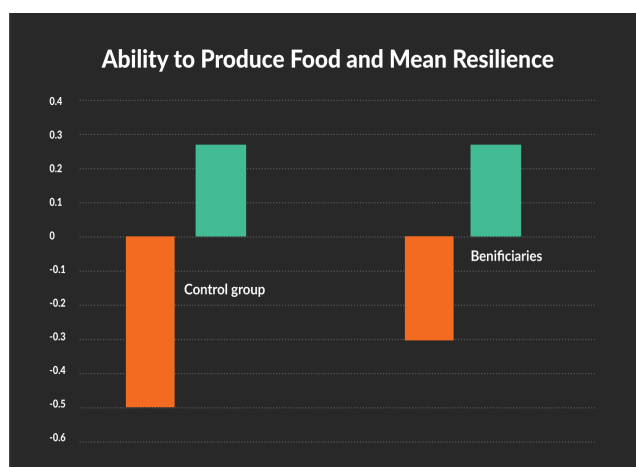


Figure 5

The first area investigated under this pillar is food and nutritional security. The data reveal that both the control group and the beneficiaries had similar mean resilience for those who were able to produce food to feed their families during the second wave of the pandemic (Figure 5). For those who were not able to produce food to feed their families, the mean resili-

ience of the beneficiary group was higher (Figure 5). The descriptive data shows that even though land ownership was low in both groups, a large percentage of the respondents leased less than 1 hectare of land (650, 99.2% beneficiaries and 615, 94.3% from the control group). When respondents were asked if they have been able to produce food for subsistence during the pandemic, a higher number of beneficiaries (512, 82.6%) reported yes compared to 281 (45.5%) from the control group. Furthermore, 419 (64%) of the respondents from the beneficiary group were able to sell their own produce for income compared to 172 (26.4%) from the control group (Table 4).

The data shows that 57% respondents were eating at least 3 meals a day (409, 62.4% from the beneficiary group and 336, 51.5% from the control group). When asked whether they could afford to feed everyone in the household adequately throughout the year, 411 (79.5%) of beneficiaries reported that they could, compared to 252 (61.2%) respondents from the control group (Table 4). In addition to this pillar, the data also shows that the beneficiaries who had access to all four categories of food in a week were more resilient compared to the control group (Figure 6).

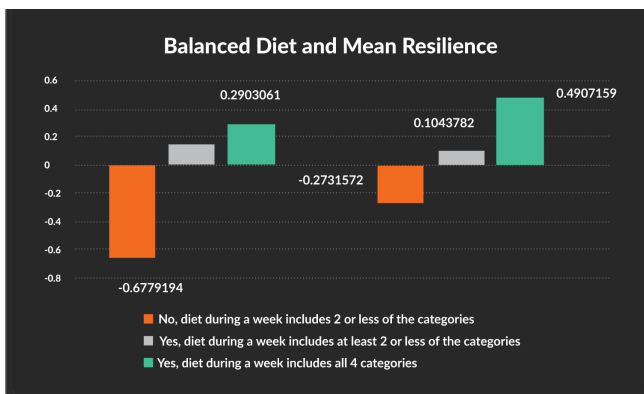


Figure 6

Despite having access to food as per the above data, compared to the control group (311, 47.7%), a higher number of beneficiaries (418, 63.8%) reported having poor quality diets (Table 4). Close to a quarter of the beneficiaries reported that they were eating reduced portions of food (97, 23.2%). Furthermore, a vast majority 384 (91.9%) of beneficiaries reported consuming poor diet quality compared to the control group (239, 76.8%) (Table 4) citing loss of partner’s job as the reason.

There was not much difference between the control group and the beneficiaries in terms of vaccination rates (see Table 4). However the empirical analysis shows that compared to the control group, the beneficiaries who were vaccinated for COVID-19 had higher mean resilience compared to the control group, heightening their adaptive capacity to absorb the adverse impact of the pandemic (Figure 7). The mean resilience of the unvaccinated was also much higher compared to the con-

rol group which can be attributed to the multipronged approach of WV India’s GM. Data from FGDs revealed that beneficiaries benefitted from the COVID-19 specific awareness programs offered by WVI as part of the GM through training on social distancing, hand washing and personal hygiene. They were also educated on alternative livelihood opportunities and ways of accessing various economic stimulus packages from state and central governments to cope with the pandemic related challenges.

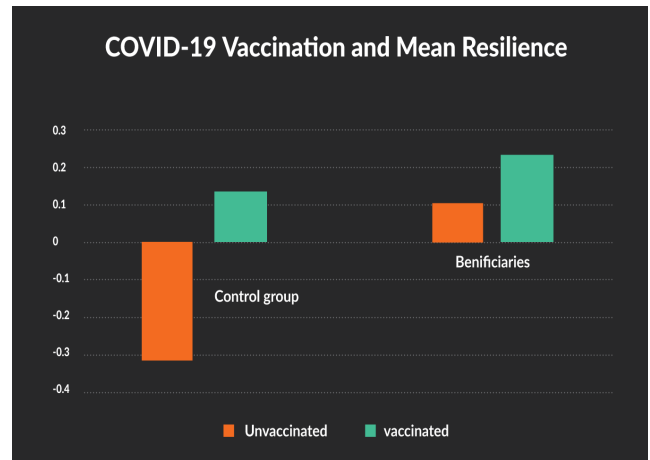


Figure 7



*Poonima Mandal ( Basanti ADP, West Bengal): We learnt the 5-step washing. World Vision visited all the households to see if children were maintaining basic hygiene. This has encouraged a clean community. We not only learnt about hygiene, we also learnt that water should not be stored in any places; this has reduced mosquito borne diseases.*

In terms of access to healthcare in their village/area, there was no statistically significant difference between the beneficiary and control groups. Similarly there was little difference in access to reproductive health, birth attendance, antenatal care, postnatal care and other healthcare services during the pandemic. There was also little difference between the groups in terms of access to menstrual hygiene products (Table 4). However despite having similar levels of access to healthcare, other factors greatly built the resilience of the beneficiaries such as access to safe sanitary facilities.

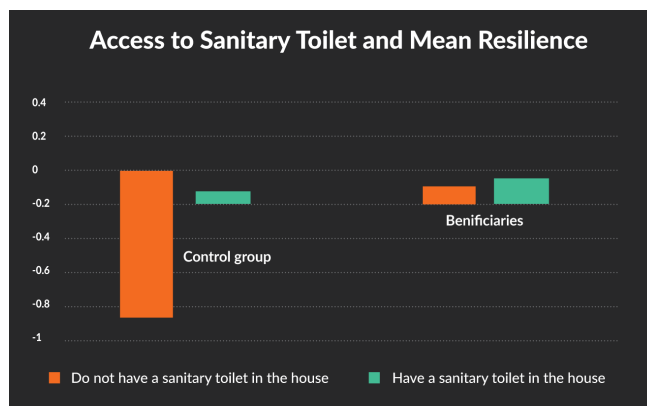


Figure 8

Access to safe sanitary facilities is a core part of the social protection pillar of the GM and is very crucial in terms of building adaptive and transformative resilience of women. Sanitation includes access to water and water connections to the households. One of the main interventions implemented by WV India under this pillar is facilitating access to government resources for the construction of toilets in ADPs thus discouraging open defecation. The empirical data shows that while there was some difference in terms of access to a sanitary toilet, for beneficiaries 558 (85.2%) and 495 (75.9%) for the control group, the beneficiaries had higher mean resilience which can be explained by the advantages the beneficiaries receive under the different pillars of the GM such as better food, financial inclusion, livelihood promotion interventions and social empowerment (Figure 8 and Table 4).

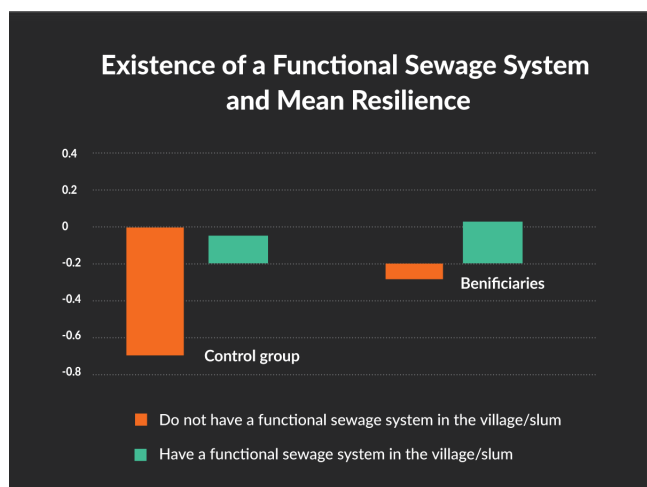


Figure 9

Furthermore, 528 (80.6%) beneficiaries had access to a functioning sewage system compared to the control group 401 (61.5%) leading to higher mean resilience for beneficiaries (Figure 9 and Table 4). This can probably be explained by the better living conditions of the beneficiaries (given the different pillars of the GM) compared to the control group.

Under the social protection pillar of the GM, beneficiaries were linked to public services which also increased their

absorptive capacity to bear the shock of the pandemic. For example, the Vaishali ADP beneficiaries' livelihood was greatly improved once the GM linked them to the Indian Government's Public Distribution Program (PDS) which allowed the beneficiaries access to highly subsidised food rations.

## Pillar 2: Livelihoods Promotion

The aim of the livelihoods pillar is to provide households with preventive and protective strategies and approaches to build their basic income security. This pillar therefore builds "regular and diverse income streams for households to support consumption, asset accumulation, and economic empowerment, especially for women" (Moqueet, Zaremba, & Whisson, (2019). Interventions under this pillar are offered as a package which includes: an asset transfer, technical or other training and continuous support to assist with income generation and how to increase the value of assets. A key intervention is linking the household to formal government support services.

The results of the empirical analysis show that beneficiaries were able to considerably increase their absorptive resilience during the second wave of the pandemic because more than one member of the family was working, increasing the overall household income (Table 5). Our data shows that 379 (57.9%) of the beneficiaries had two household members earning an income which was more than double compared to the control group 163 (25%) (See Table 5).

Focus group discussion data reveals that through these interventions, beneficiaries were able to absorb the shock of the COVID-19 pandemic. For example, in the Bardhaman ADP (West Bengal), livelihood support given to GM beneficiaries included a cash transfer to start small level business such as garment-making, the purchase of sewing machines, setting up tea stalls or a grocery/stationery shop. The FGD with the Vishawkarma (Andrapradesh) Self Help Group revealed that through the GM model women (including those who had been widowed) were able to independently run small businesses. In the Bijapur (Karnataka), ADP beneficiaries received a sewing machine as an asset, as well as training on tailoring also provided them with the skills to make face masks, which were in high demand during the pandemic. Women were thus able to generate income which they used to bear the shock of the COVID-19 pandemic.

The absorptive resilience of the beneficiary group was also higher compared to the control group because the beneficiary group was able to sell productive assets during the pandemic. They had acquired these assets and built further assets through the Ultra-Poor Graduation Model; 122 respondents (18.6%) from the beneficiary group were able to sell assets to deal with the shock of the second wave compared to 44 (7.1%) from the control group (See Table 5)

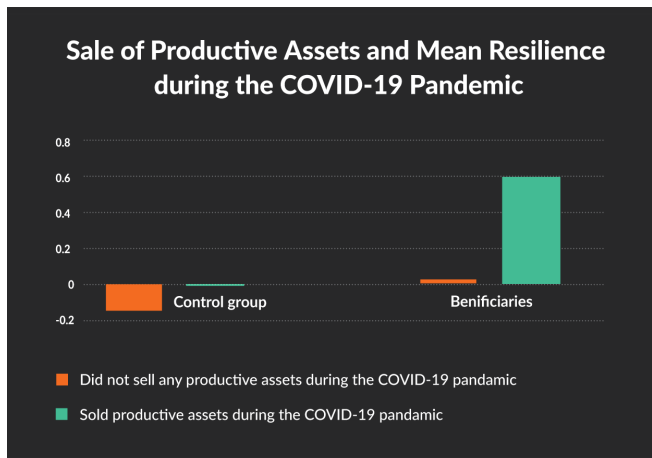


Figure 10

Focus group discussions in some ADPs confirmed that beneficiaries sold assets that they had generated through the GM to absorb and adapt to the shock of the pandemic (see Figure 10)

Our FDG data revealed that in terms of training, GM beneficiaries across all ADPs received specific COVID-19 prevention training building their adaptive capacity. World Vision's GM is more inclusive and multi-pronged compared to other GM models in other countries because of various other programs that are ongoing in ADPs. According to a Livelihoods Specialist involved in this study, "World Vision India's approach to the GM is more holistic". Other programs that run in ADPs include Men Care (specifically to address gender-based violence in ADPs) and the CARE group model specifically focussed on child health and nutrition. Similarly, the Time and Targeted Counselling Model (TTC model) provides support for pregnant and lactating mothers for the first 1000 days after birth to access health services from the government.

Only 135 (20.6%) of the beneficiaries own some land compared to 112 (17.2%) from the control group. However for those beneficiaries who do own some land, the land size of 98% of is under 1 hectare. Similarly for the control group, the land size for 97.6% of the respondents was between less than 2 hectares (see Table 5). our empirical analysis however shows that the ownership of even very small acreage of agricultural land significantly contributed to the resilience of beneficiaries of the Graduation Program (Figure 11).

The World Vision Livelihoods Expert explained that often this land is uncultivable due to poor soils and/or because the ultra-poor lack the means and knowhow to grow food on the land. Interventions under the GM for this pillar include the provision of seeds, knowhow on the production of bio-fertilizers and bio-pesticides, assistance and knowledge on land preparation, the development of small viable irrigation systems including drip irrigation and the provision of small food storage bins.

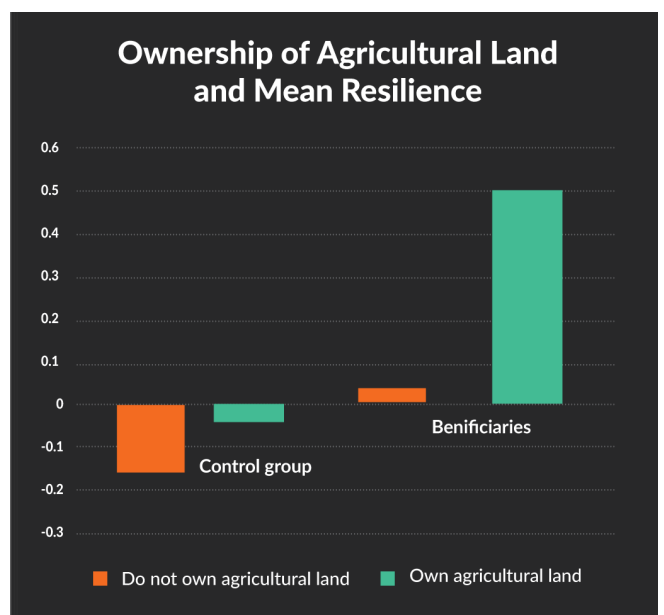


Figure 11



**Uttara Singh (Basanti ADP, West Bengal):** My financial status was very bad. I have been identified as one of the most vulnerable members of the community. Volunteers in the community identified me as being ultra-poor. I received a sewing machine from the GM program. My husband is a daily wage labourer. He is a porter in the vegetable market. After the GM there have been many significant changes that I can identify in my household. My youngest daughter who was suffering from malnutrition is now much better health. My husband's income was not supporting the whole family adequately. From the savings of my income I purchased a TV for the house and a bicycle.



**Rehana Khatun (Muzaffarpur ADP, Bihar):** We cultivated the seeds which we received through GM project, we then saved some grain, to use for future cultivation and then we sold the extra grain for income.. This is how our children are surviving.

These interventions thus enable cultivation and consumption and build the adaptive resilience of GM beneficiaries.

### Pillar 3: Financial Inclusion

World Vision India’s financial inclusion pillar aims to improve household income, financially empower beneficiaries by offering them training in financial risk management. WV India interventions under this pillar are designed to do the following: (a) to support households to save income through Self Help Groups (SHGs), individual bank account, group accounts, savings groups or through other ways (b) to conduct training on financial literacy so that each household has the capacity to understand household budgets, and to manage their income and (c) to link beneficiary households to formal financial institutions to enable access to micro credit. Please replace with the following: The financial inclusion interventions are thus carefully designed by World Vision India to find available existing opportunities to link ultra-poor women to financial institutions, to build the financial knowledge and skills base of women through training workshops and to build strong saving and borrowing mechanisms (BRAC-World Vision, 2019: 40-42). Interventions under this pillar can stabilize income, spending and savings of beneficiary households.

Table 6

Loan source	Control group		Beneficiary group	
Formal (Banks)	30	32%	130	73%
MFIs	6	6%	4	2%
Moneylender	6	6%	8	5%
Relatives	23	24%	21	12%
Neighbours	29	31%	14	8%
Others	1	1%	0	0%

The data shows that income savings greatly supported the livelihoods of women during the second wave of the pandemic and built both their absorptive and adaptive capacities. Our empirical data clearly shows a high level of mean resilience of beneficiaries based on their ability to save compared to the control group (Figure 12). In the beneficiary group, 383 (58.5%) respondents were able to save money before March 2020 compared to the control group 129 (19.8%) (See Table 7).

Given the interventions under this pillar, beneficiaries also have much higher advantage compared to the control group when it comes to accessing a loan (Figure 13). One of the interventions under this pillar is to assist women in accessing a loan through a Self-Help Group (SHG) which acts as a guarantor for the loan. Importantly, close to three quarters of those who accessed loans from the beneficiary group (130, 73%) were able to access a loan from a bank compared to 30 (32%) from

the control group. Beneficiaries being able to access a loan through the formal banking system is a great sign of adaptive and transformative resilience attributable to the Ultra-Poor Graduation Model (Table 6).

During the pandemic only 161 (24.6%) beneficiaries were able to access loans to deal with the COVID shock. This was still higher than the control group (66, 10.1%) (Table 7). The FDGs reveal that beneficiaries relied on friends and relatives for loans and financial help. World Vision staff explained that once beneficiaries have taken out one loan from a bank, they are not eligible for a second loan during the same year.



*Rabati Mandal (Basanti ADP West Bengal): During the lockdown I could not sell pani poori [street food] which was my business. Nobody wanted to eat pani poori. The savings that I had was how I was able to manage the situation of the lockdown period.*



*Gulnaj Khatun (Muzzafarpur ADP Bihar) We opened a bank account. We had money, we had to pay for education and household expenses. We thought that having an account was very important. We also bought some chicken.*

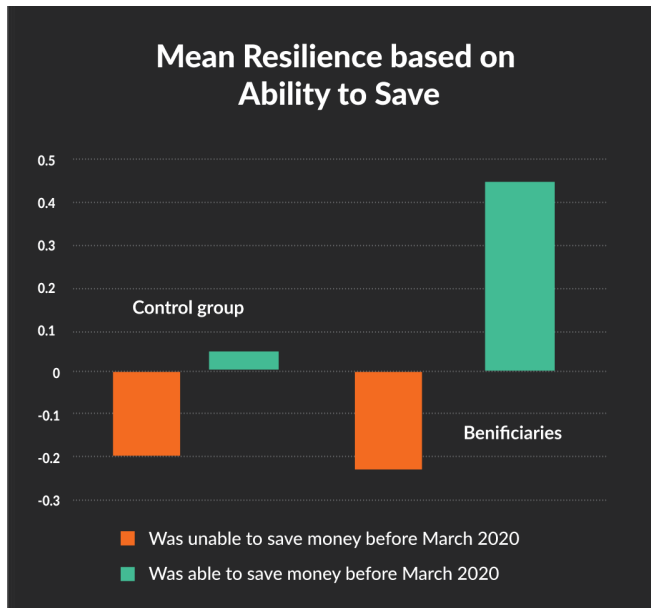


Figure 12

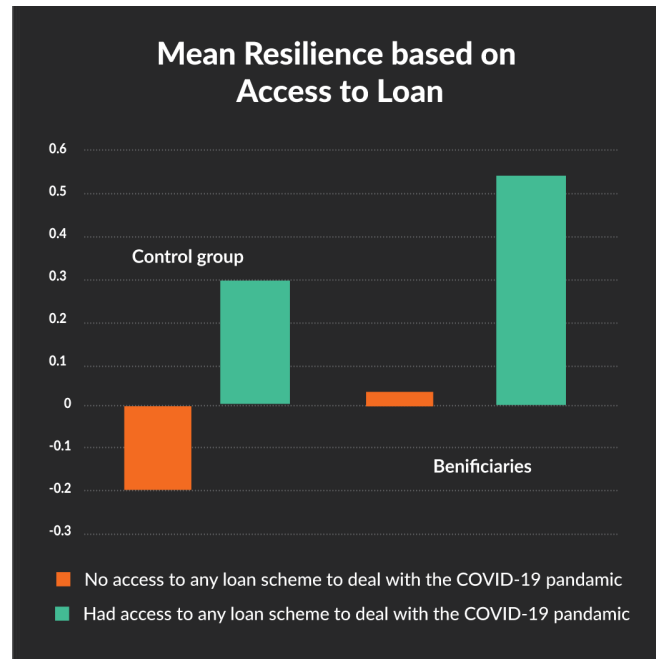


Figure 13



## Pillar 4: Social empowerment

This pillar aims to provide life skills training, build the confidence and self-esteem of women, raise their awareness on social issues, build and strengthen their social connections and networks as well as foster linkages with local institutions including religious, government and community institutions. Interventions under this pillar include (a) life skills training (b) social integration and coaching which equip beneficiaries with a confident mindset and promote community inclusion and positive behaviour change (Moqueet et al., 2019). The involvement of village committees is therefore very critical in terms of achieving the goals of this pillar (BRAC World Vision, 2019).

Data for this study points to higher mean resilience through community empowerment for the beneficiary group when compared to the control group (see Figure 14). The descriptive data shows that more beneficiaries (343, 52.4%) participated in community decision-making compared to the control group (221, 33.9%) (Table 8). Similarly, more beneficiaries were involved in community decisions specifically related to the COVID-19 pandemic (336, 51.3%) compared to the control group (243, 37.3%) (Table 8). A higher number of women in the control group (490, 75.2%) reported having the same access to leadership opportunities compared to their husbands or other family members. This includes exercising the right to vote for the heads of panchayat or opportunities to serve on government and village committees.

Focus Group Discussion data points to how empowered beneficiaries feel after completion of the program. For example, a community leader from the Bhojpur ADP talks about how the GM has not just helped women adapt, it has literally transformed their lives:



*Kuniseti (Rajahmundry, Andrapradesh): This program helps us to be self-dependent and self-employed. We are empowered to run our own business. As women we are not so dependent on our husbands and we are adding value to our family income. In our families all the boys and girls are treated the same. Now our girls are not treated as a burden. To us, they are just like boys.*

### Table 8: Descriptive Statistics on Social Empowerment

Empirical data shows that more beneficiaries (493, 75.3%) need to seek permission from a household member to go outside of the village/slum (including the market) compared to the control group (414, 63.5%). Furthermore, 462 (70.5%) beneficiaries reported that they had to be accompanied when leaving the house or when going outside the village/slum including going to the market area compared to fewer numbers in the control group (395, 60.6%). Despite this, beneficiaries 610 (93.1%) felt safer going outside of the village/slum (including the market area) compared to the control group, 480 (73.6%). There was little difference in mean resilience between the groups for those who reported feeling safe going outside their village (Figure 15, Table 8). However there was a large difference in mean resilience between beneficiary and control groups for those who did not feel safe going outside the village; the beneficiary group was much more resilient (Figure 15).

A reduction in gender-based violence is a key factor under the social empowerment pillar of the GM. Beneficiaries reported a higher rate of gender-based violence in their village/slum (196, 29.9%) compared to the control group (131, 20.1%). Beneficiaries also reported a higher incidence of an increase in gender-based violence (including sexual abuse, rape, sexual harassment, verbal or emotional abuse) during the second wave of the pandemic (118, 18%) compared to the control group (56, 8.6%). There was a higher incidence of child marriage in the beneficiary group (113, 17.3%) compared to the control group (36, 5.5%) (Table 8). The mean resilience of those who were willing to report gender-based violence to the police or the village court was slightly higher for the control group. However the mean resilience of those who were not willing to report such cases was much higher for the beneficiary group (Figure 16).

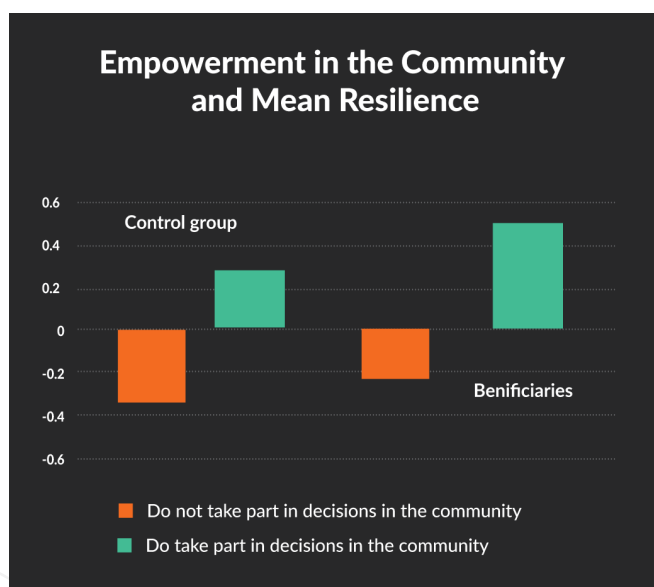


Figure 14



# Neighbour Women Group Meeting to review childhood illness

*-Basanti, West Bengal*



Both the beneficiaries and the control group experienced an increase in the household work due to family members being at home (246, 37.6% for beneficiaries and 285, 43.7% for the control group). The mean resilience of those whose workload increased was higher for the control group while the mean resilience for those whose workload did not increase during the pandemic was much higher for the beneficiaries (Figure 17).

There was a high level of awareness amongst both groups about specific Government Self Help Groups and NGOs assistance programs during the COVID-19 pandemic: 330, 50.4% amongst the beneficiaries and 274, 42.0% amongst the control group. Furthermore, 221 (33.7%) beneficiaries reported being part of these programs already compared to (77, 11.8%) from the control group (Table 8).

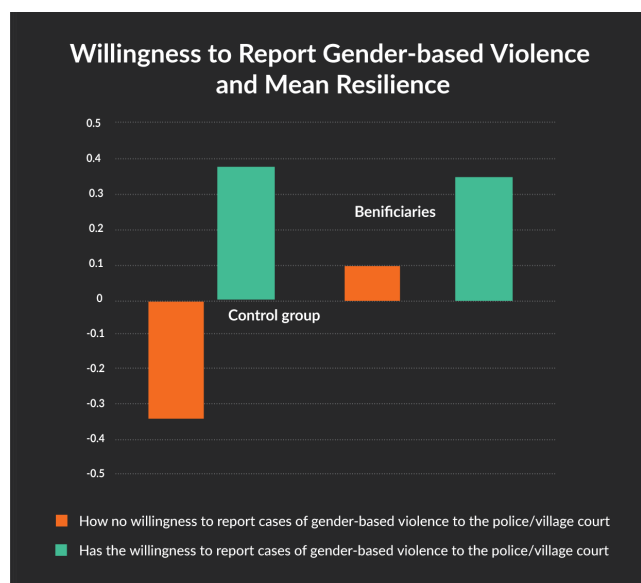


Figure 16

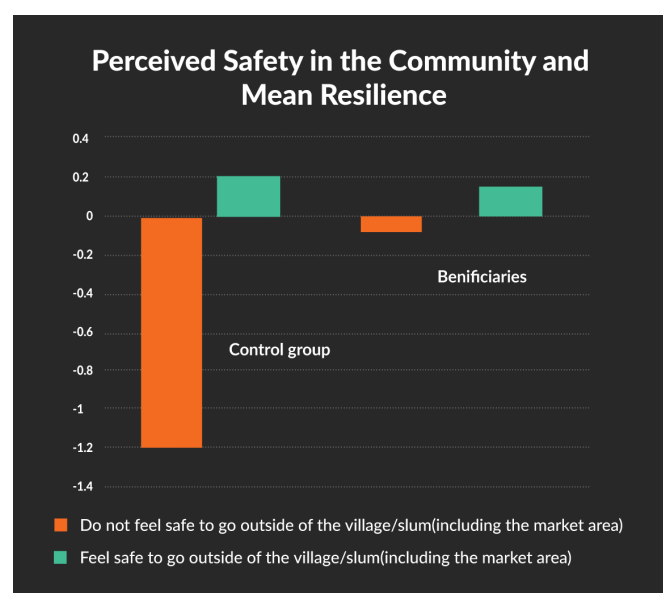


Figure 15

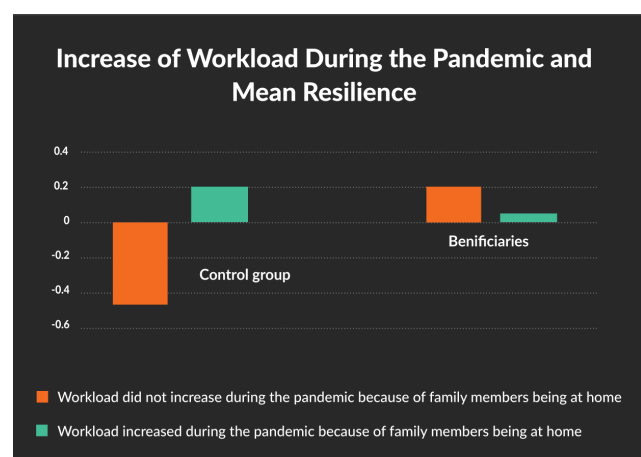


Figure 17

A higher number of respondents from the control group (353, 54.1%) suffered from fear, worry and anxiety, depression, post-traumatic stress disorder (PTSD) due to the pandemic compared to the beneficiaries (203, 31.0%). This points to a higher level of transformative resilience among the beneficiaries as a result of the GM.

A much higher number of beneficiaries (602, 91.9%) reported receiving specific support from the Government, NGOs, Community Based Organisations and individuals during the pandemic compared to the control group (467, 71.6%). This again points to the different interventions under the GM model which assist women in accessing different support services that are available to them through the four pillars. control group (Figure 18). Overall the descriptive data shows that more beneficiaries (539, 82.3%) received information from formal sources compared to the control group (463, 71.0%) (Table 8).

Our empirical analysis shows that the mean resilience of the beneficiaries who have savings to deal with another wave of COVID-19 is higher compared to the control group (Figure 19). Beneficiaries reported being more capable of relying on savings to absorb the shock of the next wave (163, 24.9%) compared to the control group (75, 11.5%). Importantly those in the control group who are reliant on SHGs are more resilient (Table 7).

A much higher number of beneficiaries reported relying on support from the Government to ride out another wave of the COVID-19 (300, 45.8%) compared to the control group (200, 30.7%). A much higher number of respondents from the control group reported that they were not prepared, or had no capacity to prepare for the next wave of the pandemic (348, 53.4%) compared to the beneficiaries (161, 24.5%).

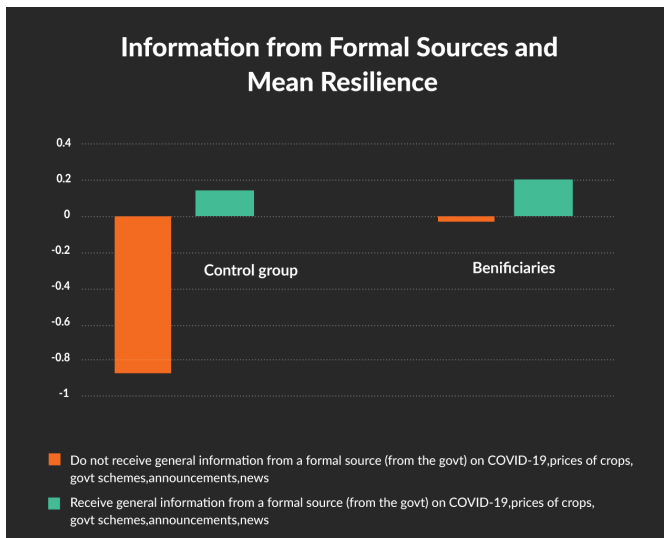


Figure 18



Malika Khatun (Muzaffarpur ADP) : We have formed a network of support after the graduation model. We borrowed money from each other. As a group we also give each other advice. We became more resilient because of the network. We had each other backs.

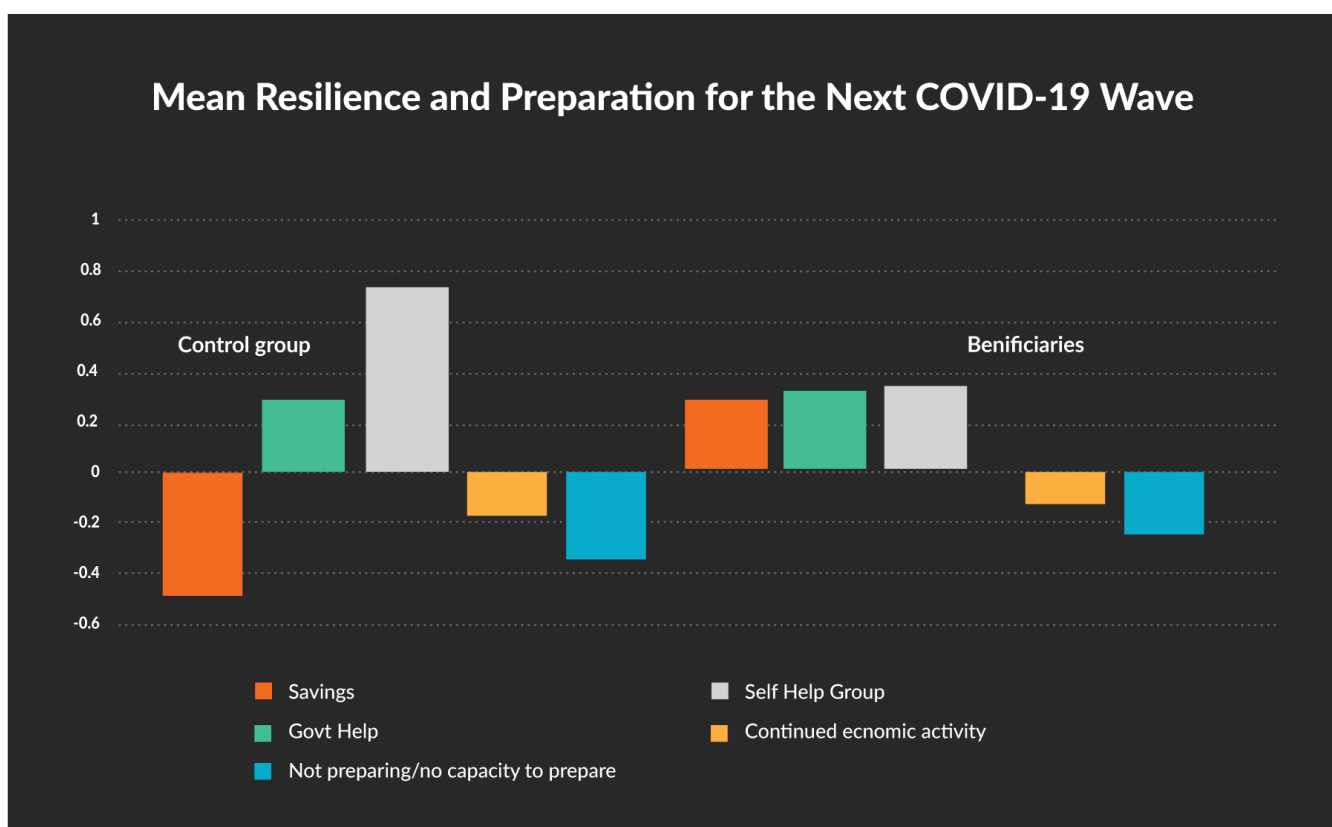


Figure 19



## Women's Meeting discussion of nutrition of children

-Basanti, West Bengal.

## DISCUSSION AND CONCLUSIONS

We designed our survey according to the four pillars of the GM and reported our findings under each of these pillars. Our first main research finding of this study is that the mean resilience of the beneficiaries was much higher compared to the control group due to the multifaceted approach of the GM model. As explained in the method section of the report, Exploratory Factor Analysis (EFA) was performed to obtain a single factor from a multi-item resilience scale. A total of 25 items was used to calculate mean resilience of the women surveyed for this study. This study measured the resilience of women who are beneficiaries of the WV India Graduation Model and compared to women in a control group, across six states in India during the second wave of the COVID-19 pandemic. The mean resilience of the beneficiaries was found to be much higher compared to the control group due to the multifaceted approach of the GM model (Figure 1).

Our second finding is that in all areas of social protection: food security, health care, education and sanitation, the beneficiaries had higher absorptive, adaptive and transformative resilience compared to the control group. In the area of food security, through the various WV India interventions, the beneficiaries had a more balanced diet. However over ninety percent of the beneficiaries

reported that during the pandemic their diet had reduced both in quantity and quality (even though they were eating 2-3 meals a day). Over a quarter of them reported that this was the case because their husbands had lost their jobs. While the beneficiaries and control group had similar access to healthcare facilities, the mean resilience of the beneficiaries who were vaccinated was higher. It was also higher for those who had access to sanitation and working sewage conditions. Interventions under the GM have therefore greatly built the living conditions of the beneficiaries leading which has contributed to their transformative resilience. In terms of mental health, our study found that though the beneficiaries fared much better than the control group, 30% of the beneficiaries needed assistance to deal with poor mental health caused by the epidemic. WV India could look to improving resources in the area of mental health and connecting beneficiaries to government or other mental health facilities.

Our third finding under the livelihood promotion pillar, is that compared to the control group, beneficiaries had a much higher level of absorptive resilience during the second wave of the pandemic because more than one member of the family was working, increasing the overall household income (Figure 4). The GM is designed to improve livelihoods through diverse working opportunities including setting up small micro-enterprises. Mean resilience was also higher because the beneficiaries were

able to sell productive assets (such as animals, sewing machines etc.) to increase their income, thus building absorptive capacity. The GM model therefore should continue to create opportunities for women to work and to build livelihood assets because this will shield them if they are faced with future shocks. It is quite possible that more beneficiaries have lost work or have had to sell their assets due to the third wave of the pandemic (omicron) in India.

Our fourth finding is that under the financial inclusion pillar, mean resilience for the beneficiary group was higher compared to the control group because beneficiaries had a higher capacity to save their increased income before the pandemic and to rely on these savings during the second wave of COVID-19, thus enhancing their absorptive as well as adaptive capacities. Close to three quarters of those received loans from the beneficiary group (130, 73%) were able to access a loan from a bank compared to 30 (32%) from the control group (Table 6 and Figure 13). Savings greatly supported the livelihoods of women during the second wave of the pandemic and built both their absorptive and adaptive capacities during the second wave of the pandemic. We also found that 91.9% of beneficiaries received some sort of support during the second wave of the pandemic. However while beneficiaries were able to access loans for income generation, 494 (75.4%) of them reported not having access to a loan scheme specifically to deal with the pandemic. They had to rely on friends and relatives for financial support. This presents an opportunity for WV India to explore how emergency loan schemes can be made available for beneficiaries in times of disasters such as the current pandemic.

Our fifth finding is that under the social empowerment pillar, the beneficiaries had higher adaptive and transformative resilience compared to the control group because they were involved in decision-making at the community level. Overall, even though the beneficiaries needed to be accompanied to travel outside their village/slum, they felt safer to do so compared to the control group. Beneficiaries however reported a higher rate of gender-based violence in their village/slum (196, 29.9%) compared to the control group (131, 20.1%). Around 18% reported an increase in violence during the second wave of the pandemic. This is thus an area that WV needs to continue to devote resources to. We also found that only a quarter of the beneficiaries reported that they could rely on savings to deal with the next wave which is sweeping through the country at the time of writing this report. A quarter of the beneficiaries reported that they were not able to prepare for the next wave or they had no capacity to do so. Further studies are required to ascertain how resilient GM beneficiaries have been to the omicron wave of the COVID-19.

Our sixth finding is that the four pillars under the GM are all interconnected and so for example, it was because the beneficiaries reported overall earning a higher income due to the GM interventions that they were able to save money and had a higher level of social protection. Similarly, higher income not only improves livelihoods, it also socially empowers women. Earning income sometimes for the first time means that women required financial training and learnt how to open a savings account. Their savings led to social empowerment which helped them face the multiple shocks of the pandemic. Our study therefore clearly show that each pillar complements the other, creating a positive feedback loop. Resilience of the beneficiaries is built as the four pillars together enhance the mutually reinforcing adaptive, absorptive and transformative capacities of the women.

This study has demonstrated how the multipronged approach adopted by WVI's GM has enhanced the resilience of beneficiaries by enhancing the adaptive, absorptive and transformative capacities of the women. By enhancing these three capacities the GM enables the wellbeing of its beneficiaries despite shocks, stresses and uncertainty, such as those induced by the pandemic. Furthermore, since these three capacities are mutually reinforcing and exist at multiple levels e.g. individual, household, community, district, national, and within social-ecological systems, the GM approach enhances the resilience of not just the individual woman beneficiary but of the household and society at large creating deep structural change and transformation.

# REFERENCES

- Albaum, G. (1997). The Likert scale revisited: an alternate version. *Journal of the Market Research Society*, 39(2), 331.
- Aleksanyan, A. (2019, Dec 6). How the Graduation Approach Can Help People Break Out of Poverty. <https://development.asia/explainer/how-graduation-approach-can-help-people-break-out-poverty>
- Ayres, A. (2017). *Our time has come: How India is making its place in the world*. Oxford University Press.
- Banerjee, A., Duflo, E., Goldberg, N., Karlan, D., Osei, R., Parienté, W., Shapiro, J., Thuysbaert, B., and Udry, C. (2015). "A multifaceted program causes lasting progress for the very poor: Evidence from six countries." *Science* 348, no. 6236 (2015).
- Béné, C., Headey, D., Haddad, L. et al. (2016) Is resilience a useful concept in the context of food security and nutrition programmes? Some conceptual and practical considerations. *Food Sec.* 8, 123–138.
- BRAC-World Vision (2019) *Ultra Poor Graduation Handbook*, May 2019, Second Edition available at: <https://www.wvi.org/sites/default/files/2019-07/WV-BRAC%20Ultra-Poor%20Graduation%20Handbook%20V2%20-%20July%2019.pdf>
- CGAP (2017). *Graduating the Poor, Completion Report*, Consultative Group to Assist the Poor (CGAP), available at: <https://documents1.worldbank.org/curated/en/988811549967967067/pdf/Graduating-the-Poor.pdf>, (accessed 25 Nov, 2021)
- Creswell, J. W. (2014). *A Concise Introduction to Mixed Methods Research*. United States: SAGE Publications.
- Folke, C. (2006). Resilience: the emergence of a perspective for social-ecological systems analyses. *Global Environmental Change*, 16(3), 253–267.
- Hoddinott, J. (2014). Looking at development through a resilience lens. In S. Fan & R. Pandya-Lorch (Eds.), *Resilience*. Resilience: International Food Policy Research Institute.
- Jeans, H., Thomas, S. and Castillo, G., (2016). *The future is a choice: The Oxfam framework and guidance for resilient development*, Oxfam GB: Oxford.
- Klein, R. J. T., Nicholls, R. J., & Thomalla, F. (2003). Resilience to natural hazards: how useful is this concept? *Environmental Hazards*, 5, 35–45.
- Levine, S., Pain, A., Baley, S., & Fan, L. (2012). *The relevance of 'resilience'? HPG Policy Brief 49*. London: Overseas Development Institute, Humanitarian Policy Group.
- Le Masson, V., & Lovell, E. (2015). *Assessing people's resilience: a gender sensitive toolkit for practitioners to measure and compare women's and men's resilience to disaster risks at local levels*.
- Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology*, 22 (140), 55.
- Linnenluecke, M.K. (2017). Resilience in Business and Management Research: A Review of Influential Publications and a Research Agenda. *International Journal of Management Reviews*, 19: 4-30. <https://doi.org/10.1111/ijmr.12076>
- Masson, V. L., & Lovell, E. (2015). *Assessing people's resilience: A gender sensitive toolkit for practitioners to measure and compare women's and men's resilience to disaster risks at local levels*. Retrieved from <https://cdn.odi.org/media/documents/10983.pdf>
- Moqueet, N., Zaremba, Jo. and Whisson, I. (2019) *Ultra-poor Graduation Handbook*. World Vision.
- Nunnally, J. (1978). *Psychometric Theory*. New York: McGraw-Hill.
- Osbahr, H. (2007). *Building resilience: Adaptation mechanisms and mainstreaming for the poor*. Occasional Paper for the Human Development Report 2007/08.
- Fighting climate change: Human Solidarity in a Divided World*, Human Development Report Office, UNDP.
- Pandit, A. (2020). Covid may leave 100 million women in extreme poverty by 2021: UN. *The Times of India*, 15 Sept, available at: <https://timesofindia.indiatimes.com/india/covid-may-leave-100-million-women-in-extreme-poverty-by-2021-un/articleshow/78116697.cms> (accessed 25 Nov. 2021).
- Tharenou, P., Donohue, R., & Cooper, B. (2007). *Management research methods*. New York: Cambridge University Press.
- Valenzuela, F., Sanfuentes, M. and Castillo, A. (2021). *Rescuing gender: An exploration of embodied resilience-making in the Chilean miners catastrophe*. *Gender Work Organ.* <https://doi.org/10.1111/gwao.12668>
- Vivek T.R. (2021). *Pandemic slices off 75 per cent of income of the ultra poor*. *Business Line*, 19 May, available at: <https://www.thehindubusinessline.com/news/national/pandemic-slices-off-75-per-cent-of-income-of-the-ultra-poor/article34589978.ece> (accessed 25 Nov. 2021).

Women, U. N. (2020). From Insights to Action: Gender equality in the wake of COVID-19. UN, New York, 10.

World Bank. (2020). Poverty and shared prosperity 2020: Reversals of fortune. The World Bank.

World Vision India. (2022). "Who we are". Available at: <https://www.worldvision.in/AboutUs/who-we-are.aspx> (accessed 18 May, 2022).

World Vision India. (2019). Overcoming Poverty with a Little Help. <http://celebratinglife.worldvision.in/overcoming-poverty-with-a-little-help/> (accessed 1 March 2022).

World Vision Australia. (2009). "Supporting Local Leadership". Available at: [https://www.worldvision.com.au/docs/default-source/publications/aid-trade-and-mdgs/supporting-local-leadership--phu-cu-area-development-program-in-vietnam.pdf?sfvrsn=c961ec3c\\_4](https://www.worldvision.com.au/docs/default-source/publications/aid-trade-and-mdgs/supporting-local-leadership--phu-cu-area-development-program-in-vietnam.pdf?sfvrsn=c961ec3c_4) (accessed 19 May 2022).

Béné, C., Wood, R. G., Newsham, A., & Davies, M. (2012). Resilience: new utopia or new tyranny? Reflection about the potentials and limits of the concept of resilience in relation to vulnerability reduction programmes. *IDS Working Papers*, 2012(405), 1-61.

Folke, C. (2006). Resilience: the emergence of a perspective for social-ecological systems analyses. *Global Environmental Change*, 16(3), 253-267.

Walker, B., C. S. Holling, S. Carpenter and A. Kinzig. (2004). Resilience, adaptability and transformability in social-ecological systems. *Ecology and Society*, 9(2).

# Appendix

Table 4: Descriptive Statistics on Social Protection

			Intervention		Total
			Control Group	Beneficiaries	
What kind of healthcare can you access in your area?	Do not receive any healthcare at all	Count	57	43	100
		%	8.8%	6.6%	7.7%
	Traditional only	Count	14	11	25
		%	2.2%	1.7%	1.9%
	Private (non-government) Paramedical staff	Count	96	83	179
		%	14.7%	12.8%	13.8%
	Government/ Basic Health Unit	Count	437	475	912
		%	67.1%	73.4%	70.3%
Multiple sources including traditional healthcare and more formal health care	Count	47	35	82	
	%	7.2%	5.4%	6.3%	
Since April 2021 have you/ your family members been able to receive reproductive health, birth attendance, Antenatal care (ANC), Postnatal care (PNC) and other healthcare services as appropriate?	No	Count	244	251	495
		%	37.4%	38.3%	37.9%
	Yes	Count	408	404	812
		%	62.6%	61.7%	62.1%
Have you contracted COVID19?	No	Count	633	558	1191
		%	97.1%	85.2%	91.1%
	Yes	Count	19	97	116
		%	2.9%	14.8%	8.9%
Have you been vaccinated for COVID?	No	Count	407	424	831
		%	62.4%	64.7%	63.6%
	Yes	Count	245	231	476
		%	37.6%	35.3%	36.4%



Have you been able to produce food to feed your family during the pandemic?	No	Count	336	108	444
		%	54.5%	17.4%	35.9%
	Yes	Count	281	512	793
		%	45.5%	82.6%	64.1%
Were you able to sell your own produce for income?	No	Count	480	236	716
		%	73.6%	36.0%	54.8%
	Yes	Count	172	419	591
		%	26.4%	64.0%	45.2%
Can you afford food in the household to feed everyone adequately throughout the year?	No	Count	160	106	266
		%	38.8%	20.5%	28.6%
	Yes	Count	252	411	663
		%	61.2%	79.5%	71.4%
How many times do you eat in a day?	One	Count	100	9	109
		%	15.3%	1.4%	8.3%
	Two	Count	181	196	377
		%	27.8%	29.9%	28.8%
	Three	Count	336	409	745
		%	51.5%	62.4%	57.0%
	Four	Count	35	21	56
		%	5.4%	3.2%	4.3%
	Some days we go without food	Count	0	20	20
		%	0.0%	3.1%	1.5%
Has your diet become poor during the COVID-19 pandemic?	No	Count	341	237	578
		%	52.3%	36.2%	44.2%
	Yes	Count	311	418	729
		%	47.7%	63.8%	55.8%
If Yes, why?	Less vegetables	Count	92	69	161
		% within Intervention	29.6%	16.5%	22.1%
	Less protein	Count	201	156	357
		% within Intervention	64.6%	37.3%	49.0%
	Less fruit	Count	7	96	103
		% within Intervention	2.3%	23.0%	14.1%
	Smaller portions of food	Count	11	97	108
		% within Intervention	3.5%	23.2%	14.8%

If it got poor, what was the reason?	I lost my job	Count	6	2	8
		% within Intervention	1.9%	0.5%	1.1%
	My husband lost his job	Count	239	384	623
		% within Intervention	76.8%	91.9%	85.5%
	Because of the lockdown I lost my business/ income	Count	35	26	61
		% within Intervention	11.3%	6.2%	8.4%
	I had to forego meals to feed my family	Count	31	6	37
		% within Intervention	10.0%	1.4%	5.1%
Does your house have a sanitary toilet?	No	Count	157	97	254
		%	24.1%	14.8%	19.4%
	Yes	Count	495	558	1053
		%	75.9%	85.2%	80.6%
Do you have a functional sewage system in the village/ slum?	No	Count	251	127	378
		%	38.5%	19.4%	28.9%
	Yes	Count	401	528	929
		%	61.5%	80.6%	71.1%
Do you normally have access to menstrual hygiene products?	No	Count	211	182	393
		%	32.4%	27.8%	30.1%
	Yes	Count	441	473	914
		%	67.6%	72.2%	69.9%

Table 5: Descriptive Statistics on Livelihood Promotion

			Intervention		Total	
			Control Group	Beneficiaries		
Agricultural Land Ownership	No	Count	535	519	1054	
		%	82.1%	79.2%	80.6%	
	Yes	Count	112	135	247	
		%	17.2%	20.6%	18.9%	
Amount of Agricultural Land Owned	Marginal holdings: Less than 1 hectare	Count	51	68	119	
		%	62.2%	98.6%	78.8%	
	Small holdings: Size 1 to 2 hectares	Count	29	1	30	
		%	35.4%	1.4%	19.9%	
	Semi-medium holdings: Size 3 to 4 hectares	Count	2	0	2	
		%	2.4%	0.0%	1.3%	
Amount of Agricultural Land Leased	Marginal holdings: Less than 1 hectare	Count	615	650	1265	
		%	94.3%	99.2%	96.8%	
	Small holdings: Size 1 to 2 hectares	Count	37	2	39	
		%	5.7%	0.3%	3.0%	
	Semi-medium holdings: Size 3 to 4 hectares	Count	0	1	1	
		%	0.0%	0.2%	0.1%	
	Medium holdings: Size 5 to 10 hectares	Count	0	1	1	
		%	0.0%	0.2%	0.1%	
	Large holdings: Size above 10 hectares	Count	0	1	1	
		%	0.0%	0.2%	0.1%	
	Members in the Household	0	Count	3	3	6
			%	0.5%	0.5%	0.5%
1		Count	422	228	650	
		%	64.7%	34.8%	49.7%	
2		Count	163	379	542	
		%	25.0%	57.9%	41.5%	
3		Count	32	22	54	
		%	4.9%	3.4%	4.1%	
4		Count	15	13	28	
		%	2.3%	2.0%	2.1%	
5		Count	14	5	19	
		%	2.1%	0.8%	1.5%	
6		Count	3	4	7	
		%	0.5%	0.6%	0.5%	
8		Count	0	1	1	
		%	0.0%	0.2%	0.1%	
Did you have to sell any productive assets during the COVID-19 pandemic?	No	Count	573	498	1071	
		%	92.9%	76.0%	84.2%	
	Yes	Count	44	122	166	
		%	7.1%	18.6%	13.1%	

Table 7: Descriptive Statistics on Financial Inclusion

			Intervention		Total
			Control Group	Beneficiaries	
Before March 2020, were you able to regularly save money?	No	Count	523	272	795
		%	80.2%	41.5%	60.8%
	Yes	Count	129	383	512
		%	19.8%	58.5%	39.2%
Did / Do you have access to any loan scheme to deal with the COVID pandemic?	No	Count	586	494	1080
		%	89.9%	75.4%	82.6%
	Yes	Count	66	161	227
		%	10.1%	24.6%	17.4%

Table 8: Descriptive Statistics on Social Empowerment

			Intervention		Total
			Control Group	Beneficiaries	
Do you need to ask permission from a household member to go outside of the village/ slum (including the market)?	No	Count	238	162	400
		%	36.5%	24.7%	30.6%
	Yes	Count	414	493	907
		%	63.5%	75.3%	69.4%
Do you have to be accompanied when you leave the house or when you go outside the village/ slum (including the market area)?	No	Count	257	193	450
		%	39.4%	29.5%	34.4%
	Yes	Count	395	462	857
		%	60.6%	70.5%	65.6%
Do you feel safe to go outside of the village/ slum (including the market area) whenever you want?	No	Count	172	45	217
		%	26.4%	6.9%	16.6%
	Yes	Count	480	610	1090
		%	73.6%	93.1%	83.4%
Are you aware of the social safety net programs, SHG that exist in your area and are you a part of any of these programs?	No they do not exist	Count	73	34	107
		%	11.2%	5.2%	8.2%
	Yes they exist, but I am not currently a member	Count	203	267	470
		%	31.1%	40.8%	36.0%
	Yes and I am part of a safety net program	Count	376	354	730
		%	57.7%	54.0%	55.9%

Are you aware of any specific Govt., SHGs, NGOs programs to assist you during the COVID-19 pandemic?	I do not know	Count	233	67	300
		%	35.7%	10.2%	23.0%
	No they do not exist	Count	68	37	105
		%	10.4%	5.6%	8.0%
	Yes they exist, but I am not currently a member	Count	274	330	604
		%	42.0%	50.4%	46.2%
	Yes and I am part of a safety net program	Count	77	221	298
		%	11.8%	33.7%	22.8%
During the COVID pandemic, did you receive any specific support from the Govt./ NGO/ CSOs/ Individuals?	No	Count	185	53	238
		%	28.4%	8.1%	18.2%
	Yes	Count	467	602	1069
		%	71.6%	91.9%	81.8%
Is domestic violence a problem in your village/ locality?	No	Count	521	459	980
		%	79.9%	70.1%	75.0%
	Yes	Count	131	196	327
		%	20.1%	29.9%	25.0%
Have you personally suffered from domestic violence?	No	Count	606	546	1152
		%	92.9%	83.4%	88.1%
	Yes	Count	46	109	155
		%	7.1%	16.6%	11.9%
Has the incidence of gender-based violence increased due to COVID? (e.g., sexual abuse, rape, sexual harassment, verbal or emotional abuse)	No	Count	596	537	1133
		%	91.4%	82.0%	86.7%
	Yes	Count	56	118	174
		%	8.6%	18.0%	13.3%
Is child marriage practiced in this community/ slum?	No	Count	616	542	1158
		%	94.5%	82.7%	88.6%
	Yes	Count	36	113	149
		%	5.5%	17.3%	11.4%
Did your husband lose his job due to COVID-19 and turn to alcohol?	No	Count	520	549	1069
		%	79.8%	83.8%	81.8%
	Yes	Count	132	106	238
		%	20.2%	16.2%	18.2%
Would you report cases of gender-based violence to the police/ village court?	No	Count	470	523	993
		%	72.1%	79.8%	76.0%
	Yes	Count	182	132	314
		%	27.9%	20.2%	24.0%
Has your household workload increased during the pandemic because of family members being at home?	No	Count	367	409	776
		%	56.3%	62.4%	59.4%
	Yes	Count	285	246	531
		%	43.7%	37.6%	40.6%

Do you take part in decisions in your household? (Use of household income, purchase of assets, education of children)	No	Count	211	95	306
		% within Intervention	32.4%	14.5%	23.4%
	Yes	Count	441	560	1001
		% within Intervention	67.6%	85.5%	76.6%
Do you take part in decisions in your community?	No	Count	431	312	743
		%	66.1%	47.6%	56.8%
	Yes	Count	221	343	564
		%	33.9%	52.4%	43.2%
Do you take decisions in your community related to the pandemic?	No	Count	409	319	728
		%	62.7%	48.7%	55.7%
	Yes	Count	243	336	579
		%	37.3%	51.3%	44.3%
Do you have the same access to information as your husband/ other family members?	No	Count	116	15	131
		%	17.8%	2.3%	10.0%
	I have some access	Count	102	277	379
		%	15.6%	42.3%	29.0%
	Yes, equal access	Count	434	363	797
		%	66.6%	55.4%	61.0%
Do you have the same access to leadership opportunities as your husband/ other family members? (Exercise to right to vote for heads of panchayat, opportunity to serve on govt./ village committee)	No	Count	90	104	194
		%	13.8%	15.9%	14.8%
	I have some access	Count	72	208	280
		%	11.0%	31.8%	21.4%
	Yes, equal access	Count	490	343	833
		%	75.2%	52.4%	63.7%
Did you suffer from fear, worry and anxiety, depression, Post Traumatic Stress Disorder (PTSD) due to COVID pandemic?	No	Count	299	452	751
		%	45.9%	69.0%	57.5%
	Yes	Count	353	203	556
		%	54.1%	31.0%	42.5%
Do you receive general information from a formal source (from the govt.) on COVID-19, prices of crops, govt. schemes, announcements, news?	No	Count	189	116	305
		%	29.0%	17.7%	23.3%
	Yes	Count	463	539	1002
		%	71.0%	82.3%	76.7%

How are you preparing to deal with another wave of COVID?	Savings	Count	75	163	238
		%	11.5%	24.9%	18.2%
	Govt. help	Count	200	300	500
		%	30.7%	45.8%	38.3%
	Self Help Groups	Count	18	15	33
		%	2.8%	2.3%	2.5%
	Continued economic activity	Count	11	16	27
		%	1.7%	2.4%	2.1%
	Not preparing/ no capacity to prepare	Count	348	161	509
		%	53.4%	24.6%	38.9%

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