

Adapting the Graduation Approach in the Philippines

July 2020

In mid-May 2020, Negros Occidental was placed on General Community Quarantine easing the restrictions in movement within the province. Subsequently, the project team geared up to resume field activities while abiding by the safeguards provided by the national government. The first activities post-quarantine in June included a Rapid Diagnostic Assessment to determine the current welfare and status of the livelihoods among pilot participants (prioritizing participants who the Graduation Community Facilitators (GCFs) were unable to reach during the quarantine period) and a Rapid Livelihoods Assessment to identify barriers to current pilot livelihoods and identify new opportunities in the market.

How has the COVID-19 crisis impacted the Graduation pilot?

In June, BRAC launched a Rapid Diagnostic Assessment to assess pilot participants' welfare, track any assistance they may have received during the quarantine, and monitor the status of their livelihoods and savings. The survey was conducted by the GCFs as the first in-person field activity since quarantine. The GCFs used Android tablets that they use to collect regular monitoring data and uploaded it real time to KoBo Toolbox, the online platform which the pilot team has also been using to collect and analyze monitoring data.

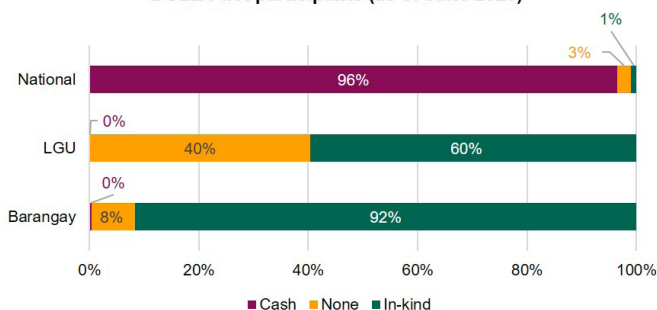
The GCFs were able to reach 1,201 of the total 1,235 pilot participants, achieving a response rate of over 97%. The 34 participants who were unreachable seemed to have relocated during the quarantine period and GCFs were still in the process of locating them when the survey was conducted. Following the quarantine tracker survey conducted in April and May, which reached around 44% of pilot participants, the Rapid Diagnostic Assessment in June survey provides a comprehensive view of the effects of the lockdown on pilot participants and their livelihoods and also identifies significant differences across the three evaluation treatment arms. The section below highlights key insights:

Assistance Received & Usage



- **Nearly all pilot participants received assistance from the government** - 96% received cash from the national government, likely from the Social Amelioration Program (SAP) while 92% and 60% received in-kind assistance (such as rice, canned foods, noodle packs) from their barangays and LGUs, respectively.
- Only two participants reported not receiving any assistance from any official sources.
- 54% of the participants reported that the assistance was not enough to meet their household needs.
- Participants most commonly relied on support from family (78.04%) and neighbors (16.22%) to supplement support. These were also the top two sources for a loan.

Assistance provided by different Government bodies to DOLE Pilot participants (as of June 2020)



Cash & In-kind Assistance Provided by the Government

National Government



PhP 4,650 (average amount per HH)

LGU



9kg rice



8 canned goods

Barangay



6kg rice



3 canned goods



3 noodle packs

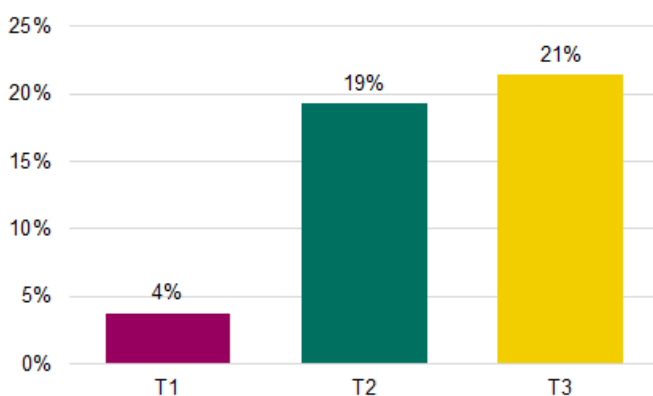
Status of Livelihoods



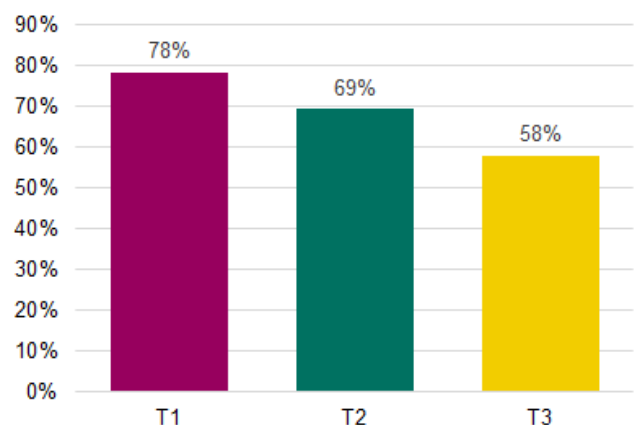
- About 11% of the participants (131) reported liquidating their assets just before or during the quarantine period. This includes those who had fully or partially sold their assets for cash to reinvest in same or another livelihood (5.58%), fully spent on basic needs (4.8%), and only 0.5% mismanaged their assets (mostly pawned).
- Among those who liquidated their assets, most had swine fattening (over 95%) as their selected livelihood, followed by meat processing. The sale of swines is likely to be deliberate as all the participants who had swine fattening across all three treatment arms had already received their full asset package by December 2019, allowing them time to go through at least one business cycle (and more in the case of T2 and T3 due to earlier asset delivery).
- Despite the challenges during the quarantine period, **two-thirds of households (67.15%) were able to operate their livelihoods**, which is higher than the rate reported in the Quarantine Tracker in April (48.72%).
- The findings also surfaced key distinctions between group and individual livelihoods.
 - Participants in group livelihoods (T1) had a lower rate of asset loss (10%) compared to those in individual livelihoods (16% in T2 and 13% in T3). As a result, a higher rate of participants in T1 (78%) were still able to operate their livelihoods compared to 69% in T2 and almost 58% in T3). This may be because **those in group livelihoods have the option to share responsibilities of running the livelihood**, so the risks were spread out among the group members whereas those who had individual livelihoods are responsible for their own livelihoods and therefore take the full risk themselves.
 - On the other hand, of the participants who made changes or improvements in their livelihoods, most were in individual livelihoods - T2 (19%) and T3 (21%) compared to almost 4% in T1. These results indicate that **participants with individual livelihoods have greater ownership and flexibility to make adaptive decisions** (e.g. sell off the asset or make changes/improvements to it), while those in group livelihoods have less discretion to make such decisions.
 - **Despite the lockdown, participants (76%) still seemed to have found other means of earning income during the quarantine period**, including laboring in sugar plantations or farms, vending fruit and vegetables, and making and selling charcoal.



Participants who made Changes/Improvements in their Livelihoods by Treatment Arm (as of June 2020)



Participants with Operational Livelihoods by Treatment Arm (as of June 2020)



Savings and Indebtedness



- Overall, the pilot participants demonstrated increased financial resilience. 75% of the participants used their savings kept at home, which indicates increased resilience developed by the financial literacy training provided by the pilot and savings behavior encouraged through regular coaching, especially compared to baseline of the pilot when only 29% reported having savings.
- Similarly, only 20% of the participants took out loans during the quarantine period, over half of which came from family and friends.

Level of Hygiene Awareness



- Social media, radio, and television seem to be the main source of information on COVID-19 and hygiene practices.
- Consistent with the findings from the quarantine tracker, WASH knowledge among participants is very strong. When participants were asked to describe two specific hygiene practices to prevent the spread of COVID-19, only one percent provided incorrect responses and 99 percent provided correct and partially correct responses, 85 percent and 14 percent.

Jenalyn's Home Garden: A COVID-19 Lifeline

Before enrolling in the DOLE Pilot, Jenalyn Dizon fed her five children through tending a small backyard garden while collecting a meager income working at a hacienda. Life changed suddenly for Jenalyn when she was forcibly removed from her land - and lacked capital and tools - had to start over. The unexpected shock of losing her land put Jenalyn and her family in a difficult situation.

Fortunately, this situation changed for the better when she became a participant in the DOLE Pilot. As a part of the pilot, she received high quality seeds, gardening tools, training on effective ways to do vegetable gardening, and regular coaching, which allowed her to get a good, high quality harvest to feed her children healthy meals without having to rely on the more expensive food at the local market. Jenalyn's harvest of eggplant, okra, spinach, winter melon, string beans, papaya, lemongrass, and moringa provides much more than sustenance for her children—it is the source of a thriving business providing a sustainable and stable livelihood.

The next shock in Jenalyn's life was one that shocked the world: COVID-19. The spread of the virus forced her community into lockdown, but Jenalyn's vegetables not only fed her own family, but supplied her community with fresh and healthy meals when the local markets closed. Even in the face of a global pandemic, with the skills, knowledge, tools, and the step by step guidance that Jenalyn had received from the DOLE pilot, she was able to provide for her family and support her community.



How are we adapting to respond to households in need?

Although Negros Occidental province has been in Modified General Community Quarantine since mid-June, due to the rise in confirmed cases in certain areas, the local government has imposed localized lockdown in some sitios. Therefore, BRAC is taking every measure of precaution to ensure safety of its staff and beneficiaries and is carefully continuing field activities to help the participants continue to build resilience as they progress along a pathway out of poverty. Below are key measures that BRAC is taking to adapt to the new realities while ensuring safety for all.

Staff Training and Preparation



- BRAC provided Personal Protective Equipment (PPE), including masks, hand sanitizer, alcohol, disposable gloves, and goggles to every member in the field team.
 - On June 29, 2020, the field team, including all GCFs and the Paravet received training on the key adaptations and monitoring process that will be made for the remainder of the pilot.
 - All field staff were also required to attend a training session on new safety protocols and staff welfare, including an added session on psychological safety and mental health during COVID-19 led by BRAC Philippines.
- Every GCF is required to call the beneficiaries they plan to visit that day first to learn if they or anyone in their household or close neighborhood are showing any of the symptoms or suspect being recently exposed to COVID-19. If there is any indication of possible transmission, the visitation is postponed until further notice of lowered transmission.

Enhanced Coordination with Local Government



- In June 2020, BRAC delivered letters to the mayors of each of the five pilot municipalities to receive special permission to resume activities which was granted due to the nature of the pilot.
- Since early June, the field team has enhanced its coordination efforts with the local government. This has included checking in with the relevant barangay officials before the beginning of each day on rates of local transmission to ensure safety before conducting home and group visitations that day. If there is any indication of a confirmed case or chances of transmission, the visitation or training session is postponed until further notice of lowered transmission. For example, Minoyan in Murcia municipality reported cases in early July and enforced lockdown in some sitios. As of July 16, total cases in Negros Occidental were 23.

Specific Adaptations in Pilot Operations



- All individual coaching sessions will be conducted outdoors and at minimum 2m distance to reduce the risk of indoor transmission per new airborne guidelines from the World Health Organization. Group sessions are also to be conducted outdoors or in large rooms with everyone spaced out by minimum 2m.
 - In order to limit the number of touchpoints with the communities, coaching sessions will alternate between in-person extended sessions (covering life skills training and livelihood monitoring) and remote check-in via phone instead of a second in-person visit (household welfare monitoring).
- The remaining in-person sessions have been amended to reduce the number of in-person activities in the remainder of the pilot. This will now include i) a newly added workshop on Livelihoods Risk Management in July to address the concerns surfaced in the Rapid Diagnostic Assessment around asset liquidation and re-starting livelihoods; ii) training on Business Sustainability and Solid Waste Management (combined); and iii) Preparation for Graduation.
- BRAC is currently working with a local consultant to create a booklet to be distributed to all pilot participants with key messages and visual aids on selected life and business skills topics.



What comes next?

Some key ongoing and upcoming activities include:

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| July | <ul style="list-style-type: none">• Complete delivery of assets to remaining households• Life skills training on Communicable diseases (focus on COVID-19 & Dengue)• Training on Livelihoods Risk Management [new]• HH welfare & Livelihoods Monitoring• Local media company to conduct interviews and film b-rolls of pilot activities |
| August | <ul style="list-style-type: none">• Life skills training on Solid Waste Management• Training on Business Sustainability• HH welfare & Livelihoods Monitoring• Local media company to produce two high quality videos demonstrating pilot impacts |
| September | <ul style="list-style-type: none">• Preparation for Graduation• Final HH welfare & Livelihoods Monitoring |

Graduation programs are designed to build the resilience of poor households by addressing the whole of their most pressing needs. We remain committed to ensuring this is possible during the crisis and beyond.

For more information, contact the Project team: Marlowe Popes, Project Coordinator at marlowe.p@brac.org.ph; Lauren Whitehead, Director of Technical Assistance at lauren@brac-upgi.org or Dristy Shrestha, Technical Advisor at dristy@brac-upgi.org.



Since 2016, BRAC UPGI has been supporting the integration of the approach into the Philippines government's livelihoods and cash transfer programming through a Graduation pilot in Negros Occidental province. The Department of Labor and Employment (DOLE) launched the program in partnership with the Asian Development Bank (ADB) and technical assistance from BRAC UPGI to target 1,800 beneficiaries of the Pantawid Pamilyang Pilipino (4P's) cash transfer program in 32 barangays across five municipalities. The pilot aims to provide participant households with a comprehensive and sequenced set of interventions to place them on an upward trajectory into sustainable and resilient livelihoods.

In response to COVID-19 and its economic impact on the Philippines, we have worked with partners on the ground to swiftly adapt the government's pilot to protect participants' livelihoods, basic needs, and social welfare. To do this, we increased the use of digital technologies to share information and tips from local health officials on hygiene, illness, and prevention; modified coaching methodologies to accommodate social distancing and community support networks; enhanced relationships with local government authorities for greater visibility and support; and strengthened linkages to available public services.

