RESILIENCE FRAMEWORK

GIVING WOMEN CHOICES IN REPRODUCTIVE HEALTH TO SUPPORT THEIR RESILIENCE TO CLIMATE CHANGE AND OTHER SHOCKS AND STRESSORS – A CONCEPTUAL FRAMEWORK.

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LIST OF ACRONYMS

ASPIRE	Advancing SRHR through the promotion of Innovation & Resilience
CARE	CARE International
FCDO	Foreign, Commonwealth and Development Office
FP	Family Planning
MSI	Marie Stopes International
RMMB	Role Model Men and Boys
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UKAC	UK Aid Connect
VSLA	Village Savings and Loan Association

GLOSSARY OF TERMS USED IN THIS PAPER

Resilience – the capacity to withstand and recover from shocks and stresses.

Reproductive decision-making – all decisions taken in relation to reproduction, including if and when to have children, number of children, when to control fertility and which methods to use to do so.

Sexual and Reproductive Health Rights – According to The Guttmacher– Lancet Commission SRHR represent "...a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity."[1] SRHR programming is therefore based on full, free and informed choice. A rights-based approach to SRHR is critical in ensuring women and girls are empowered to access the services and information they need, with the right to privacy, and have agency to decide whether and when to become pregnant and how many children to have, and that all men, women, girls and boys are empowered and able to make their own sexual and reproductive choices.

Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

Shocks – short-term deviations which have negative effects on people's current state of well-being, level of assets, livelihoods, or safety, or their ability to withstand future shocks. Shocks can include illness, violence, and displacement as well as climate-related changes.

Stresses – Stresses are understood to be longer-term trends that undermine the stability of a system and increase vulnerability.

Transformation – strategic thinking and policy, leadership, empowerment and innovation which has a transformative effect on people's ability to fundamentally build, reshape and enhance people's capacity to adapt to, anticipate and absorb shocks and stresses.

Adapt – 'Adaptive capacity is the ability of social systems [or people] to adjust to multiple, long-term and future climate change risks, and also to learn and adjust after a disaster. It is the capacity to take deliberate and planned decisions to achieve a desired state even when conditions have changed or are about to change' (Bahadur et al 2015: 13).

Absorb – the ability of social systems [or people], using available skills and resources, to face and manage adverse conditions, emergencies or disasters.

Anticipate – the ability of social systems to predict and reduce the impact of climate variability and extremes through preparedness and planning.

1 Starrs, A.M., Ezeh, A.C., Barker, G., Basu, A., Bertrand, J.T., Blum, R., Coll-Seck, A.M., Grover, A., Laski, L., Roa, M., Sathar, Z.A., Say, L., Serour, G.I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., Ashford, L.S., 2018. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher– Lancet Commission. The Lancet 391, 2642–2692.. doi:10.1016/s0140-6736(18)30293-9

INTRODUCTION

The ASPIRE programme *Advancing SRHR through the promotion of Innovation & Resilience*, funded by the UK Foreign, Commonwealth and Development Office (FCDO) under UK AidConnect (UKAC), was developed to address the challenges of improving sexual and reproductive health (SRH) in post-conflict and fragile settings, and areas vulnerable to the impacts of climate change. These contexts are susceptible to disruption and uncertainty, which create challenges for women and their ability to deploy measures to improve both their SRHR and broader well-being.

Over the past decade, programmes working in these settings have increasingly adopted the concept of 'resilience' as a means of designing interventions to enhance the ability of people, communities and systems to deal with shocks and stressors. This concept is common in food security, livelihoods and disaster risk management interventions, but has also been used to a lesser extent in health programming and in conflict affected areas.

In this paper we set out how UKAC ASPIRE can use resilience thinking in support of its sexual and reproductive health and rights (SRHR) intervention programmes. After describing the more established approaches to resilience thinking, we discuss what is currently known about the proposed links between SRHR and resilience. SRHR interventions may enhance the ability of women and girls to deal with a broad range of shocks and stressors; however SRHR social norms, services and programmes are themselves subject to disruption by shocks and stressors.

BOX 1: OVERVIEW OF THE UK AID CONNECT'S COMMITMENT TO RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH

The UKAC ASPIRE programme has been designed to pilot and learn from activities, which are centred on the following overarching aims:

- Improve the availability, quality of, and continuum of care surrounding comprehensive SRHR services in protracted post-conflict and fragile settings (outcome 1).
- Increase resilience in climate-change affected communities through integrated SRH, conservation and livelihoods programming (outcome 2).

The programme takes a SRHR approach, focusing on changes in social norms (relations) and health system and policies (structures) as well as individual agency. Rights-based family planning is an approach to developing and implementing programmes that aims to fulfil the rights of all individuals to choose whether, when, and how many children to have; to act on those choices through high-quality sexual and reproductive health services, information, and education; and to access those services free from discrimination, coercion, and violence.[2]

Countries of implementation include Uganda (outcome 1), and Niger and Madagascar (outcome 2).

Additionally, in this paper we aim to support the remaining steps of UKAC ASPIRE programme design and to provide components of a conceptual framework for testing and assessing the potential links under UKAC ASPIRE's evaluation function. However due to impacts of COVID-19 on the UK economy and resulting reduction in the UK Government's official development assistance, the programme will close early. Final activities were implemented in the programme's close-out phase. Therefore, this paper is written assuming the programme would be implemented in the original timeframe, allowing the framework to be revised and refined and consequently used by those implementing similar programmes. By the time UKAC ASPIRE finishes, we aim to have tested some elements of the conceptual framework based on pilot work in Madagascar and be able to suggest ways for other interventions to adopt the lessons learned. The framework could be used by other programmes working alongside and in conjunction with wider resilience-building efforts to test approaches to SRHR decision-making.

2 Rights-based Family Planning | Family Planning 2030 (fp2030.org)

USING A RESILIENCE FRAMEWORK IN UKAC ASPIRE

As the capacity to deal with shocks and stressors, resilience provides a bridging construct for UKAC ASPIRE to enable a comparison across its two 'outcomes' and three countries.[3] The framework sets out the core components of a resilience approach, showing how SRHR interventions relate to these components, and making it possible to explore pathways to resilience when integrating SRHR into livelihoods programming (outcome 2), or building resilience in SRHR programming in post-conflict contexts (outcome 1).

The interventions have varied designs for each 'outcome'. A common, programme-wide resilience conceptual framework will help us to:

- Explore the potential complexity of factors that increase people's vulnerability across the country settings, given that shocks and stressors vary by context, and those that strengthen the resilience of people and communities to shocks and stressors.
- Achieve clarity on the contribution of UKAC ASPIRE's efforts to reduce vulnerability and strengthen resilience, particularly as it is likely that other development partners will also be working in the contexts where UKAC ASPIRE will be implemented.

An integrated SRHR and resilience framework will enable us to learn more effectively from UKAC ASPIRE, as the evaluation compares how and why change takes place as a result of the programme, and the contribution of change pathways to strengthening different types of resilience in different contexts.[4] Over time, we expect that the framework will evolve and become more precise as evidence is gathered on how integrating resilience thinking with SRHR produces better outcomes for women, girls, their families and communities.

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3 DFID (2016) "What is Resilience?" available from https://assets.publishing.service.gov.uk/media/57a08955ed915d3cfd0001c8/EoD_Topic_Guide_What_is_Resilience_May_2016.pdf

4 The evaluation of UKAC works within a realist approach as a theory of change-based evaluation, selected for its ability to explore connections within the framework. This involves approach generating and testing programme theories, in the form of context-mechanism-outcome (CMO) configurations, where mechanisms capture responses and reasoning as a result of introducing the programme into a specific context, and how this leads to outcome.

HOW RESILIENCE WAS CONSIDERED IN PROJECT DESIGN PHASES

In the co-creation phase, ‘resilience thinking’ was part of the earliest discussions on the conceptual approach to design, and is outlined in

Table 1 below:

TABLE 1: RESILIENCE THINKING CONSIDERED DURING THE CO-CREATION PHASE

<table>
<tr><th colspan="3">The project’s purpose: to reach women and girls with family planning (FP) and sexual and reproductive health services before, during and after shocks, and find new ways of doing so.</th></tr>
<tr><td>Context 1: Humanitarian settings

In Uganda, a humanitarian setting was considered ‘post-shock’ as refugees had escaped from conflict in Sudan. However, the fieldwork revealed that these populations, and women and girls especially, may face on-going shocks and stressors, including PTSD and gender-based violence, as part of their lives in the new context of the refugee camp.

The fieldwork revealed that traditional gender roles are challenged by the conditions of relocation, causing stress to men and boys that lead to backlash against women and girls.</td><td colspan="2">Context 2: Climate change settings

Fieldwork in Madagascar revealed that many health organisations have already witnessed a range of climate-related effects at the community level, and this was reflected in the national conversation on health as well. In northern and central coastal areas, these include changes to monsoon patterns, the predictability of rainfall and temperature increases. These changes interact with human actions in resource usage and internal migration. Like southern Madagascar, Niger is highly susceptible to drought and conflict, and the sparsity of natural resources creates challenges to food security and livelihoods.</td></tr>
<tr><td>Design - Uganda Refugee Settlements: Focuses on an ‘assets’ approach, meaning that it identifies groups and/or institutions in the camp’s context which appear to be more resilient. These were subsequently incorporated into the interventions. ‘Resilience’ was defined as maintaining some degree of functionality even in a context of change of funding flows and support. These included Role Model Men and Boys (RMMB), Village Savings and Loan Associations (VSLAs), community health workers and private sector medicine shops.</td><td>Design - Madagascar, Coastal Conservation Areas: Focuses on existing community approaches to SRHR and conservation, and incorporates interventions designed to build the capability to deal with the interaction of natural and/or human stressors expected to be exacerbated by climate change.</td><td>Design - Niger / Madagascar Desert contexts: Incorporates SRHR components into existing livelihoods and resilience programmes and focuses on community and asset approaches to resource scarcity. In Niger, taking a social norms approach that addresses how gender attitudes and roles influence women’s ability to build their resilience and address SRHR.</td></tr>
<tr><td colspan="3">Health systems resilience: The ability of health systems to meet demand and withstand disruption was discussed in relation to Context 1 and it informed project designs that focused on providers in humanitarian contexts and the work-stress of health system staff.</td></tr>
</table>

HOW CAN WE UNDERSTAND RESILIENCE?

This section considers resilience thinking across climate change and health systems in order to inform a framework for resilience within UKAC ASPIRE. We recognise that learning about resilience, what it means and how it may be strengthened, will emerge from formative work in the early phases of the programme, through research conducted by the evaluation team (in the ethnographic baseline) and UKAC ASPIRE partners, as well as during implementation.

As a starting point, we define ‘resilience’ as having the capacity to withstand and recover from shocks and stresses. It is important to isolate *who* holds this capacity, and this can be done by identifying the person, group, or thing at risk of the shock or stressor. UKAC ASPIRE has identified individuals (with an emphasis on women and girls), communities, and the health system itself, as being at risk, and focuses on their capacities.

A widely used explanatory conceptual framework breaks resilience down into a set of inter-related capacities, to **absorb, anticipate, and/or adapt** (the 3As) to climate extremes and disasters:[5]

- Absorptive capacity is the ability, using available skills and resources, to face and manage adverse conditions, emergencies or disasters.
- Anticipatory capacity is the ability to anticipate and reduce the impact of a shock or stress through preparedness and planning. This may mean raising awareness and improving early warning systems for climate variability and extremes (O2) or forecasting periods of peak demand or funding shortfalls in the health system.
- Adaptive capacity is the ability to change strategies to address multiple, long-term and future risks, and also to learn and adjust after a stress event. It is the capacity to take deliberate and planned decisions to achieve a desired state even when conditions have changed or are about to change.[6]

In addition, ‘transformation’ is often included in the framework. Transformation refers to improvements in the underlying drivers of vulnerability to shocks and stressors and can occur when the ‘rules of the game’ are altered, such as when power dynamics, social norms, policies or regulations and/or the conditions of inequality are improved for the most vulnerable and marginalised people exposed to risk. Women often face increased vulnerability because they experience gender inequality and additional structural barriers (for example, lack of land ownership rights, less access to education, less representation in formal and informal decision-making, etc.) in addition to the other forms of negative systemic conditions faced by both men and women. Transformational approaches are fundamental to strengthening resilience. The UKAC ASPIRE programme is also required to reference transformation, showing how results could be scalable, sustainable and replicable.

Resilience is not considered an end-goal in itself; it is the ongoing ability to protect long-term development goals in the face of a series of shocks and stressors. Dealing with a shock can reduce the capacity of people, communities and/or organisations to deal with future events, for example if an asset base is eroded; this is why we often refer to resilience as being *strengthened* rather than *built*, as ‘built' implies completion. The threat of climate change further reduces the likelihood of individuals ever achieving full resilience to any shock or stressor, and therefore places greater emphasis on capabilities that they can use and renew. ‘Strengthening’

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5 Bahadur, A.V., Peters, K., Wilkinson, E., Pichon, F., Gray, K. and T. Tanner (2015), The 3As: Tracking resilience across BRACED. BRACED Knowledge Manager Working Paper. London: ODI. While Bahadur et al are specifically referring to climate extremes and disasters, the 3As explanatory framework can applied more broadly to explore SRHR shocks and stressors.

6 Faulkner, F and Villaneuva, P, (2018), “Routes to Resilience: Insights from BRACED to BRACED-X”, Itad https://www.itad.com/knowledge-product/routes-to-resilience-insights-from-braced-to-braced-x-2/

also recognises that people already have an inherent ability to deal with shocks and stressors, which resilience programmes seek to enhance.

In most discussions of resilience, we consider how well individuals, households, communities and institutions are able to anticipate and absorb stressors and shocks and adapt and transform in response to enable a recovery post-shock. Shocks and/or stressors that occur in the lifetime of UKAC ASPIRE may be exacerbated because of climate change, for example dry spells, flooding, unpredictable rainfall, displacement, etc. However, there is an important distinction between these events and the longer-term (10–30+ years) processes of climate change. The latter introduces a high degree of uncertainty about the conditions in which people will live, which makes livelihood and development planning challenging. To understand the ways in which UKAC ASPIRE contributes to climate change resilience, we will look at how its interventions support anticipatory or adaptive capacities that reduce the uncertainty in the mid- to long-term.

As mentioned above, it is important to identify *whose* resilience a project intends to build and *what* shocks they face. Depending on their context, individuals may experience and adapt to shocks in different ways, which may in turn have implications for how well they are able to further strengthen their resilience to shocks and stressors. Factors that promote resilience at the community level link to how well communities handle crises and well-being more broadly. These include social cohesion, well-functioning local institutional arrangements, infrastructure and support and local participation and representation in strategic planning and preparedness, response and recovery. A household's resilience is built through household characteristics such as household assets, livelihoods, and socio-demographic characteristics (education levels, age structure, gender, etc.), and also psychosocial dimensions, which can be thought of as 'subjective resilience.'[7] This refers to the perceptions that individuals, households or communities have about their own capacities and capabilities to handle current or future shocks and stressors. The proposition that perceptions are essential in the way people consider their own resilience is theoretically and empirically supported by research across several domains, including in the context of adaptation to climate change. In this context, the subjective nature of the decision-making process around adaptation is well established, especially related to risk perceptions.[8] This points to the potential usefulness of situating subjective resilience within wider resilience conceptual frameworks.

With UKAC ASPIRE, **we are interested in the extent to which women's agency to use SRHR services contributes to strengthening resilience capacities and transformation.** This potentially has feedback loops whereby increased resilience further supports women's agency to make beneficial SRHR choices, with women's empowerment as a transformative process related to social norm change.[9] In Outcome 1 of the project's theory of change, resilience can also be seen as an intermediate outcome to achieving better access to and use of services for women and girls. Reproductive strategies may also change as a result of shocks, contributing to or lessening resilience.

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7 Béné et al (2019) 'Perception matters': New insights into the subjective dimension of resilience in the context of humanitarian and food security crises. Progress in Development Studies 19, 3 (2019) pp. 186–210.

8 Eitzinger et al., (2018); Grothmann and Patt, (2005); Lockwood et al., (2015). Cited in Béné et al (2019).

9 Hardee, K et al (2018) "Family Planning and Resilience: associations found in a Population, Health and Environment (PHE) project in Western Tanzania" Population and Environment (2018) 40: 204-238.

10 MSI's Position on climate change a reproductive choice – Mandatory Internal Guidance.

BOX 2: REPRODUCTIVE CHOICE, CLIMATE CHANGE ADAPTATION AND RESILIENCE IN MSI

Marie Stopes International (MSI) has undertaken a review regarding where it sees linkages between reproductive choice and climate change adaptation and resilience:[10]

1. Reproductive choice and the ability to exercise sexual and reproductive health and rights advances women's economic empowerment, improves health and longevity, progress in education and gender equality. These positive outcomes are considered essential to building capacity for climate adaptation and resilience; and

2. Healthy, educated, empowered women can participate effectively in climate adaptation and conservation planning, and their perspectives lead to more effective programmes.

Given that family planning use has been harmfully leveraged as a tool of population control—as a solution to resource scarcity and mitigation of negative environmental and social impacts—UKAC ASPIRE explicitly commits to a rights-based approach to SRH. The linkage and integration of SRHR and resilience programming should be rooted in a rights-based approach, which centres a woman/couple's right to make informed decisions about their health and fertility and supports them to exercise their reproductive choices and achieve health and well-being throughout their lifecycle. We envision a world where women, girls, and their partners are empowered to demand and access reproductive healthcare, including supporting a woman's ability to have a safe pregnancy, to space, postpone, or avoid pregnancy, and to terminate a pregnancy, alongside care for numerous other reproductive health concerns, such as STI management, treatment of cervical cancer, and fertility support.

Resilience can be considered at different levels. In UKAC ASPIRE we are primarily interested in ***people's*** capacities, although the term can also be applied to the capacity of systems, organisations and infrastructure. These often contribute to people's resilience to shocks and stressors.[11] In the context of UKAC ASPIRE, the resilience of the community health system is also important: it provides the services that support people's ability to deal with shocks and improve their well-being, but is itself susceptible to disruption from social, environmental, institutional and other factors.

Theoretical foundations for health systems' resilience are based on increased understanding of health systems as complex adaptive systems.[12] The health system resilience discourse, drawing on the same roots in ecology as the 3As explanatory conceptual framework discussed above suggests that strategies to enhance resilience in health systems can be absorptive, adaptive or transformative, depending on the impact and intensity of the shock or stressor. This discourse has been developed further into an expanded model of understanding health systems resilience that goes further than simply the outcome of the resilience process (i.e. absorbing, adapting and transforming), but also in understanding the building blocks required to anticipate, absorb and/or adapt.[13] These building blocks focus on the management capacities that are essential for a resilient system, including: the underlying capacities of the system and its actors to respond to change; the health system's capacity to combine and integrate new forms of knowledge; the capacity to manage interdependence; the capacity to

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11 However, it is not guaranteed that a more resilient system, infrastructure or organisation will lead to benefits for people. For example, improvements in staffing or administrative processes may prevent a health service from being overwhelmed by the stress of an influx of people into its catchment area, however, these improvements could sustain a poor service or perpetuate the exclusion of certain groups.

12 Biddle Louise, Katharina Wahedi, Kayvan Bozorgmehr, (2020) Health system resilience: a literature review of empirical research, Health Policy and Planning, czaa032. https://doi-org.uea.idm.oclc.org/10.1093/heapol/czaa032 (accessed 11th September 2020)

13 Blanchet, K, Diaconou, D, Witter, S, (2020) "Understanding the resilience of health systems", chapter in Bozorgmehr, K, Roberts, B, Razum, O, Biddle L (2020) "Health Policy and Systems Responses to Forced Migration", Springer.

develop legitimacy (i.e. socially and contextually accepted norms), and the ability to anticipate and cope with events.[14] This explicitly highlights the importance of the context in which the resilience process takes place and the agency of the actors involved.

Additional research on fragility has highlighted that the community health systems interface is critically important for the capacity of the health system to absorb and adapt. Lack of trust in the legitimacy of community health workers, local health services or response teams undermines both the capacity of the health system to respond to situations, and the community or individual's ability to access tangible resources. This ties in with the idea of 'everyday resilience,' which emphasises the importance of the capacities and resources available to individuals who deliver health services every day.[15]

AN INTEGRATED CONCEPTUAL FRAMEWORK FOR RESILIENCE AND SRH

This section sets out an integrated conceptual framework for resilience and SRHR for the UKAC ASPIRE programme. It brings together the key considerations identified in the preceding sections for conceptualising and capturing resilience in the context of SRHR and wider shocks and stressors including climate change. It can be used to inform ASPIRE consortium partners' work such as CARE gender analysis and ThinkPlace design research, as well as the evaluation ethnographic baseline and further evaluation activities.

The decision to use SRHR services can be understood as a means, or part of a capacity, through which individuals, households and communities can choose to enhance their resilience within wider resilience-building activities. Key to this framework is the idea that situating SRHR within strategies to build resilience to wider shocks and stressors may strengthen both the capacity to make decisions to use SRHR services (potentially through women's empowerment or building resilience against restrictive gender and social norms) and strengthen resilience to shocks and stressors. Underpinning couples' decision to use SRH—and obtain quality services—is gender equality, which may also represent a potential pathway to improved resilience. Both suggest that the programme has considerable transformational potential.

As UKAC ASPIRE progresses, there will be better evidence to show how these 'pathways to resilience' intersect and how and why change happens. For instance, participation in local governance groups has been found to predict use of contraception.[16] In UKAC ASPIRE, we will be gathering evidence regarding how SRHR decision making works alongside wider resilience-building efforts.

Figure 1 shows the conceptual resilience framework for the UKAC ASPIRE programme, which represents complex relationships between various concepts that underpin the programme. The framework can be used to plan, develop and evaluate the UKAC ASPIRE innovations, as well as other, similar programmes. It maps out a variety of entry points for both quantitative and qualitative analysis of resilience and points to the importance

14 Barasa E, Mbau R, Gilson L. (2018) What is resilience and how can it be nurtured? A systematic review of empirical literature on organizational resilience. International Journal of Health Policy and Management 7: 491–503.

15 Barasa EW, Cloete K, Gilson L, (2017) From bouncing back, to nurturing emergence: reframing the concept of resilience in health systems strengthening. Health Policy and Planning 32:iii 91–4.

16 Ibid.

of multi-level analysis. This ranges from women’s and men's decision-making power at a household level, to community-level institutions and norms, to systems.

FIGURE 1: INTEGRATED CONCEPTUAL RESILIENCE FRAMEWORK FOR THE UKAC ASPIRE PROGRAMME

Before, during or after a shock

Impact at scale

Contextual Factors:

Geographic: arid, semi-arid, coastal, forest, post-conflict (refugee settlements and humanitarian

Societal: Gender, social, cultural and religious norms; household characteristics and demographics; politics and policy processes

Shocks & stressors:

- Conflict & enforced migration
- Drought, cyclones, future climate uncertainty
- Unwanted pregnancy & poor SRH outcomes
- Gender-based violence & control of bodily decisions by men
- Insufficient basic services or access to livelihoods
- Workplace stress of service providers (insufficient SRHR awareness, knowledge & credibility in wider community)
- Changing gender roles and challenges to masculine identity

Resilience for whom

Women and Girls, Men and Boys in:

- **Arid or semi-arid land communities** experiencing acute water shortage & food insecurity
- **Coastal or forest communities** experiencing shocks & stressors predicted to be exacerbated by climate change
- **Settlements established for refugees** fleeing conflict-afflicted states (including host community)

Resilience for what

- **Ecological** systems
- **Family and social** systems
- **Social protection** systems
- **Health service provision** (especially family planning and stigmatised SRH services)
- **Financial systems** (Community-based women’s saving)

Resilience through what

- **Improving:** natural & household resources; psychosocial well-being; the family & social system protective of women & girls’ bodily integrity; health system capacity to integrate new forms of knowledge & manage interdependence
- **Transforming:** gender attitudes, practices, decision-making power, and agency at the household level; health system ability to anticipate & cope with events
- **Increasing:** knowledge & self-efficacy needed to make informed reproductive choices; access to finance & information to ensure access to stigmatised SRH services.

Catalytic transformation

Sustainable outcomes

Capacities

Absorptive capacity	Anticipatory Capacity	Adaptive Capacity

IMPROVED WELL-BEING

Institutional Levels

Individual

Househol

Community

Local

National

Adapted from Ihalainen et al 2020

For example, in the early stages of developing an innovation, it is helpful to undertake a literature review to find similar interventions. The resilience framework provides a guide, to develop a search strategy that considers contextual factors and the shocks and stressors of interest, taking a checklist approach to using the domains in the conceptual framework to help to organise the strategy and ensure all the important components are included. The search can then be refined by considering the relevant target populations, interventions and mechanisms ("resilience for whom, of what and through what"). Having identified the literature, the framework can then be used to synthesise the information by thematically grouping interventions by temporal dimension (before, during or after a shock), by resilience capacities or by the target level of the intervention. Finally, the transformational impact of interventions can be considered by noting the impact at scale, sustainability of outcomes and the catalysts for transformation.

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