



Pilot Randomized Control Trial Summary of Results

Background.

Resonate is a non-profit social enterprise based in Rwanda that delivers leadership workshops to women and girls. Resonate partners with groups providing skills and education, and integrates our proven leadership workshops into their programs. Combining skills training with Resonate workshops amplifies the impact of our partners. Our unique model leverages storytelling and reflection to shift participant mind-sets to ensure they have the self-confidence to turn opportunity and skills into action. To date, we have worked with 47 partner organizations and 3,900 participants in East Africa, the majority of which have taken place in rural Rwanda.

Our intended impact relies on difficult-to-measure outcomes such as confidence and leadership. We have invested in partnerships and research that will help us better understand and reliably measure the attributable effects of our programs. We plan to use this information to improve our own programs and tracking, as well as contribute our learning to the field of human capital development.

In partnership with economics researchers at UC Berkeley, Resonate took part in a year-long pilot randomized control trial from November 2016 to November 2017. We administered surveys with six artisan groups – three treatment groups (those who underwent Resonate’s training) and three control groups (those who did not). Through this process we aim to isolate the changes that took place as a result of our program in order to better understand our program impact.

Summary of Findings.

Through the one year preliminary analysis, we can see significant increases in the following areas among those who were in the treatment group:

- **Self-efficacy.** By comparing the baseline and the one year follow-up, we saw consistent relatively large and significant effect for in women saying they felt they could handle any problem. Therefore, it is evident that Resonate's workshop had a significant and lasting impact on participants' ability to handle problems. We find this result very interesting, as it maps directly to Resonate’s definition of leadership, and one of the key tenants of our program, that leadership means “being proactive in the face of a challenge.”
 - **Next steps:** We will stop using Rosenberg’s self-confidence questions, as we saw that they did not accurately measure our impact, but we will continue to use some of the Generalized Self Efficacy questions that we saw work. An example of the GSE question that worked (referenced above) is, "No matter what comes my way, I am usually able to handle it."
- **Locus of Control.** We saw a consistent increase in locus of control, where women believe that success is a result of hard work rather than luck. In the treatment group, women are 24.5% more likely to attribute success to hard work.



- **Decision-making.** while many decision-making areas saw small and statically insignificant effect, after the one year follow-up we saw consistent increases among the treatment group in two main areas: increase in women's ability to make decisions about their children's health, and increase in their ability to make decisions about visiting family or friends. Women in the treatment group are 30.5% more likely to report being the primary decision maker over visits than women in the control group. Therefore, Resonate's workshop have a lasting impact on women's ability to make decision about their own movements and mobility.
 - **Next steps:** Conduct further research through a focus group discussion to understand why we did not see any movement in the three other decision-making areas and re-evaluate how and in which ways we want our programming to be impacting women's decision-making.
- **Role Models.** In the treatment group, women were 30.6% more likely to choose a role model they know personally after Resonate's workshop, which is an effect that is persisted in the one month follow-up and six month follow-up. We also realize that women who participated in Resonate's workshop are actively identifying role models in their communities, or even identifying role models among the other women who participated in the workshop with them. In the one year follow-up we asked participants how many years it will take them to be as successful as their role models and we found that women in the treatment group believe that they can be as successful as their role models nearly a year earlier than women in the control group, and due to consistent explanation of a role model, women in the control group caught up and likely to choose role model they know personally.
 - **Next steps:** The difference in choice of role model did not persist in the one-year follow-up, however the treatment group did not decrease, rather the control group caught up. We think this may be due to repeated explanations of what a role model is.
- **Community Engagement.** Even though in the one-month survey, women in the treatment group talked to community leaders 12 more times than women in the control group and that after the six months follow-up they were 26.2% more likely to be a leader of a group, in the one year follow-up the expected effect shrunk instead of growing. We learned that recall time of one year is too long to remember specific incidents. It is also possible that women in the treatment group feel empowered to handle problems that come their way that they are no longer going to a community leaders to solve minor problems. We also did not see the expected effect after one-year of the percentage of women in leadership roles, however we suspect this might be because if they reported a new leadership role after six-months, they may not report it again after one year.
 - **Next steps:** We plan to rephrase the question to ensure it is easier for participants to answer. This might mean presenting a scenario, or simply asking about a shorter period of time.
- **Control over income.** Women in the treatment group reported 15% increase in income, which is smaller than the 40% effect we observed at the six-month follow-up. However, we saw that women in the treatment group may be more willing to take out loans and that they may be earning more than women in the control group. Since



majority of participants' primary occupation is "farmer", it is possible that the growing seasons have impacted this data.

- **Next steps:** People still have a difficult time answering questions about income due to discomfort around discussing finances, as well as fluctuations based on industry, and lack of specific knowledge about their earnings. We will continue looking for alternative ways to measure income.

The one year follow-up results show that some of the results from the six-month follow-up did not persist at one year. In addition to continuing to refine our measurement approach, we are also planning to pilot a program refresher to see if it would help some of the results persist past the six-month mark.

Overall we saw positive and significant effects on participants' ability to handle problems as well as making decision over their movement (visits to friends and family). We also saw an increase in internal locus of control which we did not see in the one-month or six-month follow-up. We plan to use this information to improve our programs and measurement.