PlayMatters Emergency Response Mechanism (ERM) Multi-Sectoral Education in Emergencies Response Implementation Study

This brief summarizes the findings from the full report of the same title.

Written by

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Implemented in Partnership with

The LEGO Foundation
Background

In late 2020, a myriad of factors including armed conflict, climate change, and the COVID-19 pandemic led to a complex crisis in Ethiopia’s Amhara, Afar, Benishangul-Gumuz, and Oromia regions. Millions of children lost access to physical safety, water and food, school, and adequate shelter, and many were exposed to trauma.\(^1\) Education outcomes were directly impacted as schools stopped functioning and incurred damage, and in some cases were used as shelters for IDPs or by armed groups.\(^2\)

This research brief provides in-depth analysis of the PlayMatters Emergency Response Mechanism (ERM) and its influence on multi-sectoral education in emergencies in crisis-affected Ethiopia. By evaluating this intervention, we produce evidence for policy and future initiatives to enhance the provision of education during crises.

Emergency Response Mechanism

In response to these crises, the LEGO Foundation granted PlayMatters the flexibility to reallocate $15M from the larger PlayMatters grant to design and implement a 1-year multi-sectoral Education in Emergencies (EiE) intervention providing an integrated and holistic response to ensure that crisis-affected children have their basic health, safety, and educational needs met in crisis-affected locations.

The ERM (Sept. 2022–Sept. 2023) was implemented by the IRC, Plan International, and 10 other implementing partners (IPs) in 201 integrated pre- and primary schools, reaching 177,405 children. With the school as the focal point, the ERM provided multi-sectoral humanitarian programming including education, child protection, WASH, health, and nutrition interventions aligned with the Inter-agency Network for Education in Emergencies’ Minimum Standards.

Historically, many EiE interventions do not comprehensively include holistic responses integrating these sectors, thus this study contributes evidence on the benefits and barriers to implementing such multi-sectoral EiE responses.

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Study Design

This mixed-methods evaluation was designed to answer the question: “To what extent did the ERM’s multi-sectoral approach improve basic health, safety, educational, and well-being needs of crisis-affected children?”. Due to many security challenges, the evaluation was largely qualitative, drawing on some limited quantitative data to construct a more complete answer to the research question.

The evaluation team purposefully selected six ERM schools from the Afar, Amhara, Benishangul-Gumuz, and Oromia regions of Ethiopia, gathering interview and focus group data from 85 teachers, school directors, woreda office representatives, parents, and implementing partner representatives, as well as 42 children. Two case study schools were visited twice while the remaining four schools were visited three times over the course of the year, depending on access.

To complement the qualitative data, we collected data from 128 ERM schools and 131 non-ERM schools with similar characteristics (size, urbanity, and location), using existing government data sets from Woreda (district) Education Offices from before the conflict (2019/20) and at the end of the academic year (June 2023). While we cannot rigorously define non-ERM schools as control schools because we did not collect data ourselves, data from non-ERM schools were provided by government bodies upon requests for data from schools without any NGO intervention.

We conducted descriptive and inferential statistical analysis to assess the influence of the ERM intervention on student enrolment, student absenteeism, and teacher retention. Two-way ANOVA analysis compared the averages between intervention and non-intervention schools controlling for time, with a threshold of $p<.05$ to establish statistical significance with a confidence interval of 95%.
Study Findings

Key Finding 1:
The ERM addressed children’s physical and psychosocial needs.

- Physical Needs: Participants across all groups reported that children’s physical needs were largely addressed through the ERM, most frequently citing high-energy biscuits, Menstrual Hygiene Management (MHM) support, water point rehabilitation, and vaccination and deworming campaigns.

- Psychosocial Needs: Many respondents described how ERM programming increased morale for students and teachers, primarily by restoring a sense of hope and normalcy and providing a sense of being cared for. Some schools were heavily damaged with bullet holes in walls or compounds used as mass graves, so school rehabilitation was cited as a source of joy and improved well-being by participants.

Some participants mentioned the importance of mental health and psychosocial support (MHPSS) services provided through the ERM.

Key Finding 2:
The ERM supported children’s increased access to education.

- ERM schools demonstrated a statistically significant increase in average student enrolment by 102 children compared to a decrease in average student enrolment of 29 children in non-ERM schools.

- The average absenteeism rate in ERM schools dropped from 6.71% to 4.11% while absenteeism increased from 7.1% to 7.4% in non-ERM schools. This was not statistically significant due to overlapping confidence intervals.

- Participants overwhelmingly described increased enrolment in comparison to neighbouring schools, due to a reduction in barriers to accessing access, such as lacking required scholastic materials to attend school, missing school during menstrual periods, or leaving school early in search of water or food.

Additionally, the incorporation of Learning through Play (LtP) methods and the provision of recreational materials created a sense of excitement or motivation in students to attend school.

Previously... there was a trend of absence. There are deprived families who cannot fulfill notebooks; cannot fulfill pens; the solution for those problems has made them follow their learning appropriately; this in turn has a great benefit to the students.

School4_Teacher1_R2,
Ethiopia
Study Findings

Key Finding 3: The ERM supported children’s holistic learning and well-being.

Although formal learning and well-being assessments were not possible within the evaluation design, participants described how the ERM, and particularly the trainings provided to teachers on LtP and MHPSS, led to improved holistic learning and well-being of pupils:

• Academic and Cognitive Development: Some participants described improved academic achievement of students in ERM schools.

• Social Development: Participants described the social community among students and between students and teachers. “Students now engage in discussions outside of school and encourage each other to attend classes. They form a supportive network that motivates and helps any students who may be falling behind.” – School6_T1_R1.

• Emotional Development: Participants described the improved teacher-student interactions and the safe emotional environment in schools.

At the time this school was screened our students were labeled as unproductive students, and less than half were able to pass. However, today, we believe that they can be more than just passers; they can be a hope for this village and possibly the entire nation.

School6_HT_R2, Ethiopia

Key Finding 4: The ERM supported teachers’ retention, instructional practices and well-being.

• Teacher retention increased in ERM schools over non-ERM schools, with an increased average of 3 teachers retained per year compared to an average of less than 1 additional teacher retained per year. Two core yet inter-related components of teacher retention include teacher motivation and teacher well-being.

• Through professional development opportunities, teachers have made changes in their classroom practices to implement LtP (see PlayMatters ERM LtP Promising Practices Study for further detail), which is viewed as a positive influence on student learning and engagement, as well as teacher motivation.

• Some teachers described how professional development opportunities and the MHPSS components of the intervention also supported teachers’ own well-being, which can influence teaching quality, student-teacher relationships, and teacher retention.3

The teachers were suffering from mental issues due to the war. They were sad, disappointed, and depressed. But, once they took the psychosocial training, they realised there is a project…trying to bring them out of the problems they were in. The teachers are happy now. They have built the capacity.

School2_HT_R2, Ethiopia

Key Finding 5: The ERM strengthened local capacities.

- IPs and local government officials from offices related to intervention sectors participated in and co-led ERM trainings, conducted joint monitoring, and were knowledgeable about project goals. Prior to the ERM, government collaboration across education, water, women and social affairs, and health and nutrition bureaus were not functional at the school-level, but the ERM strengthened communication and connections across sector offices by requiring coordination for project activities. Government participants reported increased motivation by witnessing the benefits of such inter-office collaboration.

- In addition to government support, community members contributed to implementation by donating time, money, or materials.

Even before the project, there is a system in place at the district level called a multi-sectoral structure that integrates different sectors... here is a gap, particularly in relation to resources and awareness. There is a lesson we have learned from the integrated approach or system that [Implementing Partner] follows as well as working with NGOs and different sectors. We have gained good experience, especially in relation to communicating well and working together.”

School5_SA_R3, Ethiopia

Key Finding 6: Additional support is needed to meet the needs of crisis-affected communities.

- Although this was a one-year program, many participants described their desire for the intervention to continue in the next academic year and to be expanded to reach additional crisis-affected schools and communities.

- While respondents were happy with the high energy biscuits provided, many respondents recommended moving towards hot meals that would benefit the whole school.

- Further psycho-social support was requested for both children and teachers, including a stronger focus on teacher well-being.

- Economic recovery and development activities could sustainably support both the schools and parents to better meet children’s needs. In particular, some IPs provided Child Protection assistance for the most vulnerable children through identified basic needs like food, medical costs, clothes and other individualized needs which were quantified and equivalent cash provided to caregiver to ensure these needs were met.

- Teachers frequently reported a desire for additional training and support, echoing evidence that comprehensive, consistent continuous professional development is more responsive to teachers’ needs than one-off trainings.
Recommendations

Based on the findings of this study, following actions are recommended to ensure the continuity and prosperity of LtP practices.

1. Ensure that EiE responses address children’s holistic needs through multi-sectoral interventions considering their health, safety, and educational wellbeing. Balance fulfilling basic needs and the provision of structural inputs (such as classroom rehabilitation) with an eye towards ensuring quality learning and holistic development at school.

2. Integrate LtP as an entry-point for supporting teachers in crisis-affected contexts through teacher continuous professional development by recognizing the positive influence of LtP on supporting school attendance and retention for both students and teachers.

3. Provide continuous support to teachers, prioritizing their professional development and material provision responses to support how they have been affected by conflict. Consider teachers’ well-being as an outcome in future EiE responses.

4. Strengthen existing capacities and coordination mechanisms to improve communication and multi-sectoral synergies to support the transition from emergency response to recovery and long-term development stages.
A child gets his arm measured during a deworming campaign.

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