Safe School Reopening Pilot Project

Midline Report - Revised Edition

January 2022
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1- Executive Summary

COVID-19, two years on, continues to be a frightening global pandemic that has profoundly disrupted human lives. To prevent the spread of the virus, all education institutions were shut down in 188 countries globally affecting more than 91% of school-going children or 1.6 billion students (UNESCO April 2020). The world tried to beat the pandemic with shutdowns at all levels (education, economy, transport etc.). Over 40 million students were affected in Pakistan; academic and examination routines were disrupted, leading to high levels of anxiety and depression. These trends continue unabated globally, backed by evidence in national and global reports (ASER 2021, UNESCO/WB/UNICEF/ 2021, CDG 2020, RISE/Andrabi et. al 2020).

With the decrease in cases of COVID-19, the Government of Pakistan reopened the schools progressively after a period of six months (Sept. 15-30, 2020), with well-established Standard Operating Procedures (SOPs) /Health Guidelines for Education Institutions Reopening by the Ministry of National Health Services Regulations and Coordination enforced for the safety of students, teachers, non-teaching staff and parents/guardians. Despite operating on rotation at 50 percent daily enrollment with shorter days and staggered routines, the atmosphere was of profound uncertainty and lack of safety in schools as COVID-19 continues unabated. With no precedence of disruption at this scale, the Japanese International Cooperation Agency (JICA) a bilateral partner of the Government of Pakistan, reached out to the Ministry of Federal Education and Professional Training (MoFE&PT) to collaborate for a pilot program as the schools opened after the first long shutdown in September 2020. The Safe School Reopening Pilot (SRP) would test possibilities, assess risks and develop mitigation plans for safe and sustainable schools, averting the spread of the deadly virus through non-pharmaceutical interventions (NPIs).

SRP is being implemented by Idara-e-Taleem-o-Aghai (ITA), or the “Centre of Education and Consciousness” Public Trust, a well-known civil society organization working on action and policy research, service-delivery and advocacy. The MoFE&PT and JICA agreed on 20 selected FDE Schools, (out of 423 schools) for a year-long rapid pilot project (Sept’20-August’21).

The SRP project’s goal is ‘to create a fully costed scalable pilot for safe and healthy school reopening aligned to the MoFE&PT priorities, community engagement and evidence based best practice’. The vision of the pilot is to adopt positive practices through which hygiene, social distancing, and immunity boosting knowledge can be incorporated in daily routines at schools and in homes as non-pharmaceutical interventions (NPIs).

For creating an evidence-based design strategy, a baseline survey was conducted in pre-selected 20 FDE schools or Intervention Schools (IS). Alongside 20 Control Schools (CS) were selected with similar characteristics in the same geographical clusters (6) to conduct an experimental study.

1 The project has been extended to March 2022 due to intermittent school closures/opening
Safe School Reopening pilot (SRP) was initiated with the goal, “to create a scalable pilot’ Scaling up is defined as “deliberate efforts to increase the impact of successfully tested pilot, demonstration or experimental projects to benefit more people and to foster policy and program development on a lasting basis” . The context of the pilot intervention was prevention of educational losses due to the pandemic through safe school practices. The pilot was launched in September 2020 when the first wave of COVID was ebbing, and phase wise reopening of schools was announced by the government.

SRP was conceived and designed for non-pharmaceutical interventions (NPIs), building firmly on the “human element engagement” as the bonding linking and bridging categories of social capital\(^2\) with an evidence based strategy generated by the baseline conducted in October-November 2020 that crafted a five dimensional framework for action.

SRP: A Five Dimensional Framework for Action

The interventions were designed taking into account the framework conducive to scaling up, comprising a holistic environment at systems level with room for innovations, accounting for resource availability and improvement in organizational capacity. The strategy was designed ensuring WHO guidelines, together with a fundamental position on positive community engagement as an integral part of sustainable school functioning and resilience. The five-dimensional interventions had to be flexible to adapt and respond to the environment of the COVID-19 pandemic.

The Midline survey/report reveals the following results after interventions were implemented during intermittent school opening and shuttling periods from January to June 2021. It is important to state at the outset that the entire period of intervention in January – June/continuing up to

October 2021 has been plagued by three school closures and opening. The schools had two types of closures, a) one from the government centrally (NCOC led) on account of overall situation of pandemic and b) the second in specific schools due to case identification.

Key findings generated under five thematic areas are mentioned below taking into account that the first trigger dimension was Community /Stakeholder mobilization for the creation of social capital to make Schools Safe as a collective responsibility and build resilience.

1) SMCs and Vigilance Committee

As per the midline findings, SMCs are present in 95 percent of intervention schools. The situation in control schools has weakened instead of improving; SMCs in control schools are present in 77 percent institutions, compared to 84 percent during the baseline.

To fill the gap of inactive SMCs identified during the base line, including lack of students’ voice for the safety of their respective schools, the School Vigilance Committees (SVCs) have been formed in each school as per the original design of SRP. The SVCs are responsible to learn, practice and communicate the SOP messages to students, their peers, parents and communities for an extended adoption and sustainability of safe practices in the school surroundings. Three types of Vigilance Committees were formed with the consent of respective groups viz, Student Vigilance Committees (SVC 1); School Vigilance Committees (SVC 2) comprising of Teaching and Nonteaching staff including guards and ayaas/female support staff etc; and the Parents Vigilance Committees (PVC 3).

Majority of students 84 % in intervention schools, are willing to be part of the SVCs, showing a remarkable improvement from baseline 73 percent. Similarly, majority of teachers and parents i.e., 94 % and 83% respectively want to become member of Vigilance committees, revealing significant improvement from baseline findings of 65 percent and 55 percent willingness respectively. Mobilization of critical carers /stakeholders and their voice is not necessarily a strength in schools, both public and private and hence this ‘pillar for social capital’ is vital in SRP.

As a result of formation of SVCs/PVCs, School Mitigation Action Plans (SMAPs) were formed based on the customized findings from the baseline survey of each school.

The School Mitigation Action Plan (SMAP) was developed in consultation with the Vigilance Committee members and the S-MAP was displayed in respective schools. In 95% of schools SMAP was observed and is well displayed in each school for ease of tracking of implementation targets and milestones.

2) Covid-19 SOPs and Trainings

Trainings and capacity building on proper practices/routines of COVID SOPS were designed and rolled out in the intervention schools/colleges in collaboration with the MoH, as a response to low evidence in baseline. Trainings were well received by the participants as reflected in midline results. 100% of the target group has received the trainings on COVID specific SOPs. The control group on the other hand reflects that there has been no change in their training status. Students have not received any trainings and rest of the staff received short trainings from other sources.

The midline data further highlights SOPs routines followed amongst students has improved significantly in intervention schools compared with control schools. 100% of the students, staff and non-teaching staff from Intervention schools are adhering to SOPs of wearing mask, washing
hands, maintaining distance and sneezing in sleeve or tissue paper compared to 90% of teaching staff and 79% students and non-teaching staff in control schools. The midline results compared with baseline also reflect the positive trends after capacity building and awareness raising sessions among intervention schools’ stakeholders. The trends of continuous public messaging nationwide on following SOPs on cell phones and media for all schools and their communities are well known as important influencers for both intervention and control institutions during this period. SRP developed IEC materials on SOPs, together with key messages and reflection diaries for VCs that have been well received.

3) **Hygiene Practices including Water, Sanitation and Hygiene (WASH)**

As per the findings, almost all the schools have sinks installed in toilets for washing hands. Improvement has been observed in the intervention schools after the renovation and repairs work. At the time of survey, only 8 percent of intervention schools have at least one broken sink in comparison with the baseline where 27 percent of schools had at least one broken sink. The condition of running water, drainage and availability of soaps has also improved. Interventions were made to improve the drainage pipes that has been reflected in the results. Installation of protective sheets between two sinks was proposed but feasibility of installing the barriers was not possible. The improvement indicates the readiness of schools for practicing safety and access to handwashing facilities for the students. However, the situation has remained static in control schools and in some cases further deteriorated. Also, 95 percent toilets in intervention schools were observed to be clean compared to 88 percent in control schools. It may be noted that public sector spending on missing facilities was minimal during this period and this was a welcome support.

4) **Health Services including Mental and Psychosocial Support (MPHSS)**

The midline data reflects a significant increase in health services. In addition to the telehealth services, the schools’ administration also was more conscious of identifying a close by health facility, that also has contributed in improved response, at the time of midline.

The MUAC data of midline reveals that 3 percent of adolescent females and 5 percent of adolescent male students in intervention schools fall under severely malnourished category, 26 percent of females and 30 percent of males in the intervention schools are moderately nourished, and 71 percent females and 65 percent of males are normally nourished. During the trainings the parents and students were repeatedly informed of the importance of proper diet and regular breakfast, and linkages are being made to improve the nutrition knowledge of the students, through VCs.

In response to the baseline information of stress and anxiety levels among students and teachers recorded during baseline, the innovation of Mindfulness and Yoga techniques were introduced in intervention schools. These too were modified from face to face as planned to Virtual training of trainers (ToT) followed by trainings of students in schools! This innovative practice has been extremely well received in schools, both girls and boys and by students and faculty alike, beyond our expectations. This simple and popular practice can be scaled up across all FDE schools.

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3 https://itacec.org/srp/Communications.php
The modest innovation on telehealth for SRP schools, with Sehat Kahani, a partner of MoNHSRC as well, was delayed due to permission protocols from FDE & MoFE&PT. Telehealth is still in its early stages of implementation. Information on the innovation and practice will be reported in the endline report in Feb/March 2022.

5) Technological Readiness- bridging the digital divide

The midline findings show that 89% control schools and 95% intervention schools have internet facilities available: an improvement from the baseline of 70% and 8% respectively. 92 percent and 83 percent of the Principal/faculty offices of intervention and control schools do have access to internet respectively. Internet routers have been provided to all intervention schools to improve access to internet across all facilities/schools and classrooms.

Use of mobile phones, tablets, and computers became a necessity during the pandemic for eLearning and information purposes. The data reflects that continued school closures led to increase in purchase of these electronic devises for the students. Furthermore, about 73 percent students in control group and 86 percent in intervention group know how to use a computer/laptop. Similarly, 87 percent in control and 97 percent in intervention group know how to use a smartphone. COVID-19 has made it necessary for parents of school going child to own smart phones and use them for school related information and learning engagement of children. Overall, 81 percent intervention households and 66% control households own a computer, laptop or a tablet, reflecting an increase from baseline findings. Similarly, 96 percent intervention households and 44% control households have internet facility in their homes.

Conclusion

As the educational institutions continue to shoulder the burden of lost and disrupted academic activities, it is challenging for them to spare time for preventive health initiatives, that are basic for human mental and physical health. The much-needed behaviour change can be expected to be sustained with close mentorship and follow-up, blended with partnerships, bureaucratic enabling and political commitment. The Midline report findings will further inform the SMAPs, aligned to the roles and responsibilities of all key stakeholders together with safe behaviours in well managed school communities. These are new areas of system engagement for FDE & MoFE&PT viz. a) safe schools mean safe and adequate functional facilities, b) schools as communities of practice with all stakeholders including students and parents and c) schools connected to health and protection services and open to partnerships for resilience and sustainability. Such a shift in the model would mean schools to be ‘open’ vs. ‘closed institutions’, bridging the home-school divide.

Finally, there is an urgency to revisit facility standards in all schools as advised by the Ministry NHSRC guidelines for education institutions, well endorsed by the MoFE&PT to meet current and future health/hygiene challenges and above all for children/parents, teachers and non-teaching staff to feel safe and learn well in their schools.

SRP, a rapid and modest project promoting NPIs can claim positive outcomes due to its investment in human and social capital creation, providing customized and caring attention to schools at a time when these attributes mean a great deal to students, parents and school staff. It is important to acknowledge the Govt. of Pakistan’s large scale ongoing efforts as illustrated by the NCOC, MoF&PT mobilization on continuity of learning and EdTech initiatives through partnerships and electronic media, school safety and EHSAAS for social protection with respect to education opportunities.
For the final phase of SRP it is vital for all partners (ITA, FDE, MoFE&PT, MoNHSRC and JICA) to support linkages and scaling up on what has worked well build on the social capital investment from the bonding to the bridging and linking perspective and extending core health services to all schools as a survival and development right.
### II- Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>Covid-19</td>
<td>Coronavirus</td>
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<tr>
<td>FDE</td>
<td>Federal Directorate of Education</td>
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<tr>
<td>ICT</td>
<td>Information Communication Technologies</td>
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<td>ITA</td>
<td>Idara-e-Taleem-o-Aagahi</td>
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<td>JICA</td>
<td>Japanese International Cooperation Agency</td>
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<tr>
<td>MoFE&amp;PT</td>
<td>Ministry of Federal Education &amp; Professional Training</td>
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<tr>
<td>MoNHSRC</td>
<td>Ministry of National Health Services Regulation &amp; Coordination</td>
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<tr>
<td>MUAC</td>
<td>Mid Upper Arm Circumference</td>
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<tr>
<td>NCOC</td>
<td>National Command and Operation Centre</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NIH</td>
<td>National Institute of Health</td>
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<tr>
<td>NOC</td>
<td>No Objection Certificate</td>
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<tr>
<td>NPI</td>
<td>Non-pharmacological interventions</td>
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<tr>
<td>PSU</td>
<td>Primary Sampling Unit</td>
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<tr>
<td>QES</td>
<td>Quasi Experimental Study</td>
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<tr>
<td>RCT</td>
<td>Randomized Controlled Testing</td>
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<tr>
<td>SED</td>
<td>School Education Department</td>
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<td>SMC</td>
<td>School Management Committee</td>
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<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<td>SRP</td>
<td>Safe School Reopening Pilot</td>
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1- Background

We want to make our Schools Safe so continuity of learning takes place with all safety protocols in place:

Access to education had been severely affected due to Covid-19 across the world. According to UNICEF, there are almost 1 billion children at risk of falling behind due to frequent school closures to reduce the spread of COVID-19. Though there have been many shifts to remote learning and digitalization in education, still lack of access to digital technology and equipment have put many children at risk of delayed or no learning at all.

In Pakistan, where the communities are poor and not technologically advanced, to continue learning online, and given the importance and impact of attending schools physically there was a dire need of a mechanism through which the regular and safe attendance can be ensured for all students in all communities. Safe School Reopening Pilot project was designed based on the principles of NPIs leveraged through a social capital theory and practice to mobilize and prepare the community to tackle such an unprecedented pandemic and to test a scalable pilot to ensure smooth and safe provision of learning facilities amidst a local and global pandemic. For example, Putnam conceptualizes social capital as the behaviour of social networks and relationships, characterized by the qualitative presence of enhanced trust and reciprocity. This notion guided SRP design to focus on “society first” approach for optimum and meaningful participation during the pandemic to ensure better learning outcomes.

Safe Schools Reopening Pilot (SRP) is being implemented in collaboration with the Ministry of Federal Education and Professional Training (MoFE&PT) and JICA. The main goal of SRP is to make schools safe from COVID-19, enabling students to attend schools without fear of getting infected, and their parents are comfortable to send their children to schools. The implementing partner (Idara-e-Taleem-o-Aagahi ITA) designed evidence-informed NPIs for 20 schools of Federal Directorate of Education (FDE) in the Islamabad Capital Territory (ICT) spread over six area clusters of ICT, identified by MoFE&PT, JICA and FDE and an equal number of schools in the same clusters were identified where no interventions were made, hence labeled as Control schools. The project is governed by the Project Steering Committee.

The goal of SRP was to mobilize the social capital in the best way possible which might prove to be cost-effective to make schools safer to attend physically hence addressing the global challenge of delayed learning outcomes due to COVID-19. The safe school, in SRP hence, was defined on following basis; 1: the school must not get closed due to COVID-19, 2: the enrollment of school must be maintained or increased, 3: the main stakeholders i.e. Students, Teachers and Parents

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should be well aware of their roles and responsibilities in making schools safer from COVID-19 especially in terms of knowledge attitudes and practices (KAP), 4: The school should have enough supplies of Protective and Preventive Equipment (PPE).

**The notion of Social Capital** as a trigger strategy for SRP as the first pillar of the implementation framework informed by evidence (Baseline) is in turn built on three interconnected levels leveraged to ensure that NPIs do work in making schools safe/safer: viz. Bonding Capital, Bridging Capital and Linking Capital. The Midline Report is thus informed by this important framing during an unprecedented ongoing emergency in making schools safer through recognition and reorganizing of this social capital.

There has been evidence of cost-effectiveness of non-pharmacological interventions (NPIs) during past pandemics. The NPIs have proven to reduce effects of pandemics and devise a sustainable solution which can be integrated in the routine practices of any community. The core of NPIs is basically the behavior change of community and individuals. The Social Capital Theoretical framework inform the NPIs in best way possible on how to shape behavior at three different levels to build resilient communities. Expressed through the creation of cultures of obligation or expected reciprocity, enhanced community-based information channels, or the establishment of informal codes of socially normative behavior, social capital may benefit members of a community by encouraging solidarity, expediting knowledge dissemination, and facilitating the social integration of previously excluded members.⁶

**Bonding, bridging, and linking capital describe three sub-types of social capital** that are particularly prescient in the context of public health studies. **Bonding capital** describes the social capital derived from the social networks and relationships within homogenous groups. **Bridging capital** from those within heterogeneous groups comprised of members of equal power or authority (‘horizontal’ capital), and **linking capital** from those within heterogeneous groups comprised of members ordered along an explicit, formal, or institutionalized gradient of power or authority (‘vertical’ capital)⁵. SRP derived the core innovation based on this framework, hence formed vigilance committees of three main stakeholders of the schools i.e. Students, Teachers and Parents. SRP further introduced several NPIs based on evidence generated by baseline conducted in Sept-Oct 2020, to strengthen community resilience by creating a process of building trustworthy relationships among individuals, community and institutions thus investing on all three levels of social capital. The design was embedded across four thematic dimensions to be implemented and measured for impact and learning through a midline and end line survey. The four thematic areas of SRP are:

1) SMCs and Vigilance Committee
2) Trainings on COVID-19 SOPs, Mindfulness, Use of technology
3) IEC Materials
4) Infrastructural Support

The implementation of the SRP activities was led through the result chain. The four thematic interventions were implemented with participation of all stakeholders in schools viz. students, parents, teachers and non-teaching staff. Anchored in non-pharmaceutical interventions (NPIs), it was imperative to have ownership of the logic of safe behaviors towards COVID for ensuring

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The thematic areas have been arranged in terms of order as per their logic, first triggers and their significance and impact generated after interventions.

Social Capital and NPIs within a public health and school safety program were thus mobilized and implemented through a careful and iterative process, where the human mobilization and its values can in turn be seen concurrently as Bonding, Bridging and Linking social capital, explained below.

1.1 Bonding Capital

SRP targeted FDE schools in collaboration of MoFE&PT as the entry point in community and through schools, SRP enabled the capacity building of three main stakeholders of educational community i.e. Students, Teachers and Parents. The SRP aim was to capacitate the available and potential human capital so that the community can be well prepared to brace up to the challenges of the pandemic and to ensure smooth learning amidst the national and global challenge of delayed and fragmented stop-go learning opportunities. As argued by Portes that in many developing countries, strong intra-community ties (bonding capital) can lead to conformity to traditional norms and strong communal behaviors. 7

Thus the core innovation of SRP was the formation of Vigilance committees which included the main stakeholders involved in the school community of a given learning environment.

1.1.1 Formation of SMCs and Vigilance Committees

The baseline clearly highlighted the existence of School Management Committees (SMCs) for performing various school governance tasks, but SMCs were found to be mostly inactive. To fill the gap of inactive SMCs, including students’ voice for the safety of their respective schools School Vigilance Committees (SVCs) have been formed in each school. The SVCs are responsible to learn, practice and communicate the SOP messages to students, their peers, parents and communities for an extended adoption and sustainability of safe practices in the

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school surroundings. Three types of Vigilance Committees were formed with the consent of respective groups viz, Student Vigilance Committees (SVC 1); School Vigilance Committees (SVC) comprising of Teaching and Nonteaching staff including guards and ayas etc; and the Parents Vigilance Committees (PVCs).

1.1.2 Trainings of SOPs of Covid-19 and Provision of IEC Materials

This was implemented through training of members of SVC1, SVCs and PVCs and distribution of IEC materials among them to generate the bonding capital. The training programs were designed on the following topics:

   a. Knowledge regarding COVID 19 Prevention and Protection in addition to deviated perceptions regarding COVID

   b. Capacity Building of the VC members on Risk identification and mitigation planning for making schools safe, to ensure the ownership for brining improvements in schools.

   c. Training of Trainers (School Teachers) on Mindfulness and Yoga Techniques to respond to the stress and anxiety among students and teachers, highlighted in baseline data.

   d. Training of Trainers on Safe School reopening in light of COVID-19 (2 teachers from each school were trained, as a sustainable resource for schools)

The members of PVCs were then asked to disseminate this knowledge in other households through cascade sessions to strengthen the community response towards tackling COVID-19 pandemic. This rapid spread of knowledge not only created the trusted relationship among the target community but also helped the community mobilize their own resources to stop the spread of the pandemic. As a result, the school enrollment increased and parents had a renewed trust in the school's environment to make it safer for their children to attend school.

1.1.2 Infrastructural Support –Hygiene Practices

The implementation of this NPIs was ensured by providing schools with infrastructural support to build isolation rooms and to improve hygiene and WASH practices within schools where needed. It also supported community individuals to practice Covid-19 precautionary measures and also enabled them to develop self-sustained quarantine centers with basic facilities to tackle the effects of COVID-19. Thus, schools became one of the trusted resources for the community and learning activities were also carried out side by side. The following infrastructural support was provided to improve hygiene practices:

   a. The pilot schools were provided with Protective and Preventive Equipment (PPE) for example, masks, hand sanitizers, face shields, disinfection material.

   b. Training of school staff responsible for maintenance of cleanliness on use of disinfectants to address the baseline finding of lack of cleanliness in toilets and in handwashing areas.
c. Protective and preventive material including the hygiene kit for the girls was provided to schools to ensure the availability of materials for practicing hygiene in schools.

d. The baseline highlighted the need for repairs of flush tanks, sinks, additional toilets, and drainage etc. This gap was tailored in the respective pilot schools.

1.2 Bridging Capital

1.2.1 Cascade community sessions by PVCs

Individuals in poor nations can benefit from the diverse inter-community networks (bridging capital), which can provide them with better access to resources and knowledge, as well as more opportunities to voice their concerns and negotiate support. 8,9

SRP also aimed to develop cost-effective functional dynamics among communities. The parents who were trained on the NPIs were facilitated under the SRP to hold cascade sessions with other households to disseminate information and also mobilize the resources of the individuals not involved in intervention. The cascade sessions are being monitored by the SRP project team by sharing pictures and mitigation plans by parents. These informal relationships helped dissemination of information on Covid-19 response and recovery rapidly among communities. This in turn decreased the risk of spread of cases and enabled a safe controlled social interaction to facilitate student’s attendance and sharing of knowledge among the community. This has been reflected in a previous research by Story as individuals with active bridging capital have an added advantage of shared information which shapes their shared norms and collective beliefs and behaviors. 10

1.2.2 Health Services (Infrastructural Support)

During this global pandemic, frequent lock-downs reduced social interaction and routine mobility. This had a significant impact on mental health of individuals. The students had amplified impact as they also had to face delayed learning or no learning at all. SRP introduced mindfulness and yoga practices for students in intervention schools and formed a sustainable collaboration with a yoga trainer hence bridging the inter-community capital. The yoga trainer used to train students remotely via zoom. The mindfulness and yoga activities had a very positive impact on student’s physical and mental health, hence facilitated in increased enrollment within schools.

In response to the lack of health services in schools SRP introduced the innovative intervention of 24/7 Telehealth services through the sehhat kahani app in schools and related communities was initiated with considerable delay; it is under implementation.

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8 Carroll TF. Social Development Papers No. 3. Office of Environmental and Social Development, Asian Development Bank; 2001. Social capital, local capacity building and poverty reduction

9 Harpham T, Grant E, Thomas E. Measuring social capital within health surveys: key issues. Health Policy and Planning. 2002;17(1):106–111

doi:10.1080/17441692.2013.842259
1.2.3 Technological Readiness (Infrastructural Support)

COVID-19 led to accelerated distance learning and hybrid EdTech solutions through Tele School (PTV), and online/face to face classes. The baseline indicated that most of the students knew the use of computers and android phones. The need identified was to make internet accessible across schools for which router were provided to schools and make them aware of safe use of internet and useful educational websites, thus trainings were provided by using an in-house project services of ITA.

SRP also facilitated digital access of health services within the targeted communities by introducing Sehat Kahani Application. Sehat Kahani Application is a digital application on which health services can be availed remotely by booking an appointment of a medical doctor via app. During the lockdowns, when there was almost little or no access to medical services and given the hospitals were over-burdened, this application helped community members to have smooth access to medical services.

These NPIs under the above mentioned thematic areas enabled human, financial, physical and to some extent cultural capital among the community. The communities served as active resources which enabled regular attendance of students and increased learning opportunities sandwiched between the school closures implied by Government.

1.3 Linking Capital

This form of Social Capital has the greatest potential of reducing disparities among the communities and formal institutions and build cohesion within the society. This form of capital enable the individuals to connect with actors in power to best mobilize the resources, information and achieve the amplified results for thriving communities. SRP is now focused on linking the community at macro-level by policy advocacy of SRP findings and impacts on different forums which includes both Federal Government and other bilateral organizations. The main focus is to scale-up the pilot project in other cities of Pakistan. The best approach is to integrate the NPIs of SRP in routine practices of educational institutions across the country. However, like many other developing countries, the Education ministry has its own limitations of resources for integration of pilot findings in the routine care practices. We still need to think of ways of how the scalability of the pilot can be ensured.

On account of prolonged and intermittent closure of education institutions during the project period, it was challenging to ensure uninterrupted continuity of interventions and to observe their efficacy by the students, parents, teachers and non-teaching staff. ITA, therefore requested an extension of the 12-month project period from JICA and MoFE&PT from September 2021 to March 2022. The extension included undertaking the midline assessment required for course


12 The midline was originally planned in March 2021, since the schools went into lockdown during that time there the activity could not be carried out, as per plan.
corrections from the scaling up perspective. A revised workplan was submitted along with the budgets and JICA graciously extended the project life to March 2022.

With this backdrop the Midline assessment was planned in September 2021, paused for a period of 15 days on account of sudden school lock down. Nevertheless, the data collection was completed by Sept 30th 2021, followed by data cleaning and data entry.

1.4 Challenges and Mitigation strategies during the implementation

1.4.1 Lock Downs and Schools Closures: a tough terrain to negotiate

The COVID-19 pandemic has not only created a global health crisis but has also created a learning crisis across the world for children and adolescents of school going age; it is no different in Pakistan. During the first wave of COVID-19, education systems in most countries globally including Pakistan, were adversely affected as the pandemic prompted a country-wide lockdown of all institutions. Schools in Pakistan closed on 15 March 2020 and remained so till mid-September 2020. When the educational institutions eventually opened in September, students returned to their classes on alternate days and just as the process of learning was gaining momentum with a shortened and accelerated curriculum, the second wave of COVID-19 hit the country with increased severity thus leading to the second closure of institutions (Oct/Nov. 2020). Intermittent school closures from March 2020 to September 2021 is shared below:

### School Closures/Lock Down March 2020- September 2021

<table>
<thead>
<tr>
<th>Period Schools closed</th>
<th>Period Schools remained open</th>
<th># Days schools remained open @50% students</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16 - Sept 15, 2020</td>
<td>Sept 15-Nov 24 2020</td>
<td>55 days</td>
</tr>
<tr>
<td>Nov 24 2020 – Jan 11 2021</td>
<td>Jan 11 – Mar 16, 2021</td>
<td>47 days</td>
</tr>
<tr>
<td>Mar 16 – Apr 24 – June 01, 2021</td>
<td>June 01, 2021</td>
<td>30 days</td>
</tr>
<tr>
<td>July 18 – August 01 2021</td>
<td>Aug 01 – Sept 06</td>
<td>30 days</td>
</tr>
<tr>
<td>Sept 06 – Sept 18, 2021</td>
<td>Sept 19, 2021</td>
<td>Open without interruption</td>
</tr>
</tbody>
</table>

*SRP commenced on Sept 01, 2020.

The FDE had strict rules and zero tolerance policy for class/grade and school closures if COVID cases were detected in schools (staff, students and non-teaching staff), as per the guidelines provided by the MoFE&PT and Ministry of Health. During re-opening post lock down in the intervention schools, only 25 percent of Intervention schools were affected due to COVID-19 cases (classroom/school), compared with 60 percent in control schools.
1.4.2 Low Levels of Case Detection and School Closures:
The midline survey findings reflect that COVID-19 case detection was at minimal levels in intervention schools (i.e. 20% among students, 25% among teachers; 20% among non-teaching staff). The focused approach for behavior changes, community engagement outside schools and enabling conditions of SRP to mobilize the bonding capital in intervention schools began to take root to mitigate the pandemic risk as highlighted by the above outcome indicator. The 20 pilot schools vividly illustrate a shift towards safe behaviors that can be scaled up across all FDE institutions. The stellar role of SRP vigilance committees and social mobilization both in and out of school was critical that continued with SOPs even during school lockdowns.
2- Methodology

The Midline assessment was conducted following the same methodology of Quasi Experimental research design as used for the Baseline assessment. Although the survey instruments were same as those used for baseline survey, the innovations for health services, mental health, school vigilance committees and technology acceleration were additional dimensions that were factored in the midline questions to gather relevant evidence. The data was collected from 20 intervention and 20 control schools, located in six clusters, viz- Barakahu; Nilore; Sihala, Tarnaul; Urban-1 and Urban-2. The data collection was backed by the necessary permissions from the FDE. The respective AEOs were pre-informed regarding the activity of data collection. The formula for sample size calculations was same as used for the baseline survey (WHO’s Sample size estimation technique). The surveyors were trained for two days on data collection and research ethics. The data was cleaned and entered on SPSS; the analysis of the midline was compared with the results of base line.

<table>
<thead>
<tr>
<th>Table 2.1 : Type of Schools Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Intervention</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2.2: Coverage for Midline Survey: Schools-Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category Surveyed</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>Head Teachers</td>
</tr>
<tr>
<td>Teachers</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Parents</td>
</tr>
</tbody>
</table>

Complying with the government’s policy 95% of the intervention schools were operating on alternate days, at the time of midline assessment.
Figure 2.3: Alternate day Schooling

Table 2.4: Level and Gender-wise Distribution of Coverage for Midline Survey

<table>
<thead>
<tr>
<th>Level of school</th>
<th>No of Schools</th>
<th>Girls surveyed</th>
<th>Boys surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>3</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Elementary</td>
<td>1</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Secondary</td>
<td>14</td>
<td>403</td>
<td>167</td>
</tr>
<tr>
<td>Higher Secondary</td>
<td>1</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>Degree/Post Grad</td>
<td>1</td>
<td>93</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>506</td>
<td>282</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>5</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>Elementary</td>
<td>0</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Secondary</td>
<td>12</td>
<td>246</td>
<td>204</td>
</tr>
<tr>
<td>Higher Secondary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Degree/Post Grad</td>
<td>3</td>
<td>200</td>
<td>59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>522</td>
<td>268</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>1028</td>
<td>550</td>
</tr>
</tbody>
</table>
3- Schools and Parents Profile

3.1 Parent's Education

A slight change is reflected in education of parents, as there have been new admissions, and the data from reflects varied educational levels of parents in comparison to baseline data.

**Figure 3.1a: Fathers’ Education**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Intervention</th>
<th>Baseline</th>
<th>Midline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary/Below</td>
<td>17.5</td>
<td>24.0</td>
<td>13.8</td>
</tr>
<tr>
<td>Above Primary</td>
<td>82.5</td>
<td>76.0</td>
<td>86.2</td>
</tr>
</tbody>
</table>

**Figure 3.2b: Mothers’ Education**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Intervention</th>
<th>Baseline</th>
<th>Midline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary/Below</td>
<td>33.2</td>
<td>66.8</td>
<td>28.2</td>
</tr>
<tr>
<td>Above Primary</td>
<td>66.8</td>
<td>30.3</td>
<td>71.8</td>
</tr>
</tbody>
</table>

3.2 Gender-Wise Distribution of Teachers and Students:

Gender wise distribution among the teachers and students from the schools surveyed reflects approximately 10% increase in number of female teachers and students, and same percentage decrease in male teachers and students from the baseline figures. This is attributed to the fact that some of the schools were replaced from the original schools identified during baseline on account of prolonged and frequent school closures and other factors creating challenges of access for intervention in a fast moving short 12 months pilot. Thus, in consultation with MoFE&PT and JICA, some schools were replaced by FDE.

**Figure 3.2.1: Gender-wise Distribution of Teachers**

**Figure 3.2.2: Student Gender Distribution**
3.3 Students’ Enrollment

**Table 3.3.1: Total Student Enrollment and No. of Appointed Teachers in Schools**

<table>
<thead>
<tr>
<th></th>
<th>Intervention Schools</th>
<th>Control Schools</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
</tr>
<tr>
<td>Students Enrolled</td>
<td>11397</td>
<td>4220</td>
<td>15617</td>
</tr>
<tr>
<td>Teachers Appointed</td>
<td>106</td>
<td>227</td>
<td>333</td>
</tr>
</tbody>
</table>

3.4 Percent Change in School Enrollments

The COVID-19 pandemic has profoundly disrupted schooling nationwide, raising serious concerns about the impact of the pandemic on children’s enrollment and learning losses. The school enrollments highlight declines nationwide (ASER 2021). The enrollment declines were exacerbated due to loss of livelihoods and fear of COVID-19, and hence there is evidence of dropouts or home schooling. SRP, with active community engagement strategies based on building a resilient bonding capital, such as back to school campaigns attempted to address this challenge. We found that the shared communal norms, trust and dissemination of information had created a significant difference in school enrollment which is supported by previous researches that family unity and collective efficacy has a positive significant impacts on healthcare as demonstrated by Song and Lin\(^\text{13}\) and health outcomes intron have positive impacts on learning outcomes which is increase in enrollment in case of SRP. The midline survey reveals 5.4 % increase in enrollments in the intervention schools compared with baseline. On the other hand, 15.5% decline in enrollment of control schools has been reported compared with baseline.

SRP safe schools’ campaigns and implementation of active strategies to connect with families outside schools for increasing enrollments was a very consistent intervention throughout the year. This was especially done with the approach of ‘different strokes for different folks’ policy. The efforts had varying outputs in the intervention schools ranging from 79 percent enrollment increase in IMSG Seevra (I-V/Girls) to 11 percent decline in IMSB Sangjani (VI-X/Boys). Overall, 60% intervention schools show an increase in enrollments. The midline data provides evidence to investigate further the reasons for leaving the schools.

The midline survey highlights that, dropouts are high among the female students than male students. Out of eight schools/collages, five were of girls, where enrollment dropped. The survey reflects that the female students left the schools, for an alternative service provider, or decided for homeschooling due to deteriorating financial condition of their families, restrictions in transport owing to strict adherence to COVID-19 SOPs and possibly also due to patriarchal attitudes in society where boy’s education is preferred over girls. The enrollment changes in schools varies substantially by students’ grade and family income. The survey reveals drop outs at primary level enrollment was largest among low-income students, whilst enrollment declines/shift outs in other grades were less among higher-income students.

**Action proposed:**
It is recommended to connect low-income families who have withdrawn their children especially daughters with the Ehsas Waseela-e- Taleem program, for their continued education. The bridging capital can be mobilized and strengthen to address the need of continued learning for children of low-income families. Outreach to affected households is critical to bring back the students to their schools. This can be reiterated in trainings of vigilance committees active under SRP. The community meetings can be held by vigilance committees to bridge the social gap between individuals and those organization and government programs which can support low-income families. Outreach to affected households is critical to bring back the students to their schools.
3.4 Partnership programs in Pilot schools: (The Bridging Capital)

This period has seen a rise in Partnership programs with non-government organizations as per an open support policy of the MoFE&PT. Whilst ITA has been at the forefront, other collaborations included, WaterAid; Moajaz foundation; Google; Mobilink; Islamic Relief; etc. Each partner is contributing within their respective areas (from one of activity, material support to longer engagement in climate change/Water Aid). However, capacity building on SOPs, school mitigation action plan, provision of protective and preventive material, isolation rooms, mindfulness & yoga have been the major contributions from SRP. The major role in this trend of increased partnerships was the result of strong bonding capital generated by SRP trainings on COVID-19 and hygiene practices. The members of vigilance committees were able to identify their needs for safe schools and advocate them to other organizations for building sustainable partnerships in order to make school safer during pandemic. This in-turn strengthen bridging capital in the intervention schools.
3.5 Boy Scouts & Girl Guide Programs

The schools reported a higher engagement with Boy scouts and Girl Guide programs. 50 % to have Boy Scout program in comparison to 13.3 % reported in baseline; 60% of the intervention schools had Girl Guide program in comparison to 25% reported during the baseline.

Observations & Challenges during data collection
- Time constraint for data collection was a challenge as the schools had reopened after a long time in September 2021 and the major focus was on syllabus coverage without distractions.
- The access to intervention schools and parents was more convenient, compared to control schools attributed to engagement of SRP team in the former, both with schools and communities over 12 months.
- Data collection from the control group required extra time as the Head Teachers and the communities were not familiar with the SRP mandate other than as a research entity.
4. FINDINGS:

The midline survey findings are presented under the five thematic areas.

4.1 SMC And School Vigilance Committees-The Bonding Capital (Thematic Area-1)

Makridis and Cary Wu establishes in their research that rather than linkages and social networks, the primary process that underpins the benefit of social capital is its association with higher trust and relationships within a society. Individuals who care more about others are more likely to adopt sanitary habits and social distancing. This has been supported by SRP in terms of performance of vigilance committees and the difference their active involvement has created among the intervention schools.

4.1.1 School Governance

At all FDE schools, School Management Committees (SMCs) are in existence since 2014, in compliance with Article 16 of the ICT “Right to Free and Compulsory Education Act 2012”, on SMCs and its 6 comprehensive clauses (annex No. 04). The legislation was the first to be passed by the MoFE&PT in Pakistan as per Article 25 A of the Constitution to ensure all children 5-16 years of age are provided education as a fundamental right. However, rules for SMCs are still to be framed supported by funds and capacity building. SMCs are present in 95 percent of Intervention schools. The situation in control schools has weakened instead of improving; SMCs are present in 77 percent schools only compared to 84 percent during the baseline.

![Figure 4.1.1: SMC Status (% active)](image)

4.1.2 School Vigilance Committees

The baseline highlighted the urgency to create SVCs in schools with clear sub-groups of students, parents and teachers who would undertake shared responsibilities within schools, homes and communities to follow SOPs and be willing to lead the awareness and action drives to ensure that the COVID 19 risk is minimized through a zero-tolerance campaign. It was also decided that SVCs/SMCs would have an oversight role regarding child protection and safeguarding practices in schools. The vigilance committees have been formed in intervention schools and there is a great demand by the majority of students, teachers and parents who want to be members of these committees.

Majority of students 84% in intervention schools, are willing to be part of the SVCs, showing a remarkable improvement from baseline 73 percent. On the other hand, in control schools, the percentage has remained more or less stagnant as per midline findings.

Each vigilance committee has 5-7 members and basic responsibility is compliance of SOPs at school and their household level. This is a new composition a form of new social capital creation in the intervention schools; but do many stakeholders know about it? The midline inquired about this knowledge from students about the existence of vigilance committees. 85% of the students are aware of VCs in intervention schools. It was reassuring to find out that some awareness on SVCs also exists in control schools, 50% of teachers and students reported positively.
Majority of teachers and parents i.e., 94% and 83% respectively want to become member of Vigilance committees, revealing significant improvement from baseline findings of 65 percent and 55 percent respectively.

The approach is dynamic, it will strengthen and reduce gaps in coordination at all levels, ensure implementation of infection prevention and control and mobilize community for control of the pandemic.

4.1.3 Student and Parent Vigilance Committees
Community engagement in the form of PVC, and SVCs has been beneficial for follow up on safe practices against COVID. The continuous vigilance on SOPs has given positive results. The teachers feel extremely positive (around 99 percent and 90 percent) in both Control and Intervention schools that the SVCs will be successful and beneficial for disseminating safe messages.
The uptake on SVCs and SVC/PVCs is also positive due to their engagement in making the School Mitigation Action Plans (SMAPs) based on the customized findings. In each school during the baseline. The SMAPs became the blueprint for the NPIs.

The students vigilance Committee members pledged to disseminate the messages of safe practices to their peers and at homes. They were provided with booklet “Yaad Rakhnay Ki Eham Baatain” with blank pages to note their experiences, reflections, and the messages they disseminated. The booklet helped students to harness their leadership skills and creativity by giving them the opportunity to write and paint the serious experience of their lives in fun ways.

4.1.4 SMAP Displayed and Marked Regularly
The School Mitigation Action Plan was developed in consultation with the Vigilance Committee members and the map was displayed in respective schools. The VC members are responsible for updating the goals achieved. In 95% of schools SMAP was observed and is marked in these schools.

![Reflections from students’ diaries]

**Figure 4.1.5: SMAP DISPLAYED AND MARKED REGULARLY**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMAP Displayed</td>
<td>95.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>SMAP marked regularly</td>
<td>85.0%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>
4.2 Covid-19 Tests, SOPs and Trainings-The Bonding Capital (Thematic Area-2)

4.2.1 COVID-19 TESTS
There has been a significant increase of 95% in comparison to the 60% level of COVID tests by school staff reported during baseline. This can be attributed to better understanding of importance of disease detection and timely care as communicated during the trainings of school staff, students and teachers. This is contrasted with smaller change in COVID testing from 68 to 72% in control schools. It is pertinent to highlight that 80% of the intervention schools remained opened post lock downs due to effective measures to prevent COVID through safe practices.

![FIGURE 4.2.1: SCHOOLS TESTED FOR COVID-19](image)

Significance:0.069

4.2.2 Training on COVID SOPs
Trainings on proper practices/routines of COVID SOPS were designed and rolled out in the intervention schools/colleges in collaboration with the MoH. Trainings were well received by the participants reflected in midline results. 100% of the target group has received the trainings on COVID specific SOPs. The control group on the other hand reflects that there has been no change in their training status. Students have not received any trainings and rest of the staff received short trainings from other sources.
4.2.3 SOPs Implementation Trends in Schools: A story of hope

Reduction in the COVID-19 cases is being observed globally, but the need for continued SOP practices remains essential. The midline data highlights SOPs routines followed amongst students has improved significantly in intervention schools compared with control schools. 100% of the students, staff and non-teaching staff from Intervention schools are adhering to SOPs of wearing mask, washing hands, maintaining distance and sneezing in sleeve or tissue paper compared to 90 % of teaching staff and 79% students and non-teaching staff in control schools. The midline results compared with baseline also reflects on positive trends after capacity building and awareness raising sessions among intervention schools’ stakeholders.
4.2.4: Adherence to SOPs Among Students Coming to Schools

The objective of trainings on SOPs was to not only improve the knowledge of the participants on SOPs but also empower them to decide on best measures for their own health and safety. This was meant to pave way for linking capital by capacitating the bonding capital. The awareness of SOPs enabled the community individuals for advocacy of their needs with other organizations and Government officials. The Midline assessment indicates a significant improvement in practices in comparison the control group reinforced by trainings/awareness imparted to teachers and parents. Alongside the IEC materials on proper use of masks, hand washing and other SOPs was a reminder to exercise the safe practices. Handbooks/diaries of IEC materials were shared with student, parent and teacher leaders under SRP. The follow up by the community mobilizers continued to play a catalytic role in ensuring persistent and safe practices.

The SRP team engaged on awareness campaigns among the school bus drivers and conductors to maintain the SOPs of mask wearing and disinfection of buses, which is positively reflected in midline data.

**FIGURE 4.2.4: MASK WEARING WHILE GOING TO SCHOOL AND WHILE ON BUS**

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear mask while coming to school</td>
<td>91</td>
<td>99</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>Wear a mask while on bus</td>
<td>90</td>
<td>88</td>
<td>97</td>
<td>92</td>
</tr>
</tbody>
</table>

Significance:0.000*

**Actions:**
- Adherence to SOPs must continue unless WHO /NCOC announces the pandemic to be over.
- Trained Staff must be involved in follow – up and refresher trainings.
- Proper handwashing remains an all-time need even post covid.
4.3 Hygiene Practices & Wash/Infrastructural Support-The Bonding Capital (Thematic Area-4)

4.3.1 Hand Sanitizers - Availability and Use

Hand hygiene is crucial to interrupt the transmission chain of infection. With capacity building of the target group on handwashing steps and importance of proper handwashing practices, supplemented with provision of hand washing soaps and sanitizers in all intervention schools especially at the entrance and in classrooms has been reflected in the survey data. The availability of hand sanitizer at the entrance was maintained at 100 percent compared to the baseline data. Availability of hand sanitizers in the classrooms shows a substantial increase to 95 percent from 65% reflected in baseline. On the other hand, the situation has improved on a lesser scale in the control schools with an increase from 47 percent to 63 percent. This reflects SRP has effectively utilized a window of opportunity to address the gaps regarding hand-sanitizers availability at the entrance and inside classes. Low-cost options for safety as well as safe behaviors go hand in hand for preventive healthy lifestyles both in and outside schools.

“IMSB ChakShezad, were provided with raw material for preparing the Hand Sanitizer for their school. They were oriented to preparation of hand sanitizer and raw material protection guidelines. The school with the support of their science teacher is preparing hand sanitizer for use in school for students and other staff members”.

![Figure 4.3.1: Hand-sanitizers At School Entrance And Inside/Outside Classrooms](image)

4.3.2 Handwashing Stations – Availability and Use

Availability of handwashing sinks helps students and staff to make hand hygiene part of their routine. Almost all the schools have sinks installed in toilets for washing hands and improvement has been observed in the intervention schools in particular. After the renovation and repairs work, now only 8 percent of intervention schools have at least one broken sink in comparison with the baseline where 27 percent of schools had at least one broken sink. The condition of running water, drainage and availability of soaps has also improved. Interventions were made to improve the
drainage pipes that has been reflected in the results. Installation of protective sheets between two sinks was proposed but feasibility of installing the barriers was not possible. The situation has remained static in control schools and in some cases further deteriorated.

4.3.3 Clean Toilets and Drinking Water Practice
The data reflects that knowledge of clean environment and availability of materials for cleaning the toilets has also brought a change. The data in figure 2.3 reflects 95 percent toilets in intervention schools were observed to be clean compared to 88 percent in control schools. It is pertinent to mention that situation has gradually improved as shown in midline findings compared with the baseline evidence.
The cleanliness of the drinking water areas shows significant improvement in the midline data in comparison with the baseline. This highlights better understanding of the school staff and the students to maintain cleanliness routines. Fabricated toilets were installed in nine schools.

Comments from School Principal:
After the installation of fabricated toilets and handwashing facilities in the school, enrolment in IMSG Seevera Primary School increased to 77 students (45 girls and 32 boys) from 42 students (24 girls and 18 boys), with a significant increase in the number of girls.
Observations & Recommendations

- The positive change in practices will require maintenance, for which a comprehensive plan will be required with well-defined responsibilities for resource provision and maintenance.
- The WASH facilities will also require a sustainable resource, for which ITA will be looking into possible partnerships. SMC funds must be allocated for routine maintenance and repairs.
- Close follow up and refresher messages and leadership skills will be required for maintaining behavior change among students and parents to uphold and maintain safe hygiene practices among all target groups- behaviors take long to change and be sustained.
- Reduction of perceived fear related to COVID-19 spread, is proportionately affecting the vigilance in hygiene behaviors; the continued challenge of risks needs to be reinforced.

4.4 Health Services/ Infrastructural Support- The Bridging Capital (Thematic Area-4)

The bridging capital is defined as building social networks among heterogeneous groups within a community. In case of SRP, we tried building this form of capital by facilitating cascade sessions via parents involved in Parent Vigilance Committees. These members of PVCs further disseminated information among other households of the community to create an amplified effect of information sharing and dealing with Covid Pandemic. Aldrich, for example, In the face of extraordinary events, social capital in the form of trust among community members leads to greater exchange of knowledge regarding facts, procedures, or threats to the community, which is crucial.15

4.4.1 Cascade Sessions of Parents with the Households of the Community

Following the initial trainings, a rapid roll-out was needed to ensure effective and timely COVID-19 awareness in the school population and catchment areas to encourage widespread adoption of safety measures. A cascade approach was used, starting with a train-the-trainers course involving 157 PVC members (61 men and 99 women), 256 student VC members (G:162, B: 94), and 175 School VC members (W: 104, M: 71) who were equipped and encouraged to share their newly acquired knowledge and skills with their family members, neighbors, and the general public. A very engaging tool, Yad Rakhne ki Ehm Batein, was provided to the trainers and participants to ensure that correct information was rightly grasped by the participants and disseminated further. To ensure fidelity, this booklet was designed with all of the necessary safety information for reference and reinforcement as well as some blank pages for

writing reflections and keeping track of the people to whom they shared their knowledge.

The information disseminated during these sessions were made structured in a way by asking members of PVCs to use the tool/IEC “yaad rakhne ki Aham batein” for self-monitoring so that all the messages mentioned in the booklet should have been delivered. The parents were asked to mention the venue of session, number of participants and the messages they had delivered during the sessions by marking and/or taking notes on the “yaad rakhney ki aham batein” booklet. This was further recorded by monitoring visits of social mobilizers and by capturing the photographs of sessions.

### 4.4.2 Health Services Availability in School

The baseline had reflected lack of school health services. To improve the situation locally schools were equipped with first aid items and where required isolation rooms were provided along with basic items. For availability of 24/7 health services, Sehat Kahani app. has been introduced in schools that provides online consultations through qualified doctors, maintaining the confidentiality of the patients. The early and nascent success of the availability of SK app may be attributed to the fact that one of the students’ (himself) accessed the mental health services and also took a follow-up consultation with the psychologist. This reflects the understanding and confidence of the students on tele health services. However this observation is cautioned by the fact that SK services began very late and are currently being accelerated through a motivational pathway as a new service line accessible to all at a very low cost. The midline data reflects a significant increase in health services. In addition to the telehealth services, the schools administration was more conscious of identifying a close by health facility, which also has contributed towards improved response, at the time of midline. The MoH service outreach has been remarkable for spot checks, testing and vaccines.

![Figure 4.4.1: Health Services Availability in School](image)

Realizing the importance of referrals and sharing of information during training almost 85% of the school management has the contacts of nearby health facilities compared to just 22 % at the time of baseline. This shows that efforts to strengthen bridging capital also helped in reduction of impact of pandemic by mobilizing the community resources of education sector and health sector at grass root levels.
4.4.3 Nutrition Assessment of Students
Nutrition of school children is important for mental, physical and psychological growth. Anthropometry is one of the most effective and non-invasive method for assessment of the nutritional status of school children. The measures applied to assess the health and nutrition status of the target group included: height, weight, age, gender and mid upper arm circumference (MUAC) measures in both surveys i.e., baseline and midline.

4.4.4 Anthropometric Measurements
The MUAC data of midline shows that 3 percent of adolescent females and 5 percent of adolescent male students in intervention schools fall under severely malnourished category, 26 percent of females and 30 percent of males in the intervention schools are moderately nourished, and 71 percent females and 65 percent of males are normally nourished. During the trainings the parents and students have been informed of importance of proper diet, and linkages are being made to improve the nutrition knowledge of the students.
4.4.5 Breakfast habits
Students having breakfast on the day of survey and having breakfast daily has improved from 84 to 98% in intervention schools. And from 86% to 92% among the control schools. The daily breakfast habits also reflects improvement about 10%. This shows the information provided to the students and parents regarding the importance of breakfast and nutrition has been well taken.

4.4.6 Mindfulness & Yoga Techniques
In response to the baseline information of stress and anxiety levels among students and teachers recorded at during baseline, the innovation of Mindfulness and Yoga techniques were introduced in intervention schools. These too were modified from face to face as planned to Virtual training of trainers followed by trainings of students in schools! This has been extremely well received in schools which was not expected. It reveals reduction in levels of stress and anxiety as shown in figure 4.1, whereas the levels of anxiety and stress remained higher among the control group.
Around 55 percent head-teachers/representatives in intervention schools, have found the training on mindfulness and yoga technique to be highly useful and 30 percent moderate. It depicts the effectiveness of training delivered by Idara Taleem-O-Aagahi through its SRP by developing one-time partnership with a Yoga trainer. The Yoga trainer trained 32 teacher and 10 students from the intervention schools. The training modules were distributed among the intervention schools supported by videos provided by Yoga trainer in soft copies. The purpose of investing on bridging capital is also aimed to strengthen the bonding capital by building capacity and making them self-sufficient for addressing their needs at community level. The training on mindfulness and yoga techniques was one such unique and best example being practiced under SRP in intervention schools for capacitating bonding capital enable by bridging capital.

**Observation & Recommendations**

- 80% of the intervention schools showed interest in learning the Mindfulness and Yoga techniques.
- These trainers not only practiced the techniques to release the stress among themselves and students.
- Rest of the 20% schools have also shown their interest in learning the technique.
• The mindfulness and Yoga techniques should be made part of regular school routines/timetables

4.4.5 Technological Readiness/ Infrastructural Support- The bridging Capital (Thematic Area-4)

The baseline finding of schools having internet access to principal's office and computer labs, led to the need to extend the internet out-reach across all classrooms to access new online resources proliferating in Pakistan and those being developed by the MoFE&PT. SRP provided routers to all intervention schools. The baseline indicated that most of the students knew the use of computers and android phones. The need was identified to make internet accessible across schools and make them aware of safe use of internet and educational websites, trainings were provided to students to do both.

4.4.5.1 Technological Readiness at Schools

The midline findings show that 89% control schools and 95% intervention schools have internet facilities available: an improvement from the baseline of 70% and 8% respectively.

![Internet Availability In Schools](image)

![Internet Access In Computer Labs and Offices Of Schools](image)
92 percent and 83 percent of the Principal/faculty offices of intervention and control schools do have access to internet respectively. Internet routers have been provided to the intervention schools to improve access to internet.

Use of mobile phones, tablets, and computers became a necessity during the pandemic for eLearning purposes. The data reflects that continued school closures led to increase in purchase of these electronic devices for the students.

Among the surveyed students, the know-how and access to computers/laptops and smartphones increased in midline when compared with baseline. Overall, about 73 percent students in control group and 86 percent in intervention group know how to use a computer/laptop. Similarly, 87 percent in control and 97 percent in intervention group know how to use a smartphone. COVID-19 has made it necessary for parent of school going child to own smart phone and use it for school related engagement of child. Overall, 81 percent intervention households and 66% control households own a computer, laptop or a tablet, reflecting an increase from baseline findings. Similarly, 96 percent intervention households and 44% control households have internet facility in their homes.

Under SRP, the students and teachers were given orientation trainings on internet safety, use of important links, and basic technical information to optimize use of education technology.
**Figure 4.5.4** Availability of Computer and Internet in the Household

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer/Laptop/Tablet</td>
<td>55%</td>
<td>81%</td>
</tr>
<tr>
<td>Internet</td>
<td>60%</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Figure 4.5.5:** Computer Availability in Households (Comparison for Baseline and Midline)

| Income Range          | Baseline | Midline |
|-----------------------|----------|
| Up To 16,000 PKR      | 27.8%    | 51.3%   |
| 16,000 To 25,000 PKR  | 32.6%    | 78.8%   |
| 25,000 To 49,999 PKR  | 48.3%    | 82.6%   |
| 50,000 To 74,999 PKR  | 92.3%    | 90.9%   |
| 75,000 To 99,999 PKR  | 90.0%    | 95.2%   |
| 100,000 To 149,999 PKR| 100.0%   | 100.0%  |
FIGURE 4.5.6 SMART PHONE AVAILABILITY IN HOUSEHOLDS (COMPARISON FOR BASELINE AND MIDLINE)

Baseline | Midline
---|---
UP TO 16,000 PKR | 38.2% | 39.4%
16,000 TO 25,000 PKR | 52.9% | 48.7%
25,000 - 49,999 PKR | 62.2% | 63.5%
50,000 - 74,999 PKR | 87.5% | 90.9%
75,000 - 99,999 PKR | 89.0% | 100.0%
100,000 - 149,999 PKR | 100.0% | 100.0%

FIGURE 4.5.7: SMART PHONE AVAILABILITY IN HOUSEHOLDS FOR MIDLINE (INTERVENTION AND CONTROL GROUP)

Intervention | Control
---|---
UP TO 16,000 PKR | 57.9% | 1.9%
16,000 TO 25,000 PKR | 78.4% | 22.0%
25,000 - 49,999 PKR | 83.3% | 37.8%
50,000 - 74,999 PKR | 100.0% | 86.7%
75,000 - 99,999 PKR | 100.0% | 100.0%
100,000 - 149,999 PKR | 100.0% | 100.0%

FIGURE 4.5.8 ORIENTATION ON TECHNOLOGICAL OPTIMIZATION FOR SAFE WEB SURFING AND APPS AS WELL AS ITS BENEFIT

Yes | No
---|---
Intervention | 95% | 5%
Control | 25% | 75%
Intervention | 65% | 35%
Control | 10% | 20%

oriented on technological optimization for safe web surfing and apps
orientation beneficial for students and Teachers
4.5. Additional Variables

Safe Schools Reopening pilot devised its interventions after the analysis of evidence collected during the baseline. Some of the innovative interventions were planned and executed, that were not part of the baseline questionnaire and addition variables were added to midline questionnaire.

4.5.1. Isolation quarantine Room (as part of School Health Services)
The schools that did not have space for allocating an isolation room, were provided with fabricated isolation rooms, in three schools. In two schools’ rooms were renovated to serve as isolation/quarantine rooms. The rooms were equipped with basic needs like beds and mattresses.

4.5.2 COVID-19 Vaccination
With the development of COVID-19 vaccine, this information was made part of the capacity building content as well. As at the time of baseline the vaccination query was not included. During midline it was inquired, if the teachers, non-teaching staff and Principals have received the vaccination, The status of vaccination is high amongst intervention rather than control group of schools as given in the figure.

![FIGURE 4.6.2. RECEIVED COVID-19 VACCINE](chart)

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>Intervention</th>
<th>Control</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal</td>
<td>95%</td>
<td>45%</td>
<td>85%</td>
<td>60%</td>
<td>90%</td>
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<td>Teaching Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-teaching Staff</td>
<td></td>
<td></td>
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4.5.3 Orientation Training on COVID-19 Vaccination
As per midline survey findings, SRP conducted training/orientation on COVID-19 as 85 percent head-teachers/representatives confirmed this input.
4.5.4 Additional Activities to Promote learning:
84 books on interactive learning for grades 1-5 developed by ITA in the Pakistan Literacy Project approved by PCTB and FDE were shared in all primary schools/sections of SRP schools and Gogi books donated by Nigar Nazar the famous author/cartoonist were distributed to the school libraries to facilitate the reading habits in primary/elementary and secondary level schools, respectively.
School campaigns have included celebration of global days such as International Literacy Day, World Teachers’ Day, International Day of the Girl Child, Child Rights Day etc. These activities enabled the strengthening of bonding and bridging capital in the intervention areas and have positive impacts on safe school environment.
7. Conclusion and Next Steps

During the implementation of SRP, the national and global community has remained active and anxious factoring in evidence on learning and enrolment losses as well as social emotional wellbeing emerging from multiple studies; these have cumulatively informed the recently released report by the World Bank, Unicef and UNESCO (2021). The multilateral agency report and response mandated by the Mission Recovering Education 2021 framed the challenge boldly.

“The COVID-19 pandemic has caused abrupt and profound changes around the world. This is the worst shock to education systems... with the longest school closures combined with looming recession. It will set back progress made on global development goals, particularly those focused on education. The economic crises within countries and globally will likely lead to fiscal austerity, increases in poverty, and fewer resources available for investments in public services from both domestic expenditure and development aid.... Disruptions to education systems over the past year have already driven substantial losses and inequalities in learning. …Even more concerning, many children, particularly girls, may not return to school even when schools reopen.

School closures and the resulting disruptions to school participation and learning are projected to amount to losses valued at $10 trillion in terms of affected children’s future earnings. Schools also play a critical role around the world in ensuring the delivery of essential health services and nutritious meals, protection, and psycho-social support. Thus, school closures have also imperiled children’s overall wellbeing and development, not just their learning. It’s not enough for schools to simply reopen their doors after COVID-19. Students will need tailored and sustained support to help them readjust and catch-up after the pandemic. We must help schools prepare to provide that support and meet the enormous challenges of the months ahead. The time to act is now; the future of an entire generation is at stake”

The short action document has stated the Mission Objective and Three priority action areas that are relevant to some of SRP interventions; these are reproduced below

**Mission objective**: To enable all children to return to school and to a supportive learning environment, which also addresses their health and psychosocial well-being and other needs.

**Priorities**

1. All children and youth are back in school and receive the tailored services needed to meet their learning, health, psychosocial wellbeing, and other needs.

2. All children receive support to catch up on lost learning.

3. All teachers are prepared and supported to address learning losses among their students and to incorporate digital technology into their teaching (including vaccinations)

It is priority area one that is most relevant to SRP as an intervention based on NPIs on health (including psycho social well-being), SOPs and other needs and with potential to scale up. We reproduce the elaboration below:
1. All children and youth are back in school and receive the tailored services needed to meet their learning, health, psychosocial wellbeing, and other needs.

Challenges: School closures have put children’s learning, nutrition, mental health, and overall development at risk. Closed schools also make screening and delivery for child protection services more difficult. Some students, particularly girls, are at risk of never returning to school.

Areas of action: The Partners will support the design and implementation of school reopening strategies that include comprehensive services to support children’s education, health, psycho-social wellbeing, and other needs.

Targets and indicators

<table>
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<tr>
<th>Target</th>
<th>Indicator</th>
<th>Data source</th>
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| Enrolment is back to pre-COVID levels.           | Enrolment rates for each level of school return to pre-COVID level, disaggregated by gender. | UIS SDG 4.4  
UIS Survey on Monitoring Impact on Main Education Data Aggregates (MIMEA) |
| All schools provide comprehensive services to recover learning losses and to promote wellbeing. | Proportion of schools providing any services to meet children’s health and psychosocial needs, by level of education. | Global Education Recovery Tracker or UNESCO-UNICEF-World Bank Survey on National Education Responses to COVID-19 School Closures |

Thus, mindful of the global and local evidence based efforts on ‘safe schools continued opening’, the midline report and its results need to be viewed within this framework for the five dimensions adhering to “schools providing comprehensive services to recover learning losses and to promote well-being”.

SRP informed by baseline and midline evidence devised a five-dimensional implementation strategy that rolled out with the following sequence, upholding the principal of **Community First for Investing in Social Capital for Safe Schools!**
As the education institutions continue to shoulder the burden of lost and disrupted academic activities, it is challenging for them to spare time for preventive health initiatives, that are basic for mental, emotional and physical health. The much-needed behaviour change can be expected to be sustained with close mentorship and follow-up, blended with partnerships, and above all both bureaucratic enabling and political commitment.

The Midline report findings will further inform the SMAPs, aligned to the roles and responsibilities of all key stakeholders together with safe behaviours in well-managed schools and communities. These are new areas of system engagement for FDE & MoFE&PT, viz.

a) Safe schools mean safe and adequate functional facilities,
b) Schools as communities of practice with all stakeholders including students and parents, and
c) Schools connected to health and protection services and open to partnerships for resilience and sustainability.

Such a shift would be a new model for schools conceived and operating as ‘open’ vs. ‘closed institutions’ to bridge the traditional notion of the home-school divide.

Finally, there is an urgency to revisit facility standards in all schools as advised by the Ministry NHSRC guidelines for education institutions, well endorsed by the MoFE&PT to meet current and future health/hygiene challenges and above all for children/parents, teachers and non-teaching staff to feel safe and learn well in their schools.

SRP a short and modest NPI can claim positive outcomes due to its investment in human and social capital creation, providing customized and caring attention to schools at a time when these attributes mean a great deal. It is important to acknowledge the Govt. of Pakistan’s large scale ongoing efforts as illustrated by the NCOC, MoF&PT mobilization on continuity of learning, offsetting learning losses, EdTech initiatives through schools based partnerships, electronic media, school safety and Ehsaas for social protection. It is imperative to note and acknowledge
the responsiveness of the Government of Pakistan MoNHSRC and facilitation by MoFE&PT to ensure that health services have reached all schools in a timely manner, be it COVID testing, SOPs and vaccines for teachers and students.

**Final Phase of SRP (Jan-March 2022)**

As the final stage for SRP commences to its conclusion in March 2022, the end line survey is planned in last week of January/first week of February 2022.

Given the objective of the project the coming weeks will be a focus on a framework and approach agreed to complete all interventions and documentation for a fully costed scalable program. This will include the uptake on Sehat Kahani app to be documented and reflected in the endline report (February 2022)

The videos /documentary have been prepared for social media and electronic media /websites dissemination. These will be rolled out from January to March 2022 at the Knowledge Sharing event to be held in first week of March 2022.

For the final short phase of SRP it is vital for all partners (ITA, FDE, MoFE&PT, MoNHSRC and JICA) to support linkages and scaling up on what has worked well and promoting health services to all schools as a survival and development right.

8. Recommendations for Actions by Partners Post Midline Findings

**ITA**

- Create vital linkages with line departments and where possible with corporate sector (UNILEVER) for continued availability of hand washing & disinfection materials.
- Digital learning identified as a critical need with better access to internet within schools (Classrooms), however there is also a need to develop links with telecom companies for ensuring availability of internet connections in schools, and in areas of low coverage for ensuring hybrid learning in case of any pandemic in future.
- Considering the slogan “Adapt to Adopt” closer follow-ups with the target groups and communities for adapting safe practices.
- Change in cleanliness/behaviors requires further inputs at the target, VC levels.
- Strengthen the linkage with organizations working on nutrition and mental health services who can continue to work with FDE schools. ITA should create an Essential Directory of Services for FDE Schools
- Develop linkages for ensuring continued and strengthened school health service programs.

**Intervention Schools**

- Maintain the inventory of trained teaching and non-teaching staff and update dispersion at regular intervals to help analyze the current capabilities and capacities and future requirements to better combat the epidemics and disasters.
• Head Teachers to actively engage with SVCs in continuity as an extension of the currently not so strong SMC. They need FDE/MoFE&PT re-assurance on the expanded engagement with their social capital.
• Make an active Directory of Essential Services for Safe Schools that can be used as and when needed (with support from FDE).

Federal Directorate of Education

• Explore with FDE & MoFE&PT for institutionalization of Vigilance Committees (Parents/community, Students and Teachers) for COVID as part of SMCs, forums that can reflect students’ voice for their schools safety. SMCs strengthened with clear TORs and regular budgets for school safety measures
• Make S-MAPs a part of the SMC school improvement and safety plans. FDE must take full ownership and ITA can provide technical support when needed in the coming weeks. Furthermore, it should be ensured that school risk mapping and mitigation action planning in appropriate forms are uploaded on to the education management information system (EMIS). This will help track the identified priorities of the respective institution, available resources and to further encourage sector partners and communities to design public private partnerships to bridge the gaps.
• MoFE&PT to provide support to the above including resources directed to SMCs for safe schools through NPIs – and upholding of Article 25 A in the federal areas.

MoNHSR&C

• The integration of health and education for the revival of equitable and comprehensive health services, availability of facility based or outreach staff for health education and emergency handling and to include the nutrition and mental health part of teachers training. The Ministry can also look into the telehealth options for health services to ALL in schools, these are already being tested elsewhere in Pakistan through Sehat Kahani as its core partner.

JICA

• Support must be extended to 100 education institutions matched by 100 additional schools by the MoFE&PT for

  o a) minor corrective actions in the form of NPIs fund to maintain the existing WASH & infrastructural facilities and support 100 schools for bathroom sinks /WASH facilities matched by MoFE&PT,
  o b) strengthening of Vigilance Committees and SMAPs within a systems framework as mandated by the ICT Free & Compulsory Education Act 2012 and
  o c) Support psychosocial wellbeing with life-skills and
  o d) Accelerated learning to those most at risk for dropping out of schools especially girls and the most vulnerable students.
Annexure:

Annex-1: Research Methodology
Annex-2: SRP Data in relation to Null Hypothesis & Research Questions
Annex-3: Project Indicators
Annex-4: School Wise Cost of NPIs
Annex-5: Survey Tools
Annex-6: List of IEC Materials for SRP
[link]

Bibliography (TBC)


