Safe School Reopening Pilot Project

End line Report
Final Draft

March 2022
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I- 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 learning losses, anxiety and depression. These trends continue unabated, 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 elaborate Standard Operating Procedures (SOPs) /Health Guidelines for Education Institutions Reopening by the Ministry of National Health Services Regulations and Coordination (MoNHSRC)\(^1\) enforced for the safety of students, teachers, non-teaching staff and parents/guardians. In May 2020 MoE&PT formulated a resilience plan for schools prioritizing: 1) continuation of learning, 2) system strengthening, and 3) addressing health (physical and psychosocial), hygiene and safety.\(^2\) Despite operating on rotation at 50 percent daily attendance with shorter days and staggered routines, the atmosphere was of profound uncertainty and lack of safety in schools during COVID-19. 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 schools re-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 has been implemented by Idara-e-Taleem-o-Agahi (ITA), or the “Centre of Education and Consciousness” Public Trust, a civil society organization working on action and policy research, service-delivery, capacity building 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)\(^3\).

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 safe practices through which hygiene, social distancing, and immunity boosting knowledge can be incorporated in daily routines at schools and in homes as NPIs for sustained behavior change.

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

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1 Available at: https://covid.gov.pk/new_guidelines/10September2020_20200909_Health_Guidelines_for_Education_Institutions_Reopening_during_COVID_19_Pandemic_3603.pdf

2 Available at: http://mofept.gov.pk/SiteImage/Misc/files/0_%20NERRP%20COVID-19%20MoFEPT%205%20May%202020%20Ver%20001.pdf

3 The project has been extended to March 2022 due to intermittent school closures/opening
Safe School Reopening pilot (SRP) was initiated “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 aim of the pilot was prevention of health and educational losses due to the pandemic through safe school practices. The pilot was launched in September 2020, and the government announced phase wise reopening of schools.

SRP was conceived and designed for non-pharmaceutical interventions (NPIs), leading to the strategy of comprehensive “human engagement” across the categories of “bonding linking and bridging” social capital⁴. SRP design is rigorously embedded within an evidence based approach generated by the baseline conducted in October-November 2020, rendering a five dimensional framework for action; the five dimensions were subsequently merged into four pillars.

The interventions were designed the principles of scaling up through a holistic logic at systems level with room for innovations, modest resource availability and improvement in organizational capacity. The strategy was designed ensuring WHO guidelines, pivoting in positive community engagement as an integral part of sustainable school functioning and resilience. The interventions had to be flexible to adapt and respond to the disruptive environment of the COVID-19 pandemic.

The End-line survey/report built on the finding of midline (Sept-Oct. 2021) reveals the following results after interventions were implemented during intermittent school opening from January to December 2021. It is important to state at the outset that during the intervention period three phases of school closures and opening were encountered. The schools had two types of closures, a) from the government centrally announced by the National Command and Operation Centre (NCCOC) as an integral part of sustainable school functioning during the pandemic through safe school practices.

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Key findings generated under the re-grouped four thematic areas is shared below taking into account the key dimension of Community/Stakeholder mobilization resulting in the creation of social capital to make Schools Safe and resilient.

1) SMCs and Vigilance Committee

To fill the gap of inactive SMCs (88%) identified at the time of base line, including lack of students’ voice for the safety of their schools, the Vigilance Committees (VCs) have been formed in each school given in the design of SRP. The VCs 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 FDE and school administration viz, 1) Student Vigilance Committees (SVC); School Vigilance Committees (SVC) comprising of Teaching and Nonteaching staff and 3) Parents Vigilance Committees (PVC).

Almost all of students know about all three type of vigilance committees (VCs).

Mobilization of critical carers/stakeholders and their voice is not always valued in public and private schools, and hence this pillar for ‘social capital’ is vital in SRP. The vigilance committees (VCs) provided an effective anchor for generating social capital.
As a result of formation of SVCs/PVCs, together with needs assessed in baseline data, the School Mitigation Action Plans (S-MAPs) were developed by stakeholders based on the customized findings from the baseline survey of each school.

The SMAP thus developed consultatively was boldly displayed with intervention actions and targets in respective schools. In 95% of schools S-MAP was observed and is well displayed in public view and 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 and sustained at endline survey. The school staff, parents and students found the trainings highly effective in creating awareness and following Covid SOPs.

The evidence further highlights SOPs routines followed amongst students has improved significantly in intervention schools compared with control schools. Almost 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 teachers, students and non-teaching staff in control schools (48%-61%)
The end line results compared with mid line also reflect the positive trends after repeated capacity building and awareness raising sessions among intervention schools’ stakeholders. Trends of continuous public messaging nationwide to follow SOPs on cell phones and media for all schools and their communities were important influencers for all institutions during this period. VCs actions illustrate well bonding and bridging outreach capital formation within and across groups.

3) Provision of IEC materials

SRP developed IEC materials on SOPs, together with key messages and reflection diaries for VCs that have been well received; the qualitative reflection notes substantiate this trend.

The effectiveness of IEC materials was very high in implementing Covid SOPs as they served as continuous reminder to follow SOPs and helped in implementation of the SRP mandate to make school environment safer from Covid. Videos made for SRP (3) reinforce positive efforts and behaviors

4) Infrastructural Functionality & Support

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5 https://itacec.org/srp/Communications.php
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. The condition of running water, drainage and availability of soaps has also improved. The improvement indicates the readiness of schools for practicing safety and access to handwashing facilities for the students. However, the situation has been declining in control schools. Toilets in intervention schools were observed to be clean compared to control schools. It may be noted that public sector spending on missing facilities was minimal during this period.

Health Services

The midline and end-line 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, reflected in improved response, at the time of end-line.

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 was still in its early stages of implementation even at the time of end-line holding immense potential.

Mindfulness & Yoga

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 were modified from face to face as planned to Virtual training of trainers (ToT) and trainings of students. This innovative practice has been extremely well received in schools (70%), both girls and boys and by students and faculty alike adopted beyond expectations. This simple and popular practice can be scaled up across all FDE schools.

Technological Readiness- bridging the digital divide

The end-line findings show that 71% control schools as compared to 84% at time of baseline had internet facilities. In contrast, 95% intervention schools have internet facilities available: an improvement from the baseline of 70%.

Internet routers were 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. 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.

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 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 intervention schools were able to slightly increase and sustain enrolment in these complex times. The Endline 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. The percentage of school closure has decreased at End-line in intervention schools as compared to control schools.

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, [https://itacec.org/srp/video_gallery.php](https://itacec.org/srp/video_gallery.php) 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 efforts coordinated by the NCO and 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.

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. The toolkits and costing for each intervention is available for MoE&PT/FDE.
### 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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<td>Covid-19</td>
<td>Coronavirus</td>
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<td>FDE</td>
<td>Federal Directorate of Education</td>
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<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>
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<td>MoFE&amp;PT</td>
<td>Ministry of Federal Education &amp; Professional Training</td>
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<td>MoNHSR&amp;C</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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<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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III- Acknowledgements

For the Midline data collection and preparation of the Midline report of the Safe-School Reopening Pilot (SRP), efforts of All the team members and support organizations are profoundly acknowledged.

We are grateful for timely support from the following:

**Ministry of Federal Education and Professional Training**, and in particular
Mr. Waseem Ajmal Chaudhary Joint Secretary (IC), Mr. Saqib Farooq; Ms. Saba Saleeme

**Federal Directorate of Education** as the lead partner
Ms Saadia Adnan, Director Academics, Mr. Anjum Zaheer (Director Schools & focal person for SRP), Ms. Nazmeen Sohail (AEO Sihala), Mr. Mohammad Aftab Tariq (AEO Urban-I), Ms. Saira Amjad (AEO Urban-II), Mr. Sohail Khan (AEO Barakahu), Mr. Mohammad Riaz (AEO Nilore), Dr. Mohammad Ehsan (AEO Tarnaul) who remained prompt and on task in providing access, sharing key documents and enabling efficient data collection.

**School Teams of the FDE**
All the Head Teachers/Principals, Teachers, Non-Teaching Staff, Students, Parents and Community members who participated in the survey are profoundly acknowledged, as without their cooperation the data collection could not have been possible.

**JICA Team**
Ms. Nazia Seher, Senior Programme Manager / Education, Gender, Environment & Climate Change, and Ms. Yuko Kono Representation, Education, Gender, Environment & Climate Change for providing feedback, timely guidance on best practices and sharing global knowledge documents on ‘safe school reopening’ and SOPs

*ITA is grateful to JICA and MoFE&PT for reposing trust in ITA for the SRP pilot.*
Efforts of the field enumerators are gratefully acknowledged. The untiring efforts of SRP-ITA team members including Waqas Imran, Waqas Bajwa, Abida Umar, Nafees Ahmed, Atiya Fehmi, Ijaz Shirazi, with special thanks to Mr. Irfan for continuous provision of support and logistics to the survey team. We are grateful for the timely technical guidance of Baela Raza Jamil, Dr. Munazza Haris, Dr. Umer Farooq, Mr. Abo-ul-Hassan for data entry & analysis and Sahar Saeed to the teams at all times for the midline survey and the report compilation.
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-19.6Though 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 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.7 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 case detection, 2: the enrollment of school must be maintained or increased, 3: the main stakeholders i.e. Students, 6UNICEF (2020) Education and COVID-19 https://data.unicef.org/topic/education/covid-19/

Teachers and Parents 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). The school should have enough supplies of Protective and Preventive Equipment (PPE) and infrastructural support.

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.

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 human capital using the other non-human NPIs, this generating social capital. The Social Capital Theoretical framework informed NPIs in best way possible on how to shape behavior at three different levels to build resilient communities. For example, Coleman argued that generation of human capital can be expressed through the creation of cultures of obligation or expected reciprocity (in case of SRP its Vigilance committees), enhanced community-based information channels (cascade session held by PVCs during SRP), 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.8

**Bonding, bridging, and linking capital describe three sub-types of social capital** that are particularly present 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)8. 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) Formation of Vigilance Committees  
2) Trainings on COVID-19 SOPs, Mindfulness, Use of technology  
3) IEC Materials  
4) Infrastructural Support

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SRP Pilot Endline Report
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 safe schools. 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 by introducing NPIs of training, IEC materials and infrastructural support. 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.  

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 Vigilance Committees

The formation of vigilance committees was followed by “back to school campaign”. The SRP team explained roles and responsibilities of Vigilance Committees and what impact they will create for making schools safe from Covid. The participants from back to school campaign then volunteered to be included in the vigilance committees as members and a focal person was also nominated from each school who will be responsible for coordinating all the activities of vigilance committees. There were three types of vigilance committees, School Vigilance Committees (comprising of teaching and non-teaching staff), Student Vigilance Committees, and Parent Vigilance Committees. The head teacher/principal then sent the list of nominated/volunteered participants and ITA shared those lists with FDE for notification of endorsement.

Organogram of Vigilance Committees

**Students Vigilance Committee:** the committee comprised of two active, willing young representatives from each grade. A total of 256(B: 94, G: 162) are members of these committees.

**School Vigilance Committee:** Teachers and non-teaching staff lead by principal. They were mainly nominated by school administrations as Focal Points for COVID 19 to whom school and community will inform/ report COVID-19 symptoms and potential exposures. They perceived their current role as being strategic for the implementation and compliance of SOPs in their institutions. A total of 175(M: 71, F: 104) are members of these committees.

**Parents Vigilance Committee:** A total of 128 Parents (Males: 56, Females: 72) of students and community volunteers are part of this structure.

**Back to School Campaign**

The campaign had started on 27th September, 2020 after the first wave of Covid pandemic and relaxation of lockdown. The main purpose of campaign was to mobilize, students, teachers, school administration, parents, volunteers, and local community for motivation & interest 'safe school practices' during the COVID-19 school resumption phase. The campaign’s focus was:

- To observe through a child friendly activity, the behaviour and routine practices of key stakeholders at school and community with respect to COVID19 safety SOPs
- To emphasize the importance of continuing learning at school with safety, as students may dropout or be irregular with parental anxiety, economic stress, other negative circumstances due to COVID-19
- To handle, how this risk can be anticipated and mitigated through public health oversight.
To engage in new roles, norms, behavior and coordination mechanisms as per SOPs to be adopted by all stakeholders

The ultimate goal of the campaign was to win confidence and mobilize groups of students, parents and teachers in 20 schools for safe practices through an effective risk mitigation plan. Duration of the campaign was from 2-3 days. The campaign was divided in two phases. Phase I comprised of two consecutive days observational assessment, community walks to meet parents/influencers and mobilization activities. Phase II comprised with additional 3 days of systematic engagement for the making of the School Vigilance Committees (SVCs) with sub-groups of Students; Teachers and Parents/community members. The SVCs were trained on School Mitigation Action Plan (SMAP) with positive learning behaviours and practical skills to minimize the risks of disease spread.

This was through this campaign that some very important observations regarding school infrastructure, general practices regarding health behaviours and health services were made.

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 bringing 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. Upon asking students on the satisfaction level of school cleanliness, the intervention schools shown gradual increase in satisfaction level however the satisfaction level in control schools deteriorated from baseline to end-line.
1.1.2 Infrastructural Support – Hygiene Practices

The implementation of this NPI 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 base line 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

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 Infrastructural Support- Health Services
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 sehat kahani app in schools and related communities was initiated with considerable delay; it is under implementation. 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.

1.2.3 Infrastructural Support- Technological Readiness

COVID-19 led to accelerated distance learning and hybrid Ed-Tech 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 provided internet routers to the intervention schools for accessing Sehat Kahani App. Students and teachers also use the internet facility provided by SRP for online learning as well.

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.

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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 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 Delayed Implementation due to lock downs

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. 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:

---


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
School Closures/Lock Down March 2020- September 2021

<table>
<thead>
<tr>
<th>Period Schools closed</th>
<th>Period Schools remained opened</th>
<th># Days schools remained opened @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 Time Limitation and gradual process of Behavior Change

Due to the lock downs, alternate day schooling and schools closures due to Covid case detection, the SRP pilot implementation for one year was a very limited time. The behavior change is a gradual process and it requires more time and in-person interaction on regular basis to create an impact in KAP of any community. SRP team though with continuous monitoring and rapid dissemination of information through its innovative implementation design tried to create optimized impact. Still the challenge of time limitation cannot be ignored and should be accounted for the gaps and challenges in implementation.
2- Methodology

The End line assessment was conducted following the same methodology of Quasi Experimental research design as used for the Baseline and mid line assessment. Although the survey instruments were same as those used for baseline and midline 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.

2.1 Schools and Parents Profile

2.1.1 Characteristics and demographics of Schools

The intervention schools were 20 in number out of which 8 were boys 10 were girls and 2 were co-ed. In control arm, 6 were boys, 10 were girls and 4 were Co-Ed. Total number of schools survey in end-line were 40.

<table>
<thead>
<tr>
<th>Category Surveyed</th>
<th>Boys</th>
<th>Girls</th>
<th>Co-Education</th>
<th>Total Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>8</td>
<td>10</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Control</td>
<td>6</td>
<td>10</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>20</strong></td>
<td><strong>6</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

*Table 2.1: Type of Schools Surveyed*

This table show the details of type and number of respondents outreached in End-line survey.

<table>
<thead>
<tr>
<th>Category Surveyed</th>
<th>Intervention</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>20</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Head Teachers</td>
<td>20</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Teachers</td>
<td>56</td>
<td>41</td>
<td>97</td>
</tr>
<tr>
<td>Students</td>
<td>758</td>
<td>786</td>
<td>1544</td>
</tr>
<tr>
<td>Parents</td>
<td>220</td>
<td>200</td>
<td>420</td>
</tr>
</tbody>
</table>

*Table 2.2: Coverage for End-line Survey: Schools-Stakeholders*

Complying with the government’s policy, the alternate days of schools had been reduced both in intervention and control schools.
2.1.2 Parent’s Education

A slight change is reflected in education of parents (both father and mother), as there have been new admissions, and the data from end-line reflects varied educational levels of parents in comparison to mid-line and baseline data.

![Figure 2.3: Alternate day Schooling](image)

![Figure 3.1a: Fathers’ Education](image)
2.1.3 Gender-Wise Distribution of Teachers and Students:

Gender wise distribution among the teachers and students from the schools surveyed reflects approximately 10% decrease in number of female teachers and students, and same percentage increase in male teachers and students from the mid line figures in intervention schools.
3. FINDINGS AND DISCUSSION

The End line survey findings are presented under the four thematic areas.

3.1 Formation of 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.\(^\text{13}\) 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. The performance of vigilance committees in ensuring people SOPs was very effective and beneficial. The following graph show the effectiveness of vigilance committees. The school reported that vigilance committees were 100% effective in ensuring SOPs within schools.

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Figure 3.2.2: Student Gender Distribution
During our end-line survey, when we asked about the effectiveness and impact of vigilance committees from principals’ and teachers’, their response was that vigilance committees were highly effective in building strong communication skills, helping in implementation of Covid SOPs, increasing awareness of Covid SOPs, helping in making masks and continuous guidance and monitoring. One of the teacher response was

"VCs are very good for students it has provided them new ideas and motivation to follow SOPs” (Teacher 01 of School 20)

"VC is very helpful as it not only ensured distribution of masks, hand sanitizers and gloves but also steering variety of educational activities for better learning and ensuring that no child becomes ill in the school” (Principal of School 04).

“This committee has increased awareness among students, parents and community. It has also helped to enhance awareness on Covid precautionary measures in public places” (Principal of School 01)

The chart below shows the Principals’ and Teachers’ response stating role of vigilance committees and impact of vigilance committees.
3.1.1 School Governance and School Management Committees
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.

3.1.2 School Vigilance Committees

School vigilance committees comprised of teachers and non-teaching staff lead by principal. They were mainly nominated by school administrations as Focal Points for COVID 19 to whom school and community will inform/report COVID-19 symptoms and potential exposures. They perceived their current role as being strategic for the implementation and compliance of SOPs in their institutions. A total of 175 (Male: 71, Female: 104) are members of these committees.
The End-line survey shows that the teachers who were still part of vigilance committees and who were not part, both showed willingness to be part of the committee and also they are very much willing to be part of action planning committee. They were of the view that as the school vigilance committees were effective and their purpose was to facilitate the school administration so the staff should be included in action planning and they should be linked with the institutions for better functionality.

“It needs to remain activated and kept working. To keep it continuing we need a proper shape and standing from the department. Other institutions working on schools can also be linked with it “(Principal of School 04)

The approach of formation of School vigilance committees was dynamic, it has strengthen and reduce gaps in coordination at all levels, ensured implementation of infection prevention and control and mobilized community for control of the pandemic.

3.1.3 Student Vigilance Committees
Community engagement in form of student vigilance committees had been beneficial for follow up on safe practices against COVID. The continuous vigilance on SOPs by student within school had given positive results.

The End-line survey shown the implementation trends of following SOPs within schools. There is a significant increase of following SOPs in intervention school as compared to control schools. This difference can clearly be explained by presence of vigilance committees and the role they were performing in implementation of SOPs.
One of the principal shared views on performance of School and Student vigilance committees as "SRP helped students through formation of these committees to follow SOPs as well as facilitated provision of awareness to their parents so that SOPs can also be implemented in houses" (Principal of school 02).

The end line data shows that more student are willing to be part of student vigilance committees pertaining to the importance and impact the committee has created within schools regarding Covid.

**School Mitigation Action Planning- A Case Study**

School specific Risk Assessment and Mitigation & Action Planning for COVID-19 is a core component for safe school reopening and designed for one year duration. The overall goal of this exercise is to prepare school population to protect themselves and maintain safe school operations during COVID-19 pandemic by practicing and promoting preventive behaviors within schools and beyond.

*Process of developing SMAP*
It is recognized that each school premises is different, face different issues and challenges and have different capabilities to manage the risk of coronavirus (COVID-19). Considering this factor highly consultative and stepped process was adopted to analyze the school safety needs.

1. 3 different committees were formed (School Vigilance Committee, Student Vigilance Committee, Parent Vigilance Committee) with 599 members

2. 37 orientation session of VC members on COVID-19, Risk & hazard identification, & action planning was organized. Sharing of report cards (the primary information collected from school populations and observational insights provided the basis for discussions)

3. Conducted consultative meetings with Vigilance Committees for participatory risk analyses and mitigation action planning and consolidated

The SMAP was found highly effective for keeping track of activities and school specific planning of risk mitigation strategies keeping guiding principles in focus.
The three guiding principles highlighted in the diagram below informed and led the development of SMAPs in all target schools.

**Integrated and Coordinated Approach**
Address holistic WASH, school health/ NPI and protection needs; catalyze cooperation between teachers, school administration, families, communities and health staff and

**Prioritize Leadership**
Recognize the role of children as change agents and teachers as role model

**All inclusive**
leave no one behind through targeted measures for the poorest and marginalized

The SMAP helped the vigilance committees to keep a track of important things which were usually ignored in routine practices, it also helped to serve as a reminder of following of Covid SOPs and to serve as a self-monitoring tools for vigilance committee members.

**Reasons of Effectiveness of SMAP**

- 64% helped in identifying gaps
- 18.5% reminder for monitoring progress
- 17.5% list down activities related to SOPs

One of the principal responded during end-line survey that:
"It is a regular reminder to reflect on our progress and identifying Gaps of the progress of school management especially with regard to pandemic" (Principal of School 06).

Another representative from school shared feedback on SMAP as:

"It helped to list down activities, promote self-check as well as accountability in relevance with SOPs" (Representative of School 23).

The purpose of the SMAP was to help the members of vigilance committees to identify risks, mitigation planning and facilitate the implementation of planning. One of the school representative endorsed the effectives of SMAP as:

"It has helped raising awareness regarding SOPs and facilitated implementation of plans" (Representative of School 01).

The link of SMAP is mentioned here to visually see the process and how it facilitated the vigilance committee members.

3.1.4 Parents vigilance committees
The parent’s vigilance committees were also formed and were trained on Covid SOPs. The percentage of parents receiving training on Covid SOPs is far much higher than the percentage of parents receiving any kind of training in control schools.

![Parents received any training on SOPs for COVID-19](image)
The role of Parent vigilance committees was not only to receive training but also facilitate school management to make the environment safer so parents often visited the schools to see if the Covid SOPs are being followed there or not. The parent’s visits in intervention schools were much greater than in control schools due to formation of PVC and a mutual understanding to roles and responsibilities of Parents as support for school management.

Parents were satisfied with the SOPs being followed intervention schools. There was 97% satisfaction level of parents with intervention schools that the SOPs are being followed and health practices are being adopted with the intervention schools. On other hand, 49 percent of total of parents’ sample were satisfied with the adoption of safety measures in control schools.
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 rakhe ki aham batein” booklet. This was further recorded by monitoring visits of social mobilizers and by capturing the photographs of sessions.

![Image](image-url)
3.2 Trainings on COVID-19 SOPs, Mindfulness, Use of technology-The Bonding Capital (Thematic Area-2)

3.2.1 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 mid-line and end-line 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 head teacher’s response during end-line survey while giving feedback on trainings given under SRP was

"SRP has put in tremendous and effective efforts in ensuring that we are properly trained regarding COVID-19 SOPs including wearing masks, sanitizing hands and provision of all essential material, helped a lot in taking precautionary measures" (Principal of School 01)
The trainings given to teachers, students and non-teaching staff were also well received. All the participants showed 100% attendance during these trainings.

One of the teacher response in End-line was

"The different trainings from SRP are more effective to make school safe from COVID-19" (Teacher 02 of School 02)

During the end-line survey, all the teachers, students and parents strongly suggested the need of refresher trainings. The social mobilizers use to refresh the knowledge being disseminated during the trainings among all the school staff and students. This was really appreciated by the school staff and students.

"It refreshed the knowledge and new developments as well as prevailing situation of COVID-19 hence helped in coping with needed actions and strategies to mitigate effects of COVID-19" (Principal of School 06).

The impact of training on Covid SOPs has resulted in following of SOPs in intervention schools rigorously as compare to control schools. Students wear mask more frequently in intervention schools then in control schools.
Similarly students were continuously being told to sneeze or cough according to Covid SOPs. The vigilance committee members disseminated this information and continuously reminded all students, teachers and non-teaching staff members to correct way of sneezing. In contrast to intervention schools. The percentage of following this SOP was far much lesser at end-line despite the repeated reminders of Government media messages, print and electronic media and reminders played on telephone calls, still a continuous reminder in for of in person vigilance was the need of time which was present in intervention schools but not in control schools.
3.2.2 COVID-19 Testing and its trends

There is a significant increase in Covid testing within intervention schools from baseline to mid-line and the trend is being maintained at 95% till the end-line survey. However, in control schools the practice of Covid testing is 77% only, 18% lesser than intervention school. As there were other organizations working on creating awareness and strict Government policies for Covid testing, hence control school also showed this percent of Covid testing though it’s still lesser than intervention school.

The higher percentage of Covid testing in intervention schools is basically the advocacy of the Vigilance committee members with the relevant departments of getting their staff and schools tested for case detection. The vigilance committee members were advocating for the frequent testing in the schools in intervention schools whereas in control schools due to absence of vigilance committees the percentage of testing is far much lesser.

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

The following is the detailed data of comparison of Covid testing in intervention and control schools per respondent type. There is a clear and significant increase at End-line in intervention schools within all respondent categories. On other hand, there is a decrease in Covid testing at individual level in control schools. So if the Government policies were still implemented for Covid testing, then control schools must not have shown this decrease in Covid testing. This explains that active vigilance committees, trainings and provision of IEC materials in intervention schools by SRP has facilitated the behavior change of the respondents in intervention schools.
3.2.3 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. The end-line survey showed that yoga and mindfulness was highly effective. This contributed in healthy behavior patterns within students and improved their mental health. Not a single respondent reported that it was not effective.

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.
Case Study of Mindfulness and Yoga Techniques

The Yoga trainer trained 32 teachers 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.

An online training of trainers was organized in 2nd week of May - a group of 32 master trainers from each school and 10 students were trained for roll-out at school level

Training Roll-Out (Face-to-Face) by Master Trainers at School Level
3-5 students from each school Vigilance Committee participated in these trainings

Master trainers and trained SVC member replicated these trainings with students and teachers on regular bases at least one session in a week - June - August, 2021

Upon asking the principals and teachers about yoga and mindfulness techniques, the response from teachers and principals was as follows:

"Both are very useful and must be a mandatory part of school activities, these have helped students to get physically active and mentally focused" (Principal of School 20).
One of the principals responded:

"Mindfulness techniques is very useful, it refreshes students' mental health" (Principal of School 02).

Another principal shared views on mindfulness techniques and its continuation as

“"It is very important and proved to be helpful in keeping us physically fit and keeps us away from mental stress, it should be continued" (Principal of School 12)

The mindfulness and Yoga technique can and should be made part of routine school services. A yoga trainer can be hired one time and school focal person for vigilance committees can nominate two members from each vigilance committees for master trainers. The Yoga trainer can train those master trainers and share modules with them. Those master trainers can then train the rest of the students and staff members on those mindfulness techniques. This can be incorporated within the existing system of Physical training Classes of existing curriculum of the FDE for its schools.

These are some of the images from schools who made the yoga and mindfulness trainings as part of their PT classes.

3.3 Provision of IEC Materials
SRP team has provided following list of IEC materials to intervention schools.

<table>
<thead>
<tr>
<th>IEC material for schools &amp; communities</th>
<th>Content</th>
<th>Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll-up Pana flex</td>
<td>SRP, govt, ITA logos and tagline</td>
<td><img src="image" alt="Image of roll-up pana flex" /></td>
</tr>
<tr>
<td>Standees</td>
<td>SRP, govt, ITA logos and tagline</td>
<td><img src="image" alt="Image of standees" /></td>
</tr>
</tbody>
</table>
3.3.1. Impact of IEC material provided by SRP in Schools with regard to Covid

The objective of providing IEC material 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 by serving as continuous reminder. This was meant to pave way for linking capital by capacitating the bonding capital.

![Impact of IEC Material Provided by SRP](chart.png)

The response from one of the principal regarding charts displayed in intervention schools was

"ITA/SRP printed material is displayed everywhere in school which serves to aware students, parents and visitors, even promotes initiation of discussion on it is also in the houses" (Principal of School 01).

"SRP has provided IEC material which was displayed everywhere to serve as gentle reminder as well as importantly giving awareness to parents and students and motivate them to follow SOPs"(Teacher 02 of School 23).

Alongside the IEC materials on proper use of masks, hand washing and other SOPs was a reminder to exercise the safe practices. Booklets “yaad rakhney ki aham batein” distributed among students and parents as part of IEC materials were shared with student, parent and teacher vigilance committee members under SRP were also very effective in disseminating structured information within and outside of schools.
3.3.2. Students and Parents disseminated structured Information using “yaad rakhney ki aham batein”

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.

Case Study 1 of PVC using “yaad rakhney ki aham batein”

This IEC material was particularly useful in disseminating information among the community. The members of Parent Vigilance committees used this booklet for delivering structured information regarding Covid SOPs and related useful information during cascade sessions. The members used to record date, number of participants and the information they have disseminated using this booklet. They also used to record the concerns raised by participants during the sessions and then use to discuss with social mobilizers of SRP team. SRP team used to give informal refresher trainings there and then to address the concerns and to refresh the main messages delivered during trainings of VC members. This facilitated in rapid information dissemination regarding Covid within the community.

Some of the verbatim from the booklet are mentioned below:

“We have told people from our neighborhood the benefits of wearing mask using this booklet, the process of making masks at home (on which PVCs were trained during VC trainings), proper way of wearing masks, importance of following Covid SOPs mentioned in booklet” A PVC member of Intervention School A (Urban)

“I have told my friends, children and family the right way of washing hands till 20 seconds which was told during the training of SRP. I have also ensured that my children should wear mask while going to school.” PVC member of Intervention School B (Urban)

“I have educated females of my area on the importance of minting safe distance, importance of wearing mask and how these two help us fight against Covid… I have also educated females on symptoms of Covid that if their children have fever, cough and flu then they must not send their children to school and they should get their children tested for Covid” A PVC member of Intervention School A (Rural)

“I suffered from Covid then I understood that this is a painful disease and prevention is only cure. I followed all the instructions of isolation given during SRP trainings and isolated myself completely for 15 days. I understood one thing that prevention from covid is only possible by following SOPs and it’s a collective responsibility. It cannot be achieved by a handful of individuals” A PVC member of Intervention School B (Rural)

This structured way of disseminating information helped the community outside of the school to follow SOPs, debunk myths regarding Covid and sensitization regarding healthy behaviors to build resilient communities and a collective response to make schools safer from such pandemics.
Case Study 2 of SVC using “yaad rakhney ki aham batein”

The students also used this booklet for disseminating information received during SRP trainings among their peers and family members. This booklet served as a reference point to deliver structured information on following Covid SOPs, way of hand washing, Identification of Covid symptoms, correct way of wearing masks and debunking Covid related myths. The purpose of providing this booklet was that it will serve student as a reminder on the above mentioned information for themselves and for sharing this information among other students within the schools and their families outside of the school.

Some of the verbatims are mentioned below:

“I have asked my class fellows and family members to wear masks, and I have also demonstrated proper way of handwashing for 20 mins which I had learned during SRP training and by reading in “yaad rakhney ki aham batein” booklet. I have took oath from my friends from neighborhood to wash hands four times a day so that they can stay safe from Covid” A SVC 1 member of Intervention School A (Urban)

“I have suggested my friends at school to make a team and prepare a chart enlisting Covid SOPs similar to the charts provided by SRP team and should be displayed in school and on that chart we can track what SOPs are being followed… And I have also told students that Covid not only affect adults but it affects children equally” A SVC1 member of Intervention School B (Urban)

“I have told my father that if you have fever, cough and flu-like symptoms then you have to go the doctor for check-up and get medication.. I have also provided my uncle with mask and sanitizer when he was going outside for work.” A SVC1 member of Intervention School A (Rural)

This child family was uneducated and cannot read and write. So she used the information received during training of SRP and using “yaad rakhney ki aham batein” booklet she provided this information.
“I have told my siblings that if Covid symptoms showed up then we should not attend school so that we may not cause spread of the diseases, we should keep our homes clean and cover our nose and mouth with mask to stop the spread of virus” A SVC 1 member of School B (Rural)

“I have educated my family and school mates on vaccination that it will keep you safe from Covid…I have also told them not to share things using this “yaad rakhney ki aham kitabein” A SVC1 member of Intervention School B (Rural)
3.4 Infrastructural Support-The Bonding Capital (Thematic Area-4)

3.4.1 WASH Facilities

*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.

### AVAILABILITY OF HANDSANITIZERS

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<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
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<tbody>
<tr>
<td>AT THE ENTERENCE</td>
<td>100</td>
<td>100</td>
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<tr>
<td>INSIDE CLASSES</td>
<td>65</td>
<td>94.7</td>
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<tr>
<td></td>
<td>95</td>
<td>83.3</td>
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<tr>
<td>AT THE ENTERENCE</td>
<td>94.4</td>
<td>63.2</td>
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<tr>
<td>INSIDE CLASSES</td>
<td>87.8</td>
<td>66.7</td>
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</table>

The students were required to sanitize their hands while entering the school. The provision of hand sanitizers were well utilized in intervention school as compared to control schools.

### STUDENTS REQUIRED TO SANITIZE HANDS AT THE TIME OF ENTERING SCHOOL PREMISE (% YES)

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<tr>
<td>INTERVENTION</td>
<td>55.2%</td>
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<td>62.6%</td>
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<td>96.5%</td>
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**TABLE:**

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<th>Baseline</th>
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<tr>
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<td>INSIDE CLASSES</td>
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</table>
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. The situation has remained static in control schools and in some cases further deteriorated.

The students’ response of the frequency of hand washing had significantly increased in intervention schools at end line. There was a 100% trend of washing hands with soap and water in intervention schools as compare to control schools at end line.

Clean Toilets of Students
The condition of toilets also improved in intervention schools as compare to control schools. This can be explained by the fact that because intervention schools were trained during SRP trainings on importance of hygiene practices and keeping clean spaces to avoid spread of viruses. Hence, the school administration actively advocated for their right and responsibility of keeping school spaces safe.
The provision of facilities always is followed by use of facilities. It is shown in End-line survey that frequency of handwashing had been significantly increased during the period of mid-line to end-line in intervention schools.
Similarly, the difference can be observed in comparison with control schools as well. Though a slight increase in frequency of handwashing had been observed in control schools as well during mid-line to end-line. Still, the higher frequencies can be clearly seen from data in intervention schools. This difference is the evidence of effectiveness of SRP NPIs and its impact.

The effectiveness of providing this kind of support was also very well received and it accelerated the process of schools to make the self-sustainable resilient role-models for creating safe spaces for Education during current and future pandemics.

**Provision of PPEs**
SRP team provided Protective and Preventive materials in Intervention schools so that the students can use them while attending schools. This was also found to be very helpful in increasing the school enrollment and making the school safer for students to attend the school in person.

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**Reasons of Effectiveness of Infrastructure Support: Response by Schools**

- 1) Helped in maintaining safe and cleaning environment
- 2) Installation of hand washing facilities and repair of washrooms
- 3) Provision of PPEs

---

**Reasons of Effectiveness of Protective Material: Response by Students**

- 1) Encouraged students to attend school in person and helped in keeping them safe from COVID
- 2) Provision convinced the usage
- 3) Poor and marginalized children benefitted the most
3.4.2 Health Services - The Bridging Capital

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.14

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.

The schools administration was more conscious of identifying a close by health facility, which also had contributed towards improved response, at the time of end-line. The MoH service outreach has been remarkable for spot checks, testing and vaccines.

The SRP team encouraged the head teachers to establish the links and maintain a referral system for students to nearby facilities. SRP team facilitated the streamlining process of maintaining contacts of head teachers with nearby facilities. Thus we can see a significant increase of contacts of head teacher of nearby health facilities at End-line as compare to base-line.

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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. 15,16

**Sehat Kahani – A Case Study**

For availability of 24/7 health services, Sehat Kahani app. has been introduced in schools that provided online consultations through qualified doctors, maintaining the confidentiality of the patients. This is the interface of Sehat Kahani App. Used by ITA/SRP. So far, 268 signups are recorded with 378 total consultations and 15 appointments.

15 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

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.

This app facilitated the access of community to the trained doctors and most importantly it was available without any time limitation.

"Through ITA app we can get useful guidance from trained doctors. The teachers, students and parents can equally get benefit from it. It is very important to continue it to get more benefits from this App" (Principal of School 01).

"A great App, it helps to consult free medical help online 24/7" (Teacher 04 of School 22).

Most of the respondents attributed to the effectiveness due to easy at home free of cost access of the consultation of this Application. As SRP team has enable a no cost access to the respondents of intervention schools.

"It is very effective and beneficial for free online medical consultation (Principal of School 25).

"This app though free of cost is playing a remarkable role in ensuring good health of citizens through easy access and smooth mode of application" (Principal of School 19).

"It is very useful and helpful to get information while staying at home and we do not have to go to the hospital for petty issues" (Teacher 02 of School 12).

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.

### 3.4.3 Technological Readiness- The Bridging Capital

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.
Technological Readiness at Schools

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 end-line when compared with mid-line and baseline.

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<thead>
<tr>
<th>STUDENT KNOW-HOW OF COMPUTER/LAPTOP AND SMARTPHONE</th>
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<td>DOES THE STUDENT KNOW HOW TO USE A COMPUTER/LAPTOP (%YES)</td>
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<td>DOES THE STUDENT KNOW HOW TO USE A SMARTPHONE (%YES)</td>
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<td>DOES THE STUDENT KNOW HOW TO USE A SMARTPHONE (%YES)</td>
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<th>INTERNET ACCESS IN COMPUTER LABS AND OFFICES OF SCHOOLS (% YES)</th>
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<td>Baseline</td>
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<td>83</td>
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</table>
3.5 Positive Impact on School Closure due to Case detection

The percentage of schools closure due to Covid case detection has significantly decreased in intervention schools as compared to control schools at end-line.

![SCHOOL CLOSED DUE TO POSITIVE CASES DURING LAST 6 MONTHS (ENDLINE)](image1)

This is a very major and positive indicator of success of SRP interventions to make school safe during pandemic. The case detection was seen lesser in intervention schools vs control hence smooth provision of educational opportunities was ensured in intervention schools as compared to control schools.

![NUMBER OF TIMES SCHOOL CLOSED DUE TO POSITIVE CASES DURING LAST 6 MONTHS (ENDLINE)](image2)

3.6 An Increase in Students’ Enrollment

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\textsuperscript{17} and health outcomes intron have positive impacts on learning outcomes which is increase in enrollment in case of SRP.

The enrolment of students has increased in end-line slightly then the mid line but significantly as compared to baseline in intervention schools. Meanwhile the opposite trend can be seen in control schools, the enrollment has decreased in end-line as compared to baseline but slightly increased from mid-line.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{enrollment_chart}
\caption{Enrollment in Intervention and Control Schools}
\end{figure}

3.7 Increased Partnership programs in Pilot schools: (The Bridging Capital)

The period from Baseline to end-line 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, Teletaleem, blended learning etc. Each partner was contributing within their respective areas (from one of activity, material support to longer engagement in climate change/Water Aid).

### Name of Partnership Programs Mentioned by the Schools

<table>
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<th>Intervention Schools</th>
<th>Control Schools</th>
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<tbody>
<tr>
<td><strong>Sr.No</strong></td>
<td><strong>Name of Programs/Organizations</strong></td>
</tr>
<tr>
<td>1</td>
<td>SRP (ITA)</td>
</tr>
<tr>
<td>2</td>
<td>Blended Learning</td>
</tr>
<tr>
<td>3</td>
<td>Water Aid</td>
</tr>
<tr>
<td>4</td>
<td>No response</td>
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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.
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.
4.5.3 Orientation Training on COVID-19 Vaccination
As per midline survey findings, SRP conducted training/orientation on COVID-19 vaccination as 100 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
Schools have established 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.
5. Conclusion

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

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<tr>
<th>Target</th>
<th>Indicator</th>
<th>Data source</th>
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<tbody>
<tr>
<td>Enrolment is back to pre-COVID levels.</td>
<td>Enrolment rates for each level of school return to pre-COVID level, disaggregated by gender.</td>
<td><strong>UIS SDG 4.4</strong>&lt;br&gt;<strong>UIS Survey on Monitoring Impact on Main Education Data Aggregates (MIMEA)</strong></td>
</tr>
<tr>
<td>All schools provide comprehensive services to recover learning losses and to promote wellbeing.</td>
<td>Proportion of schools providing any services to meet children’s health and psychosocial needs, by level of education.</td>
<td><strong>Global Education Recovery Tracker</strong> or <strong>UNESCO-UNICEF-World Bank Survey on National Education Responses to COVID-19 School Closures</strong></td>
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Thus, mindful of the global and local evidence based efforts on ‘safe schools continued opening’, the end-line report and its results need to be viewed within this framework for the four dimensions adhering to ‘schools providing comprehensive services to recover learning losses and to promote well-being”.

SRP informed by baseline, midline and end-line evidence devised a four-dimensional implementation strategy that rolled out with the following sequence, upholding the principal of **Community First for Investing in Social Capital for Safe Schools!**
Note: The NPIs for SRP Pilot were intensively supported by the modest SRP social mobilization team (3-4), both in school and in the community.

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, which 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 Endline 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. 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.
Major Achievements-Indicators

• **Vigilance Committees** - The Core-Pivot for Behavior Change & Sustained Agency
  - Parents, Students & Teachers Generated School Mitigation Action Plans (S-MAPs)- Social Capital Formation: Bonding, Bridging & Linking

1. 90% of schools staff and students understand COVID-19 pandemic and preventive measures
2. At least 80% schools have functional School Vigilance Committees  1)Student Vigilance Committees; 2) Teacher Vigilance Committees; and 3) Parent Vigilance Committees
3. 92.3% acknowledged the effectiveness of Vigilance Committees for following SOPs regularly
4. 80% of the Parent Vigilance Committees regularly hold neighborhood cascade sessions
5. 90% of the parents can self-evaluate health of children before sending them to school
6. At least 80% of intervention schools do not have any new cases of COVID-19 after school reopening post winter vacation (better prevention, care and decision making)
7. 70% headteachers/school reps. acknowledged the effectiveness of Mindfulness and Yoga – low cost high impact intervention
8. 90% Students, teachers & 80% parents engage in technology options for Health & Learning
9. In 100% of schools a School Health Program can be initiated by the MoFE&PT and MoH
10. Guidelines & Costs for project replication are available – VIDEOS available for SRP

6. Proposed Interventions for Scaling-up and Recommendations

Proposed Interventions for Scaling Up Guidelines

Evidence from SRP and recommended interventions for scaling up across FDE/provincial schools are as follows:

1. **Establishing vigilance committees/SMCs**, with well-defined roles and responsibilities. These committees will be helpful in identifying the risk and suggesting an action plan for risk mitigation for staying safe and keep school environment healthy for academics. The School vigilance committees comprises of teaching and non teaching staff; Student vigilance committees comprising of students and one to two teachers, and parent vigilance committees comprising of parents of the students studying in respective schools.
   a. The VCs were established in consultation with the school management
   b. VCs were notified by the respective AEOs.
   c. SVC 1 (Student VC) shared that they cascaded their learnings to their friends/peers and even reminded for handwashing to their parents.
   d. The COVID infection among students was low in intervention schools on account of better practices
   e. At community level cascade sessions held by PVC helped in awareness raising and preventive practices
   f. Low cost activity to be integrated in SMCs trained to support safe schools

2. **Protective & Preventive and WASH materials** Ensuring the continued provision of **Disinfectant and WASH materials** to prevent the spread of infection and disease. Availability of services enables the change in practices.
   a. The Preventive and protective material should be made part of regular school requirements.
   b. The evidence shows that SOP practices were maintained at 98% - 99% in intervention schools, however, practices have been decreased in control
schools where the VCs and the material was less or not available and the students had to arrange for themselves.

3. **Improve accessibility of infrastructure** (need based)
   a. Installation of Fabricated isolation rooms, portable toilets, hand washing stations, sinks, flush tanks, drainpipes, exhaust fans, etc (where required) were appreciated by the schools and FDE.
   b. Renovation of isolation rooms along with provision of required material has been appreciated by the schools and FDE.
   c. The cost incurred for protective & preventive material and infrastructural improvement per school is approximately Rs. 636317.50. This however is a key investment for improved prevention and protection against the disease.
   d. Demand for its provision in other schools has also been requested.
   e. To replicate the infrastructural improvement financial and technical support will be required from FDE/MoFE&PT.

4. **Mindfulness and Yoga Techniques** helped in refreshing and restoring the students’ mental and physical wellbeing.
   a. 70% rated this as a highly effective activity.
   b. Teachers gave feedback that students practicing these techniques within class have better concentration.
   c. One of the students who was physically challenged has improved her gait/walk through these exercises.
   d. Availability of these techniques online and on computers; in each school; the trained staff can continue with basic exercise routines, for the system to utilize and train all staff members at low cost.

& Above all Health Services Accessible to all Schools - physical & Online Sehat

**Recommendations**

1. **Inter-ministerial (Health and Education) collaboration** for provision school health services program.
2. **Strengthening Institutional monitoring mechanism and use of data** for bringing improvement.
3. **Public-private partnerships for areas identified in consultation of end-users** i.e., education institutes and that require major investments like construction, renovation or fabricated materials, or other interventions. Effective utilization of resources to avoid replication of interventions in the same institute.
4. **Ensure availability of skilled human resource** for continuation of positive practices.
Annexure

Annex-1: Research Methodology
Annex-2: SRP interventions 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
https://itacec.org/srp/Communications.php
https://itacec.org/srp/
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