PlayMatters

PlayMatters Emergency Response Mechanism (PM ERM) End of Project Summary Report



Our Vision

At PlayMatters, we seek a better, more hopeful future for refugee and host community children living in Ethiopia, Tanzania, and Uganda.

We believe that if we provide these children with more opportunities to build their holistic skills and psychosocial well-being, then girls and boys can become agents of positive change and build a better, more hopeful future for themselves and the world.

Everything we do at PlayMatters is in service of this vision.

Subject End of Project Summary Report

PMC Ethiopia PMC

Submission Date May 31, 2024

Period covered May 1, 2022, to October 31, 2023



Version No. Final

Background

For two years, from November 2020 to the end of 2022, an armed conflict raged in Northern Ethiopia, mainly in Tigray region, claiming thousands of lives and displacing millions to neighboring regions. The situation posed serious challenges to the educational and psychosocial well-being of millions of schoolgoing children and their families. The Cessation of Hostilities Agreement was signed at the end of 2022, but humanitarian needs were greater than ever. Many buildings and schools had been destroyed, and many schools occupied by the internally displaced. Additionally, other conflicts and crises escalated, including drought and inter-communal violence, most notably in Amhara, Oromia and Benishangul Gumuz, hindering humanitarian access and leading to high needs and high levels of internal displacement. In 2022, there was a high level of need for an emergency response focusing on education in these areas.

The PlayMatters Emergency Response Mechanism (PM ERM) was designed as a one-year, \$15M crisis modifier to the larger PlayMatters project and was launched in September 2022. The PM ERM was implemented in partnership with the LEGO Foundation by the International Rescue Committee (IRC), Plan International Ethiopia (PIE) and ten IRC sub-grantees, in four conflict-affected regions: Afar, Amhara, Benishangul-Gumuz, and Oromia.

Objectives

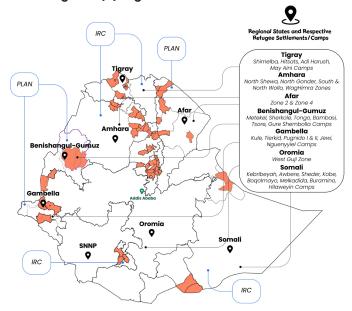
The PM ERM sought to reach **150,000** vulnerable girls and boys with increased access to quality education services with integrated water, sanitation, and hygiene (WASH), health and nutrition, and child protection interventions. Needs assessments were conducted involving education stakeholders, including the regional and zonal education bureaus, UNICEF, and members of the school community. In the four regions, the PM ERM prioritized schools in areas hosting internally displaced persons (IDPs) that were also characterized by high food insecuriy, protection risks, damaged classrooms, and damaged WASH facilities.

Implementation

In addition to IRC, ten organizations were selected to implement PM ERM in Amhara and Oromia regions, including Save the Children International, Lutheran World Federation, ZOA, imagine 1Day, Tesfa Berhan Child and Family Development Organization, Child Fund Ethiopia, Children Believe Fund, Concern Worldwide, Faith in Action, and Rift Valley Children and Women Development Organization (RCWDO).

Meanwhile, Plan International implemented in Benishangual-Gumuz and Afar regions, where they were already implementing PlayMatters' core programming. The fact that all these organizations already had presence in the project locations enabled PlayMatters to start the project quickly, leveraging each respective organizations' competence, comparative advantage, and expertise.

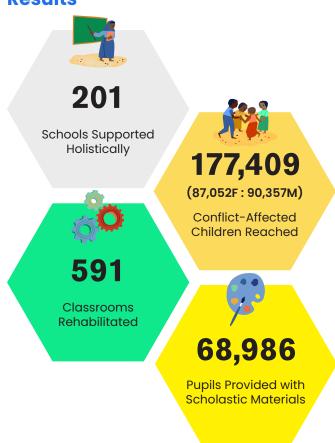
PlayMatters works in seven (7) regions in Ethiopia including four (4) regions for the PM ERM



PM ERM Key Research Finding

Addressing children's foundational and educational needs supported their overall well-being, increased enjoyment at school for both teachers and children, and supported their attendance and retention.

Results



Intervention Areas

Education in Emergencies

Establishing a child-friendly learning environment

PM ERM partners' interventions included the renovation of **591 classrooms**, provision of classroom furniture such as desks and chairs, provision of playground equipment, overall school clean-up, training teachers on psychosocial support, child safeguarding, psychological first aid, child protection, and referral pathways and the strengthening of school clubs. These interventions support building an environment in which learning, and specifically learning through play, can thrive.

Provision of teaching and learning materials

In support of overall teaching and learning, PM ERM partners provided children with basic scholastic materials (exercise books, pens, pencils, erasers, bags, textbooks) across locations. PM ERM provided 91,962 textbooks which were particularly in need, due to the new Ethiopian curriculum introduced in 2022.

School feeding

With a goal of meeting children's basic needs and improving attendance, PM ERM partners provided **66,000 children** with high-energy biscuits, meeting the Ministry of Health's daily nutritional standards.

Training for teachers, caregivers, and education personnel on Learning through Play (LtP)

This was the first time PM introduced LtP in an acute emergency context. Working through partners and education systems, LtP trainings were cascaded to **4,572 teachers**, focusing on integrating active learning methods into classrooms to support holistic learning and well-being. PM's LtP Emergency Packs, which were designed for use by caregivers during COVID-19, were also deployed in some locations.

Water, Sanitation, and Hygiene (WASH)

Provision of adequate and potable water for school children

Water is critical for quality learning to take place in schools. PM ERM partners rehabilitated school water supply systems, increased functional water sources, including water points, water pipeline extensions, water storage tanks, and water trucking services.

Provision of basic sanitation and latrine services

Many schools lack clean and functional latrines and menstrual hygiene management rooms, which creates major risks around health, gender-based violence, and girls' school attendance. PM ERM partners rehabilitated and constructed school latrines in compliance with government standards, and rehabilitated semi-permanent menstrual hygiene management rooms, including mattresses, washing basins, sanitary pads, disposal bins, and a water system.

Safe hygiene practices

PM ERM partners trained stakeholders on hygiene promotion and WASH facility management, handwashing facilities were installed near latrines and classrooms, and MHM kits were provided to 13,935 adolescent girls.

Provision of solid waste services

PM ERM partners constructed solid waste facilities in schools, making it possible for children to practice safe hygiene.

Child Protection

Case management services to prevent and respond to violence, exploitation, and abuse

PM ERM partners conducted child protection assessments and trained local experts on how to register and support vulnerable and Unaccompanied and Separated Children. Case management was also provided for **5,325 vulnerable children**.

Age and gender sensitive MHPSS services

PM ERM partners trained child protection staff, PTSA members, and social workers on MHPSS, referral pathways, gender-based violence and child protection, who directly supported **15,873 children** to receive support and access services.

Community-based child protection mechanisms

PM ERM partners established community-based child protection structures which were accompanied by trainings, back to school campaigns, and sharing of key child protection messages.

Health

Provision of bi-annual deworming and micronutrient supplementation

PM ERM partners supported **51,531 children** with deworming, **36,531 children** with malnutrition screening, and procured and distributed first line drugs (e.g. Albendazole, Metronidazole, Omeprazole, Cotrimoxazole, Amoxicillin, Dexamethasone).

Mass vaccination campaigns on vaccinepreventable disease conducted in coordination with government health facilities

Immunization in Practice training was provided to health professionals, in support of mass vaccination campaigns.

Malnourished children identified in school mass screening and referring them to treatment centers

PM ERM partners carried out trainings for experts on Integrated management of Acute Malnutrition and Infection Prevention control, linking children with treatment centers.



Research and Learning

Beyond reach numbers, several learning studies summarize the the PM-ERM's outcomes (See Annex for complete Study Reports):

- PM-ERM's teacher professional development activities, which focused on Learning through Play as a teaching methodology, were viewed by beneficiaries as catalyzing student excitement and interest to attend school and led to improved teacher-child relationships (PM-ERM Implementation Study). This finding points to a need for more rigorous research to examine how LtP changes adult-child relationships and whether it can also lead to improved child and adult well-being.
- The multi-sectoral nature of the PM-ERM addressed children's physical and pyscho-social needs as critical inputs to address children's educational needs (PM-ERM Implementation Study). PM-ERM beneficiaries reported that the following interventions were most important in supporting educational continuity: 1) rehabilitation of classrooms and WASH facilities, 2) construction of Menstrual Hygiene Management (MHM) rooms, 3) provision of scholastic and educational materials, 4) school feeding, 5) vaccination, 6) deworming, and 7) needs-based child protection support (PM-ERM Implementation Study). This finding points to a need for more funding for multi-sectoral post-conflict programming centered around schools as a central location for delivery of services.
- The average student absenteeism rate in PM-ERM schools dropped from 6.71% to 4.11% and experienced a statistically significant increase in student enrolment of 102 children (PM-ERM Implementation Study). This finding indicates that holistic interventions such as the PM-ERM have the potential to reduce access barriers and improve attendance and retention for children affected by conflict.

Limitations and Challenges

With long-term recovery in mind, the PM ERM purposefully leveraged local government actors as trainers, coaches, mobilizers, and technical support, which strengthened communication, connections, and coordination across sector offices and contributed to the rapid achievement of deliverables within the project timeframe. However, following the closure of the PM ERM, the needs are too great to be sustained by the government alone. Initially, the project had no activities directly related to teachers' well-being, but during project implementation, it became clear that in such crisis situations, incorporating teacher wellbeing in the MHPSS interventions can improve teaching quality, student-teacher relationships, and teacher retention, as they themselves need psycho-social support before they can address the same with their students.12 The project continually faced securityrelated access challenges to project sites, blockages of key access roads which hindered the delivery of materials to project areas, and high inflation that necessitated adjustments in original procurement plans, leading to delays.



¹ Falk, D., Frisoli, P., and Varni, E. (2021). The importance of teacher well-being for student mental health and resilient education systems. Forced Migration Review, (66).

²Mental Health and Psychosocial Support for Teachers: Need Assessment and Brief Intervention on Stress Management for Teachers Affected by Conflict. South Wollo, Northern Ethiopia, March 2023.



Annex

Key Findings from Each Study

PM ERM Multi-Sectoral Implementation Study (Report | Brief)

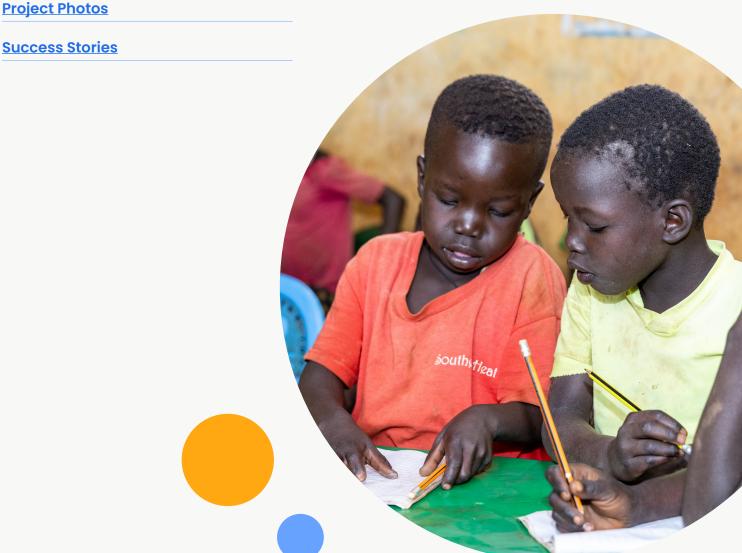
PM ERM Learning through Play Promising Practices Study (Report | Brief)

PM ERM Implementing Partners Capabilities Study (Report - INTERNAL)

PM ERM Learning Synthesized Technical Recommendations (Report - INTERNAL)

PM ERM Cost Efficiency Brief (Report - INTERNAL)

Project Photos



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