4 lessons from evaluations of the education response to Ebola

This third post in the series about learning from the education response after the Ebola outbreak in West Africa looks at what some of the evaluations have shown, and highlight 4 findings that can help today’s response to the coronavirus outbreak.

April 20, 2020 by Joe Hallgarten, Education Development Trust  |  1 comment  |  6 minutes read

教育推荐可能因Covid-19而迅速传播，但很少是基于实际学校系统停课的证据。

在事实，一个月前似乎教育界对疾病爆发如H1N1或埃博拉的影响仍然不感到特别好奇，尽管那些直接参与的非凡努力。我们的集体自满现在看来有点误导，因为我们都在迅速试图从过去中学习，以便适应我们目前的现实。

为了使教育部门对COVID-19的反应，DFID’s Knowledge for Development项目已委托一系列快速审查。我的报告专注于努力减轻学校年龄儿童的教育影响，几乎所有的文献都与埃博拉有关，其影响在几内亚、利比里亚和塞拉利昂。

正如我们所预期的，这些疾病爆发对儿童的学习、安全和福祉产生了负面影响。下表，根据ACAP的模型改编，总结了它们。
Unsurprisingly, poorer and more vulnerable children are disproportionately affected by
doctor's addiction.

They are more likely to be learning less, to be eating less, and to be victims of increases in home and community violence and child exploitation. Girls also bear a greater negative cost, with rises in sexual abuse, teenage pregnancy and early marriage.

Distance learning solutions, whether low- or high-tech, often indirectly discriminate against girls due to power dynamics within families. And when schools do re-open, poorer children and girls are less likely to return, with increased dropout rates caused partly by fear, stigmatization and, in some cases, deliberate exclusion.

Mitigating actions

Our review divided mitigating actions into three categories:

- **Amelioration** - Crisis responses while most or all schools are closed
- **Reparation** - Recovery responses when schools reopen
- **Preparation** - Mitigating the educational risks of future outbreaks.

Unfortunately, across all three areas, we found limited evidence on actual impact of interventions or different approaches to action, coordination, funding or prioritization. However, lessons can be learnt from how various interventions have negotiated and political economies, and have been attuned to cultural and social factors, highly adaptive when supported by donor flexibility, and based on integrated responses, multi-sector collaboration and integration.

Moving away from the cold steel of an evidence review, I can offer four tentative suggestions. In highlighting examples of practice, these ideas build on earlier blogs on Sierra Leone, as well as Education Development Trust's think piece for policymakers.

### 1. Digital didn't kill the radio stars.

Our review found no evidence that online learning, screen or mobile-phone based technologies had played a positive role in supporting at-home learning during Ebola. Save the Children's review of ed-tech in protracted crises found that the general dearth of high-quality impact evidence is amplified in such contexts.

The claim-based rhetoric around this being 'ed tech's moment' appears somewhat misplaced in low-income contexts. In these environments, the evidence on radio is far more promising. UNICEF estimate that over 1 million children were reached through radio education during Ebola.

In Kailahun, one of the poorest districts in Sierra Leone, an existing project – 'Getting Ready for School' – rapidly redesigned itself to become a radio program: Pikin to Pikin Tok (Child to Child Talk). 36 existing 'young facilitators' created content in three languages and radios were distributed to another 252 facilitators who created listening groups. The final evaluation showed high levels of child engagement, and strong agreement from adults that the program had contributed to children's learning. This
During the Ebola crisis, radios were utilized to enable students to continue to learn in Sierra Leone.

PME/Ludovica Pellicioli

2. Remote teacher learning might be more feasible and impactful than remote child learning.

Given the evidence emerging on the efficacy of some professional learning programs in protracted conflicts, we surprisingly found no example of approaches that supported distance teacher training and professional development in disease contexts.

The increasing pervasiveness of internet-enabled devices amongst teachers means that technology-enabled professional development is probably making faster progress in low-income settings than child-centered ed tech.

Education Development Trust’s programs in Kenya and Rwanda are already using smartphones and SD cards loaded with videos of teaching practices to support training, coaching and communities of practice. Where infrastructures and relationships are already in place, like in these programmes, school closures might provide an opportunity to trial remote approaches to improving teacher skills, blend these with face-to-face training when teachers are allowed to meet together again, and – most importantly – weave this into classroom-based continuous professional development when schools re-open.

3. Education can’t wait, but nor can psychosocial support.

During Ebola, children, especially those quarantined, suffered from social isolation and post-traumatic stress, and there were reports of greater personal and family frustrations. While most education interventions aim to improve both wellbeing and learning, it may be that the former needs to take priority in disease-related emergencies.

A small number of informal learning programs that included psychosocial support demonstrated sustained impact. In Liberia, for example, an established peacebuilding education and advocacy program re-assigned 241 young volunteers to support health education during and after Ebola-related school closures. The volunteers’ pre-Ebola training and existing understanding of these communities’ contexts were crucial to their successful engagement.

Another psychosocial arts program for children in Liberia demonstrated statistically significant decreases in reported symptoms of poor mental health. Meanwhile, in North Kivu in the Democratic Republic of Congo, school leaders and teachers were trained in what the WHO has described as ‘psychological first aid’.

One gender-focused program in Sierra Leone rapidly adapted to become a one-hour daily class in life skills, sexual and reproductive health and vocational learning. The classes were held in safe spaces in villages and served 4,700 adolescent girls. After the crisis, school enrollment rates fell by only 8% in villages which had received the intervention, compared to 16% in villages which had not received the intervention.

4. Good data, evidence and evaluation are sound long-term investments.
The dearth of good quality impact evidence, while understandable in both crisis and recovery contexts, renders the task of initiating an evidence-based educational response to COVID-19 in low and lower-middle income countries more challenging.

Using the richer evidence base on efforts to mitigate the impact of other emergencies (such as conflicts and natural disasters) on the education sector, we need to learn more about what is most relevant, transferable and adaptable to disease-related emergencies. While capacity and resourcing pressures will inevitably prioritize action over research, donors who can ringfence sufficient evaluation funding within new rapid responses, or empower existing program evaluations to adapt to changing predicaments, may find that these efforts have a good long-term social return on investment if and when the next outbreak comes our way.

Beyond evaluations, crises such as disease outbreaks can provide an opportunity for an enhanced focus on the data-strengthening aspects of reform. Perhaps we can be optimistic that the three countries most affected by Ebola may, as a result, have established and sustained an improved culture of data use which may serve them well in the current crisis. Despite the pressures on resource reallocation, it is vital to ensure that data-strengthening remains a priority.

Education Development Trust is working actively with DFID and others to understand more broadly what best practice might look like in distance learning, remote teacher professional development, and workforce planning, as we adapt our own programs and continue to support ministries of education, school leaders and teachers to make smart, evidence-informed choices at this critical time.

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