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Executive summary

Introduction

This report summarises findings from a baseline evaluation of the My Education, My Future (MEMF) project 2020-24. The \$6.7 million MEMF project, funded by Global Affairs Canada, is being implemented by Right to Play (RtP) and the Norwegian Refugee Council (NRC) in Burundian refugee and returnee communities in Burundi and Tanzania. The project, which targets children from grades 1-6 in Nyarugusu and Nduta camps in Tanzania and Gisuru commune, Ruyigi, Burundi, aims to improve learning outcomes for girls through 1) increasing access and 2) improving provision of protective, inclusive and gender-responsive play-based education for girls, including girls with disabilities. Overall the project aims to benefit 48,906 children (including 26,231 girls) affected by the Burundian refugee crisis, with additional indirect benefits to as many as 191,287 community members.

Purpose of the baseline

The aim of the baseline study was to provide a robust monitoring and evaluation framework with baseline values for measuring changes in key outcomes at project midline and endline, as well as to provide opportunities to improve the project and shape future work. In order to achieve this, the baseline sought to collect data to answer the following broad evaluation questions:

- What is the current status of girls' and boys', including those with disabilities, **learning outcomes** in terms of **literacy, numeracy** and **social-emotional learning**?
- To what extent do girls and boys, including those with disabilities, feel encouraged and **supported** by their families **to access education**?
- To what extent do girls and boys, including those with disabilities, feel **physically** and **emotionally safe, included, and supported** at school?
- Do girls, including those with disabilities, have the **abilities** and knowledge needed **to make decisions** about their education and life choices?
- To what extent do men and women in the community, as well as education officials, teachers and head teachers, demonstrate awareness of and **support** for **inclusive, protective, gender-responsive education** for girls and children with disabilities?
- To what extent do **schools provide** a **protective, inclusive, gender-responsive learning environment** for girls and boys, particularly those with disabilities?

Baseline design

The evaluation design is quasi-experimental in Burundi and observational in Tanzania. Data collection will be longitudinal, following the same cohort of children at baseline, midline and endline. The baseline is also mixed methods: while the focus was on collecting quantitative data to provide representative and measurable baseline values for key project indicators, some qualitative data was also collected for triangulation, illustration and contextualisation.

Methods

Quantitative data was collected through a children's survey, literacy and numeracy assessments administered in schools, and a household KAP survey administered in communities around schools.

Qualitative data was collected through: focus group discussions with adolescent girls, school management committees and parent teacher associations; participatory group activities with younger children; key informant interviews with teachers and education officials, and school and classroom observations.

Respondents for surveys were selected through a clustered probability sample method, and qualitative interviewees and participants were selected purposively. A total of 978 children and 264 community members were surveyed in Burundi, and 614 children and 266 community members in Tanzania. Qualitative data in Burundi included 15 school and classroom observations, 16 interviews, 12 FGDs and 12 participatory activities. In Tanzania 19 observations, 8 interviews, 9 FGDs and 6 group activities were carried out.

Results

Learning outcomes:

The literacy and numeracy assessments were carried out with children in grades 2, 3 and 4 using the Early Grade Reading Assessment (EGRA) and the Early Grade Mathematics Assessment (EGMA) (standardised tools which have been used to measure children's foundational reading and numeracy skills in countries all around the world).

Social and emotional learning (SEL) outcomes, or 'life skills', were measured using four modules from The International Social and Emotional Learning Assessment (ISELA), developed by Save the Children. Selected modules included self-concept, stress management, relationships skills and conflict resolution.

Children's level of literacy and numeracy at baseline was found to be low. Whilst almost all children in both countries were able to identify at least some letters, showing that by Grade 2 most children are mastering the basic building blocks of reading, only 1 in 10 children in either country were able to read proficiently (measured through their oral reading fluency) by their third year in education. Even by Grade 4, less than half (39%) of children in Burundi, and well under a third (28%) in Tanzania, were able to read fluently.

In terms of numeracy, whilst children are mastering basic skills in the early grades, findings suggest that children are struggling to develop more complex numeracy skills and a conceptual understanding of maths, especially in Burundi. By grade 2 almost all children were able to demonstrate some basic numerical abilities (including being able to recognise, name and differentiate between numbers), and by grade 3, the overwhelming majority were able to solve at least one simple maths problem. However, children scored poorly on tests measuring their abilities to recognise number patterns or to solve simple 'real word' maths problems. By Grade 4, 55.4% of children in Tanzania scored full marks on Addition Level 2, and 31.3% on Subtraction Level 2. This compares to a reduced 23.5% (Addition Level 2) and 13.2% (Subtraction Level 2) in Burundi.

Children's performance in terms of SEL was more encouraging. The majority of children in both countries said they had someone to talk to when they are sad (78.7% in Burundi, 87.5% in Tanzania); were able to ask others for help when they have a problem (78.9% in Burundi, 82.8% in Tanzania), and were able to show empathy for others in their network (85.4% in Burundi, 83.9% in Tanzania). As many as 88.6% of children in Burundi and 96.1% in Tanzania were able to identify at least one strategy that they use to cope with stress, and similar proportions (86.8% in Burundi and 94.6% in Tanzania) could identify at least one appropriate response to resolve conflict.

'Self-concept' was the final skill selected to measure children's SEL. Children were asked to draw a picture of themselves in the future that they hoped for, with the score also incorporating the child's ability to identify things that might hinder or support them in achieving this future. In Burundi the average score was 3.12, with 11.1% of children scoring 0 and 10.7% scoring 8 (the maximum score). In Tanzania the average score was 3.87, with 16.8% of children scoring 0 and 23.2% scoring full marks.

A number of correlates were associated with children's learning outcomes. Although results varied depending on the specific skill being measured, some general patterns were observed. Overall, boys appeared to outperform girls on a number of literacy and numeracy measures; however, there were no general differences between boys and girls in terms of SEL/ life skills outcomes. The baseline did not identify significant differences in learning outcomes based on disability. (In Burundi there were one or two measures where children with disabilities appeared to be outperforming non-disabled children, however, these differences can be attributed to the fact that children with disabilities were more heavily concentrated in older grades). Finally, children who repeated grades often had poorer learning outcomes than those who had not repeated grades. In general, children in Tanzania appeared to outperform children in Burundi in terms of learning outcomes. In Burundi, children in comparison sites outperformed children in intervention sites across a number of measures.

Finally, there were some interesting associations observed between learning outcomes and socio-demographic factors: children who said they sometimes went to bed hungry had lower literacy and numeracy scores, than other children. However, children who said their household sometimes had to depend on neighbours or other community members for food performed significantly better. Furthermore, (in Burundi) living in a household that has a market business and living in a household where someone is a member of a savings group was associated with improved learning outcomes. This may reflect the importance of being involved in the local community and being exposed to different perspectives and experiences in developing children's life skills.

Family support for education:

The baseline measured two indicators designed to track the extent to which children are supported by their families to attend school and excel in their education. In Burundi, most children reported that their parents provided some practical support for schooling, but fewer reported that their parents provided encouragement or showed interest in their learning. This is reflected in FGDs, where girls said that buying school materials was the main way that families support children to attend school. Overall, only 2 per cent said their parents never provide the things they need for school, and 10% said their parents do not help them to get ready for school. However, 28 per cent said their parents never ask about their schoolwork, 33 per cent said their parents never encourage them to do their schoolwork, and 38 per cent said their parents never help them if they are finding their studies difficult. Just over half of children said that chores at home sometimes make them late to school or

mean that they can't complete their schoolwork; girls (56.3 per cent) were slightly more likely than boys (51.3 per cent) to say that their school work was negatively affected by the need to do chores. The overwhelming majority of children (98) said that their parents would be happy for them to continue to secondary education, with only a few children saying they thought their parents would not be supportive of this.

In Tanzania reported levels of support from parents were higher than in Burundi. Almost half of children (46 per cent) said their parents provide them with school supplies every day while 19 per cent said their parents provide these on most days. In the camps parents do not have to pay for school materials themselves as materials are provided by the IRC, so this may explain some of the difference between the two countries. Encouragement for schooling and assistance with schoolwork appears to be higher in Tanzania, with more than a third of children saying that their parents ask questions about their schoolwork every day, encourage them to do their schoolwork every day, or always help them when they face difficulties with their schoolwork.

In both countries, in the survey data, there were no differences by gender or disability in results for indicators related to parental support and encouragement in education; however, in FGDs in Tanzania, participants sometimes expressed the view that families may be less supportive of education for girls and children with disabilities. Living in a food insecure or violent household was associated with reduced family support for education; meanwhile, living in a household with a literate adult was associated with increased support for education. In Burundi, children in households with a ploughing field, reported lower levels of support for education, and were particularly more likely to say they are often required to do chores that interfere with schooling.

The results indicate that in Burundi, family support for education is significantly better at baseline in comparison sites compared to project intervention sites.

Experiences at school:

The majority of children in both countries said they feel safe on their way to school and at school, with no significant differences based on gender. However, almost 1 in 4 children in Burundi, and 1 in 7 children in Tanzania said they did not feel safe at school. In FGDs children identified unhygienic toilets, lack of drinking water, unsafe school structures including collapsing roofing, and snakes and wild animals in surrounding forest areas, as primary factors that made them feel unsafe at school.

Rates of violence at school appear to be high: 34% of children in Burundi and 24% in Tanzania said that they had witnessed an adult hitting or kicking a child in the last week; 16.3% of children in Burundi and 15% in Tanzania said that they had experienced bullying in school. Being from a poor family was the most common reason given for being bullied at school; although 'gender' was also considered a factor, with a small number of children (almost all girls) saying that they were bullied by students or teachers because of their gender.

Overall, significantly higher proportions of children in Tanzania (80.9%) compared to Burundi (50.3%) felt safe and included in school. In Burundi, children in comparison sites (58.4%) were significantly more likely to say they felt safe and included in school than children in intervention sites (45.93). Feelings of safety and inclusion increase with age in both countries, possibly as children gain in confidence and make friends at school. There is no difference between girls and boys in either country,

but in Burundi, children with disabilities (39.4%) are less likely to report feeling safe and included, than those without disabilities (55.5%). These differences were not reflected in the survey data in Tanzania, however, they were evidenced in FGDs, where many participants noted the particular challenges that children with disabilities face at school: “*some children with disabilities do not come to school because they are being bullied.*”

In focus groups, children were generally positive about their teachers and said that their teachers treat them well and encourage them to learn. Responses to questions about teacher support in the survey were more mixed, especially in Burundi. The majority of children in both countries felt that their teachers respect them ‘every’ or ‘most’ days. However, only 31% of children in Burundi and 72% in Tanzania felt their teachers respected them ‘every day’, suggesting that teachers are not always respectful of students, especially in Burundi. Children in Burundi were also less likely than in Tanzania to say they always feel confident to ask and answer questions or to ask for help. Although in qualitative interviews children emphasised that boys and girls are treated equally, in the survey less than a quarter (24%) of children in Burundi, and less than half (49%) in Tanzania said that boys and girls are always treated the same. However, there were no significant differences based on gender on children’s responses to questions about whether they felt supported and respected by their teachers.

Abilities and knowledge to make decisions about education and life choices

A number of measures were included in the survey to assess children’s abilities and knowledge to make decisions about their education and life choices. These included measures to assess their general decision making skills competency (drawing on the Texas University *Making Decisions in Everyday Life Scale* for adolescents); their education aspirations and confidence; and their knowledge and attitudes concerning: sexual and reproductive health rights (SRHR), gender equality and sexual and gender based violence (SGBV), and women and children’s rights more broadly.

Only a minority of children in both countries (11% in Burundi, and 40% in Tanzania) achieved a *Decision Making Skills Score* classified as ‘good’; children in Burundi scored significantly lower than children in Tanzania on their general decision making competency. There were no differences in the mean decision making scores for boys and girls, however, girls were significantly more likely than boys to have a *Decision Making Skills Score* classified as ‘poor’. Other demographic factors associated with significantly reduced decision making skills included having a disability, household hunger and violence at home.

Overall children in both countries were found to have strong aspirations for their education, as well as high levels of confidence that they would achieve these aspirations: 9 out of 10 children aspired to achieve at least secondary level education or higher, and almost half hoped to achieve a diploma or graduate degree. Furthermore, 93.9% young people said they “felt confident” they could achieve these goals, and 91.4% felt confident that their parents would support them to do so, with slightly higher levels of confidence expressed by children in Tanzania.

The project monitoring framework tracks the percentage of girls that feel they have the ability to make decisions regarding their education. In the analysis girls were classified as satisfying this criteria if they 1) had a ‘good’ decision making score 2) aspired to achieve at least secondary level education and 3) felt “very confident” that they would be able to achieve these goals. Overall, girls in Tanzania (37.98%) scored substantially higher on these indicators than girls in Burundi (7.74%) (this difference in results

across the two countries was largely influenced by differences in the *Decision Making Skills Score*). In both countries, children with disabilities (11.11%) scored significantly lower on this indicator than non-disabled children (25.50%). Children who said they 'never go to be hungry', and older children were significantly more likely to satisfy this indicator. Meanwhile, children who came from violent households were 50% less likely to satisfy this indicator. In Burundi, children from intervention communities (9.54%) were significantly more likely to satisfy this indicator than children in comparator communities (3.7%).

Children were asked a number of questions about SRHR, including their awareness of different forms of contraception, and attitudes towards girls sexuality and menstruation. Overall, the findings indicate children have low levels of knowledge about sexual and reproductive health. More than two thirds of children agreed that "there are certain activities a girl should not do when menstruating". More than half agreed that "a young person cannot get contraception unless they are married", and about half believed it is not possible to get pregnant from having sex once. Knowledge of contraception methods was also found to be low, especially in Burundi. 63.9% of children in Burundi and 39.9% of children in Tanzania failed to identify a single form of contraception, and just 10.9% of children in Burundi and 30.2% of children in Tanzania could identify two or more types. Overall, girls from both countries (0.6% in Burundi, and 4.2% in Tanzania) scored very low on the PMF indicator seeking to track girls' abilities to make decisions concerning their SRHR. Older children and children from more educated families had higher levels of knowledge about SRHR, meanwhile children from violent households had lower scores, indicating a possible relationship between domestic violence and disempowerment concerning issues surrounding SRHR. There were no significant differences in this indicator between intervention and comparator groups in Burundi.

Findings from the baseline concerning attitudes and knowledge related to gender and violence indicate that patriarchal norms and values are prevalent in Burundian refugee and returnee communities. The majority of children felt that men should occupy positions of leadership and authority in the family, including having control over finances and spending. Nevertheless, the findings do reveal indications that attitudes may be shifting, and some more traditional ideas are being challenged. Attitudes concerning the relative importance of boys and girls education were split: with roughly equal numbers of children agreeing (43.8%) and disagreeing (44.6%) with the statement "it is more important for boys to go to school than girls". Furthermore, 68.3% of children agreed that "boys and girls should help equally with household work" and only 1 in 4 children (24.9%) agreed that in situations of household stress, boys education should be prioritised over girls.

Harmful social norms that sustain and justify forms of sexual, gender based and domestic violence girls were also found to be prevalent. A substantial majority of children in both Burundi (78%) and Tanzania (67%) identified at least one circumstance in which they thought it was acceptable for a husband to beat his wife. 'Victim blaming' in circumstances of sexual violence was found to be even more prevalent, especially in Burundi: as few as 1 in 10 (10.9%) of children in Burundi, and only just over a quarter (26%) felt that if a girl is raped it is "never her fault in any way". The majority of children (3 out of 5 children in Burundi, and 3 out of 4 in Tanzania) had some knowledge of SGBV, and were able to identify at least one type of violence. In both countries parental literacy and older age were associated with higher levels of knowledge concerning SGBV. In Burundi boys had higher levels of knowledge concerning SGBV than girls. However, in Tanzania this trend was reversed, with girls displaying greater knowledge of different forms of SGBV than boys. Furthermore, in Tanzania there

was an association between disability and knowledge of SGBV: with children with disabilities demonstrating greater levels of awareness of different types of violence, than non-disabled children. These findings may be due to interventions by development partners in camps in Tanzania, specifically targeting girls and children with disabilities. In Burundi, knowledge of SGBV was significantly higher in comparison compared to intervention sites.

Knowledge of laws and policies concerning women and children's rights was found to be mixed. As many as 86.8% of children in Burundi, and 69% of children in Tanzania knew that parents could be fined for failing to register the birth of their child, and a similarly high proportions were aware that marriage depends on the consent of both the male (77.2%) and female (78.3%) parties. However, less than half of children correctly identified the legal age of marriage as 18 years. The overwhelming majority of children (76.9% in Burundi and 90.7% in Tanzania) agreed that it was acceptable for a parent to beat their child. Only 2.3% of children in Burundi, and 5.4% in Tanzania had heard of FGM, with just two children in Tanzania, and none in Burundi knowing it to be illegal. Overall, children in Burundi and Tanzania had similar levels of knowledge about women and children's rights. In Burundi, knowledge of women and children's rights was found to be slightly higher in comparison sites compared to intervention sites. There were no other discernible patterns in the data identifying particular demographic or situational factors to be associated with greater or lesser knowledge of women and children's rights.

Community support for inclusive, protective, gender responsive education

To assess community support for inclusive, protective and gender responsive education, a 'knowledge, attitudes and practices' (KAP) survey was distributed to men and women aged 18 years +. A subsample of these community members were from School Management Committees (SMC) and Parent Teacher Associations (PTAs). The survey asked respondents questions about perceived and actual barriers to education, including for girls and children with disabilities, and strategies to overcome these, as well as asking respondents' about their attitudes towards girls' education and education for children with disabilities

Community members were asked a range of questions in order to assess their attitudes towards girls' education, including "if a family needs help at home or is under financial stress, it is better to keep boys in school than girl" and "girls can be just as successful in school as boys". The results indicate that discriminatory attitudes that place value on boys' education above that of girls' remain prevalent within communities, especially in Tanzania.¹ Almost three quarters (74.8%) of respondents in Tanzania, and 3 out of 5 (58.3%) of respondents in Burundi gave at least one 'negative' or gender-discriminatory response to these questions. Although 92.8% of respondents in Burundi and 98.5% in Tanzania agreed that "educating girls contributes to social development", roughly 1 in 5 respondents (21.8% in Tanzania and 18.9% in Burundi) agreed that it was more important to keep boys in school than girls. Almost 1 in 4 (24%) of respondents in Tanzania, and 1 in 7 (14% in Burundi) agreed that "it is more important that girls learn to take care of a home and a family than go to school." Furthermore, 2 in 5 respondents in Tanzania and almost 1 in 4 in Burundi, agreed that "girls should be less educated than their spouse".

¹ Ttest t=2.87, p=0.00

Community attitudes towards disability and education were found to be similarly mixed. Almost all respondents agreed that schools should provide extra support to children with physical (95.8% in Burundi, 98.2% in Tanzania) and mental disabilities (98.5% in Burundi and 97.4% in Tanzania). Furthermore, the overwhelming majority (79.9% in Burundi and 91.4% in Tanzania) agreed that “it is good for schools to include children with all disabilities”. However, a sizeable minority of respondents did display some discriminatory attitudes. Almost 1 in 3 respondents in Burundi and almost 1 in 4 in Tanzania disagreed with the statement “children with physical disabilities can learn just as well as other children” and 1 in 4 respondents in Burundi and over 1 in 3 in Tanzania agreed that “education is not as important for children with a disability”. As almost half of respondents (45%) in Tanzania, and over 1 in 3 (37%) in Burundi said they would be uncomfortable about a child with a mental disability being in the same class as their child, indicating particularly high levels of prejudice against children with mental disabilities.

Older respondents, more educated respondents, men and members of PTAs/ SMCs were more likely to have egalitarian attitudes towards education for girls and children with disabilities. There were no differences between intervention and comparison sites in Burundi.

The overwhelming majority of respondents (97.7% in Burundi and 82.3% in Tanzania) were able to identify at least one barrier to education for children generally. Respondents were slightly less able to identify specific barriers faced by girls and children with disabilities, than to identify general barriers, suggesting a reduced level of knowledge of the specific challenges these groups face. Lack of documents, household hunger (and lack of food provision at school), illness, and parental neglect were commonly identified (general) barriers to education in both countries. Cost of school was found to be the most significant perceived barrier to education in Burundi (28.7% of respondents identified this as a barrier), but this was a negligible factor in Tanzania (2.7%).

The main barriers to education for girls identified by participants were: early marriage, pregnancy and teenage motherhood; household chores and a lack of value placed on girls’ education. In Tanzania, “menstruation” was also identified as a significant barrier to education, although this was not mentioned by respondents in Burundi. For children with disabilities, the most significant barriers identified included discrimination and stigma, lack of specialist equipment and assistive devices and fear of violence and bullying. In Burundi “schools do not allow children with disabilities to attend school” was also identified as a significant barrier indicating that there may be reduced provision for children with disabilities in Burundi, a finding supported by other evidence from the baseline.

Respondents in the KAP survey were asked to identify ways that access to education, particularly for girls and children with disabilities, might be improved. Almost all respondents (98.9 per cent in Burundi, and 95.1 per cent in Tanzania) were able to identify at least one strategy for improving access. The strategies suggested by respondents were largely focused on improving resources and facilities: providing school supplies, bursaries and specialist equipment being the three most commonly identified. More nuanced interventions, like actions to address violence and bullying (including forms of gender-based violence), community attitudes towards education, and teacher training on positive discipline were less commonly identified by respondents in the survey. In FGDs participants also raised the need for: continued sensitisation and awareness raising on the importance of education in communities; improved teacher training and capacity building, particularly in special needs education; and the need to establish systems and rewards for motivating students, especially those from

marginalised groups, such as girls and children with disabilities. Overall respondents in Burundi were significantly more able to identify multiple solutions for overcoming barriers to education, compared to respondents in Tanzania (even when controlling for a range of other factors including age, gender, household hunger and education). There were no other associations observed in the data, and no differences between control and intervention sites in Tanzania.

Support for inclusive, protective, gender responsive education amongst education officials and teachers

The baseline revealed widespread support amongst education officials, teachers and head teachers for inclusive, protective, gender-responsive education. Teachers were found to be aware of the concept of play-based education, including the use of drawing, singing and playing games, and were positive about these approaches, emphasising their multiple benefits (including, for improving children's concentration, confidence, retention of information and interpersonal skills). However, the findings indicate that there are considerable barriers to integrating these practices into the classroom, particular in Tanzania. Classroom observations suggest that the majority of schools visited in Tanzania did not have sufficient space, indoors or outdoors, to allow for games to be played as part of a lesson. Teachers also cited a lack of materials and equipment and training in how to use play-based methods as a key barrier to ensuring their lessons were more interactive.

Provision of protective, inclusive, gender-responsive learning environment

Overall, none of the schools observed in either country met the criteria for emotional safety and wellbeing. Only 1 out of 5 schools in Burundi had a child protection policy. In Tanzania, whilst all schools had a child protection policy, these were rarely readily displayed. The baseline revealed a widespread use of corporal punishment in schools (despite behavioural management policies explicitly prohibiting this in all but one schools in Tanzania).

In addition, classroom observations revealed deficiencies in the physical environment of schools including with regard to structural foundations, sanitary facilities and teaching and learning equipment in schools. Participants noted problems with: overcrowded classrooms; buildings made out of temporary tree structures, which were considered unsafe and inadequate to provide sufficient protection from heavy rain; flimsy or broken school fences allowing anyone to wander in and out of the school; a lack of playground space, and the presence of stones and slippery terrain. The lack of separate toilet facilities for boys and girls, failure to provide doors and locks on toilets, a general lack of cleanliness, and inadequate provision of sanitary materials, disposal systems and private washing facilities for cloth-based sanitary products were all noted as significant issues for children's safety and wellbeing, particularly for girls.

Whilst lessons in Burundi were observed to be more interactive than those in Tanzania, inclusion of children with disabilities was found to be poor: few of the lessons included children with disabilities, and where children with disabilities were present, no lesson modifications were made to ensure children's active participation. Whilst Tanzania had one school specially for children with disabilities, no similar school was identified in Burundi. In general across both countries there was a lack of adequate learning materials, specific sports tools and play facilities for children with disabilities as well as teaching facilities (particularly sign language dictionaries and braille materials for blind children). In addition there were shortages of specially trained teachers, and few schools were found to be fully

accessible. In Burundi challenges with transportation to and from school was also noted as a particular barrier to inclusive education for children with disabilities.