Project Evaluation Report

Report title:	Rapid Mid-Point Assessment
Evaluator:	Forcier
GEC Project:	Réussite et Epanouissement Via L'Apprentissage et L'Insertion au Systeme Educatif (REALISE)
Country	Democratic Republic of the Congo
GEC window	GEC-Transition
Evaluation point:	Midline
Report date:	November 2020

Notes:

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Girls' Education Challenge

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RAPID MID-POINT ASSESSMENT:

REUSSITE ET EPANOUISSEMENT VIA L'APPRENTISSAGE ET L'INSERTION AU SYSTEME EDUCATIF (REALISE)

IN THE DEMOCRATIC REPUBLIC OF THE CONGO

Final, approved version

November 2020

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By

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For

World Vision

Save the Children

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Background and COVID-19 Context

This research has been undertaken during the global COVID-19 pandemic. The planned midline study for REALISE was cancelled in agreement with the FM as it was recognized that a full, face-to-face midline could not be conducted in the midst of school closures and significant COVID-19 infection risk.

The DRC government ordered schools to close on March 19th of 2020 in order to prevent the spread of COVID-19. As a result, students were unable to attend school and missed approximately two months of their ongoing school-year, during which classes would have normally ended in May, and exams would have been completed by the end of June. Schools were reopened to complete the school year from August 10th to September 10th, but only students from the final grades of primary and secondary attended classes to take their end year exams.

As a result of school closures, it is anticipated that most cohort girls had limited learning opportunities from March to the present (September 2020), and that there may have been some loss of key reading and numeracy skills during this timeframe due to lack of practice. In addition, it is likely that many girls were unable to complete the school year and that girls at key transition points (i.e. grade 6 and AEP 3) were unable to complete their final examinations necessary in order to transition. One of the key aims of this study has been to determine the degree to which skills have been retained and other key transitions have been made.

The MOE announced a revised school calendar with a start of October 12th, and schools did reopen almost everywhere as planned. As of the writing of this report, enrolment has been slow, and already teacher's strikes have been announced. It remains uncertain how many of the sampled teachers have actually returned to school at this point. A brief telephonic follow-on study may be necessary in order to establish this. The second key aim of this mid-point study is to assess the willingness of teachers and cohort girls to return to school, and to identify key barriers to returning to school for both students and teachers.

Save the Children and Forcier have jointly assessed the COVID-19 situation in the DRC and have reached an agreement that the situation is sufficiently safe in certain provinces that it will allow for limited face-to-face data collection, provided that collection is carried out by REALISE MEL and Program staff as part of their planned site-visits.

This rapid mid-point assessment of the REALISE program employs a compact, quantitative approach that is intended to minimize overall risk of spreading COVID-19, while allowing for rapid availability of assessment analysis and recommendations. Our paramount concern in data collection has been ensuring minimal risk to all data collectors and respondents. Data was collected by STC staff using computer assisted personal interviewing (CAPI) or computer assisted telephonic interviewing (CATI), employing the Survey CTO application which allowed for easy data entry and validation in the field. The assessment sample ultimately comprised 128 teachers and 441 households (caretakers and girls).

The objective of this assessment was to provide rapid access to information about learning retention (among cohort girls) as well as barriers to returning to school for both teachers and students. This information will allow Save the Children and partners to act quickly to reduce barriers in anticipation of the re-opening of schools in late October.

Key Findings

Girls' Learning Retention:

- Learning retention can be expected to be low as girls return to school in October. Nearly one third of caretakers (31.3 percent) reported that their girls did not engage in *any* learning retention activities since schools closed in March, and the vast majority of girls did not have access to informal teaching or tutoring while schools were closed. The most common retention activity reported by caretakers (at 49 percent) was reading. Around 26 percent of caregivers reported that girls were reading workbook materials distributed by the Ministry, and nearly 14 percent of caregivers reported that girls were reading the health-related materials distributed by the MHPSS. This finding suggests that the distribution of these materials likely helped to ensure that girls who were inclined to study had reading materials available that they could study.
- Triangulation of data between caretakers and teachers suggests that between 28 and 38 percent of surveyed communities had some kind of teaching or tutoring opportunities available while schools were closed. Teachers' reports provided the upper bound of this estimate at 38 percent, while caretakers' reports provided the lower bound of this estimate at 28 percent. It is thus likely that only around one third of program communities had teaching or tutoring opportunities available to girls while schools were closed.
- There are significant regional variations in retention activities that girls were willing and able to engage in, and Ituri has the lowest average retention score of any province, as well as the highest reported levels of illness and deaths within households, which are also highly predictive of children engaging in fewer retention activities. On the other hand, the average of retention scores in Kasai Oriental is significantly higher than the sample average, which can be explained in part by the fact that Kasai Oriental has a larger number of respondents living in urban areas, and a much smaller number of respondents reporting conflict in the area.
- The most important determinants of participation in retention activities sit at the household level. The most vulnerable girls are those with higher levels of chore burden and girls with families that are unsupportive of those girls staying in school. Girls who belong to households where their education is not prioritized have significantly lower retention scores than girls whose caretakers do not over-burden them with chores and where girls feel that they are supported in staying in school. Furthermore, reported levels of chore burden have increased substantially since the baseline, indicating that this barrier to retention (and potentially also to attendance) is becoming even more prevalent and severe. These findings regarding the importance of caregiver support are also in keeping with baseline findings that girls were more likely to remain enrolled in school when their caretakers participated in VSLAs. In addition, girls with female heads of household also had retention scores that were significantly higher than average. It may be the case that this finding is a result of the fact that female heads of household place more importance on girls education than do male heads of household.
- Girls with higher EGRA and EGMA scores at baseline had significantly higher learning retention scores as of this mid-point assessment. This finding provides some evidence of the validity of the retention proxies used for this mid-point assessment because it is extremely unlikely that these correlations would have emerged by chance; and second, the practical implication of these findings is that girls who were well-resourced in terms of learning at baseline appear to have remained better resourced (on average) than their peers, even during school closures resulting from COVID-19. We can interpret this finding as providing further support for the hypothesis that girls who belong to households where there education is prioritized tend to study more while in school and also practice and retain more while out of school. This finding also suggests that

individual-level traits of girls, such as self-esteem, motivation, interest in school, and scholastic aptitude are also important determinants of whether or not girls engaged in retention activities.

Girls' Barriers to Return and Risk of Dropout:

- A majority of girls and their caretakers also had no concerns at all about girls' abilities to return to and regularly attend school. Among those caretakers and girls who did express concerns, the most frequently cited concern (by both girls and their caretakers) was having sufficient funds to pay for school.
    - While insufficient funds for school was a widely cited concern, the evidence about economic hardship in the sample is mixed. A majority of households in the sample often go without cash income, and 38 percent reported that they are unable to meet their basic needs. There has been a significant increase since the baseline in the number of households that reported not being able to meet their basic needs, but there has not been a significant increase most of the other indicators of economic distress, including indicators of household food security.
    - These findings do not invalidate respondents' concerns about being able to afford school, but they do suggest that the economic impact of COVID-19 in DRC is perhaps less severe than some have imagined.
- Our analysis of subgroups and retention proxies suggests that the most vulnerable girls in terms of risk of dropout are probably those who belong to families that do not prioritize their education. These girls already have engaged in significantly fewer retention activities than their peers and are thus likely to be behind in their learning when they resume school. Furthermore, girls belonging to unsupportive households are also more likely to be saddled with heavy chore-burdens that have the potential to adversely affect attendance or that lead to dropping out of school altogether.
- Panel cohort girls surveyed at the midpoint were more likely to indicate they had school safety issues than they were in the baseline, which may pose a barrier for girls returning to school or dropping out. Girls were more likely to say that they felt unsafe traveling to and from school than they were at the baseline (an increase from 0.4 percent in the baseline to 6.8 percent). In addition, panel cohort girls were more likely to say they were unsafe at school at the mid-point (an increase from 0.8 percent to 5.2 percent).
- At the midpoint evaluation, panel cohort girls indicated a sense of agency and empowerment around attending school at significantly higher rates than they did at the baseline. At the baseline, 84.8 percent of the girls in the panel said that felt that they had no choice in whether to attend school. At the midline, only 48.8 percent of girls said the same.

Teachers:

- All teachers surveyed reported that they anticipated returning to regular in-class teaching once schools reopen. Only 7 percent of teachers said that they were not currently residing in the community they taught in last year, and all of those teachers reported that they plan to return to the community where they teach prior to schools reopening.
- Teachers broadly feel that they have the skills to be prepared to teach when schools reopen. Nearly two-thirds of teachers reported feeling very prepared to restart teaching regularly, with only 3.1 percent of teachers feeling like they are not at all prepared. When asked about priority areas for future training, the top three topics requested all deal with managing the return to school of students who are expected to have extremely different learning levels, and some of whom are expected to require significant remedial work.

- For teachers, the biggest challenges to returning to regular in-person schooling are related to COVID-19. The most commonly cited challenge among surveyed teachers was difficulty maintaining social distancing while at school. Nearly 80 percent of teachers cited this, while 64 percent cited the challenge of wearing masks in school. Concerns with receiving teacher salaries was not nearly as frequently cited as a main challenge to reopening, although nearly half of teachers in Haut Katanga believed it to be a challenge. This may be because cost of living is comparatively high in Haut Katanga, which means that teachers will be more concerned about the problem of payment even if they are paid on time.
- By and large, teachers feel safe returning to teaching in schools. Over 80 percent of teachers reported feeling either very or somewhat safe returning to teach in schools compared to just 4.7 percent who stated they felt very unsafe returning. Of those that did report feeling unsafe, the most commonly cited reasons once again included a lack of social distancing and masks in school.
- Economic hardships may increase teacher turnover or absenteeism. Nearly a fifth of teachers have not been paid for their work before and during the pandemic. The majority of teachers, 57.1 percent, who were not paid for teaching before the pandemic do not believe they will eventually get paid. The Ministry of Education (MOE) has announced a new school fee policy, which confirms that the MOE will not pay “new” teachers who have been recently hired directly by secondary schools. This is a reversal of the MOE’s announced policy from last year. Current MOE policy suggests that they intend to pay new teachers at primary level grade 1 to grade 6. However, as of the writing of this report, secondary school teachers will be paid by school fees that will be collected to cover teacher salaries.
- Alternative sources of income may also pose a risk to teachers returning to schools in the event that these alternative sources may prove to be more lucrative or dependable than teaching. Approximately half, 49.2 percent of teachers found income from other sources. Among those who found alternative income, 33.3 percent earn more than their teacher salary, which suggests that these teachers are at the highest risk of not returning to teach and simply pursuing their new source of income. This is a possible barrier to returning to teaching, although none of those teachers with lucrative alternative employment suggested that they would not return to teaching.

Recommendations based on report findings

- (From Section 3.2) Given the increase observed in caretakers reporting that girls have self-care, cognitive, and mental health-related impairments, the project may need to redouble its focus on these vulnerable populations. In particular, **these findings suggest the potential need for more focused training of teachers so that teachers can be sensitive to the needs of students with these impairments.**
- (From Section 3.3) While the midpoint evaluation data indicated substantial progress in empowering girls, i.e. a 36 percentage point reduction in girls who said they have no choice in whether they attend school, nearly half of panel cohort girls, 48.8 percent, still said that they felt that they had no choice in the matter. **The findings suggest continued girl empowerment efforts to encourage girls to advocate for their education.**
- (From Section 4.2) If regional targeting of project response is deemed necessary or desirable, **it would be advisable to target resources to Ituri and to conflict-affected areas**, as these tend to demonstrate the lowest retention scores and thus the highest risk of girls falling behind and dropping out of school.
- (From Section 4.3) In response to caretakers’ concerns about being able to afford to keep girls in school, **it would be advisable to provide bursaries to underwrite the costs of schooling**

whenever possible, especially for the most vulnerable households in rural areas. **School feeding programs may also help ease the financial burden of sending children to school and provide adequate nutrition to students**.

- (From Section 4.3) Responding directly to COVID-19 (as a threat/concern) will be less important to girls and their families than responding to the fact that some girls will be falling behind their peers (due to lack of retention activities) and that these same girls are also more vulnerable because they tend to have higher levels of chore-burden in their homes and less supportive caretakers. **Interventions that focus on changing adult attitudes toward the value of girls' education are more relevant now that some girls have been even more heavily enlisted into income-generating activities, household upkeep, and childcare**. It is important to note that, while most indicators of economic hardship have not worsened significantly since the baseline, high chore burden is correlated with households reporting that they often cannot meet their basic needs, and is also correlated with higher levels of food insecurity. While these results are not statistically significant, these findings suggest that chore burden is strongly linked with economic and food-insecurity and that addressing these fundamental issues will also help to address problems of attendance and dropout now that girls have returned to school.
- (From Section 4.5) In light of teachers' requests, **the project may wish to target its teaching trainings to prioritize teachers' top-three requested trainings (or more, if possible): i.e. managing shifts and blended learning, providing catch-up or remedial support, and management of different learning levels**.
- (From Section 4.5) To address non-payment of salaries to nearly a fifth of teachers, **it would be advisable to provide support for additional funding for teacher salaries to improve teacher retention and morale**.
- (From Section 4.5) In light of the concerns that teachers expressed related to social distancing and fear of contracting COVID-19, **the program may consider training for teachers and advising schools on procedures for maintaining social distance in school settings**. **Providing PPE for teachers might also be a worthwhile investment to help ameliorate teachers' concerns about contracting COVID at school**.

General MEL recommendations

- Because schools are now back in session, it would be advisable for SCI and its partners to re-contact the teachers sampled in this assessment to ascertain whether or not those teachers have, in fact, returned to teaching. This re-contact could be done telephonically, and with minimal cost. It is also possible that some of the sampled teachers misrepresented their intentions to return to teaching, and so following up with head teachers at project schools might provide a necessary means of cross-checking teachers' reports.
- As with teachers, it would be ideal if the project can, as part of its monitoring, verify the number of girls who did re-enroll in school, especially with regard to the most vulnerable subgroups.
- In light of the increased reporting of cognitive, self-care, communication, and mental health impairments, the project may consider the need to assess student needs along these lines, e.g. using a Perceived Stress Scales survey for students and teachers.
- In order to better understand the cause of the rise in girls feeling unsafe traveling to and from school and feeling unsafe at school, we advise that qualitative interviews with parents, teachers, and students include questions about the dangers that face girls on their way to school and at school.

1. Background to project

1.1 Project context and interventions

Education is recognized as a fundamental right in the Democratic Republic of the Congo (DRC). The formal education system is based out of three ministries: the Ministry of Primary, Secondary and Technical Education (MEPST), the Ministry of Higher Education and University (MEAS) and the Ministry of Social Affairs (MINAS).[1] The majority of the school system is made up of private institutions run by religious institutions or other NGOs.

However, not all Congolese children have access to education. Children's participation in school has more than doubled since 2001[2] but enrollment among children aged 6-11 years is still low, with 80% of children in this age range enrolled in primary school.[3] Only 67% of children who start first grade will still be attending school by sixth grade and only 75% of those students manage to pass the sixth grade final exam (and thus, graduate primary school).[4]

While both boys and girls are not able to access education in the DRC, the situation is far worse for girls. The DRC is currently ranked #134 out of 144 countries in Save the Children's Girls' Opportunity Index. There are high rates of child marriage, teenage pregnancy and shockingly low rates of secondary school completion.

Réussite et Epanouissement Via L'Apprentissage et L'Insertion au Systeme Educatif (REALISE) is a FCDO-sponsored Girls' Education Challenge program implemented by Save the Children and World Vision. It is a continuation of the Vas-y-fille (GEC-1) program and is focused on girls' learning, attendance, and transition in the DRC formal education system. REALISE aims to support 60,000 girls across six different provinces through a host of interrelated-interventions.

Descriptions of the original REALISE interventions (i.e. pre-COVID-19 and pre-MTRP) are as follows:

- **Literacy and Numeracy Boost (Supplementary Classes):** Girls and boys with low numeracy and literacy scores in 262 primary schools and communities will receive supplementary classes to focus on literacy and numeracy.

- **Teacher Professional Development:** Inspectors from the ministries of six provinces at primary and secondary levels will receive Training of Trainers (TOT) training to train 3 teachers in each target primary school, 2 teachers from each secondary school, and 1 teacher from each AEP.

- **Accelerated Education Methodologies:** 20 educators will implement accelerated education.

[1] MINAS is in charge of non-formal education through AEPs for children and adults who have fallen too far behind in the traditional education system.
[2] United Nations Children's Fund (UNICEF). 2016. "UNICEF DRC – Factsheet on the Situation of Children in DRC." Available at https://reliefweb.int/sites/reliefweb.int/files/resources/336058849-UNICEF-DRC-Factsheet-on-the-situation-of-children-in-DRC.pdf.
[3] United Nations Children's Fund (UNICEF). 2016. "UNICEF DRC – Factsheet on the Situation of Children in DRC." Available at https://reliefweb.int/report/democratic-republic-congo/5-key-figures-about-situation-children-drc.
[4] United States Agency for International Development (USAID). 2018. "DRC: Education Fact Sheet." Available at https://www.usaid.gov/democratic-republic-congo/fact-sheets/usaiddrc-fact-sheet-education.

- **Conflict-Sensitive Education:** 1000 teachers will be trained in psychological first aid and working with children who have been traumatized by violence and war.

- **Improved Quality Learning Environment:** 60,000 girls will benefit from additional resources.

- **Bursaries:** Girls in selected grade levels in target schools and AEP schools will receive bursary support.

- **Citizen Voice and Action:** Groups of parents will be trained to conduct advocacy within each of the 262 communities.

- **Financial Support to AEP:** Girls and boys who are not eligible for reintegration into the formal education system will be provided financial support.

- **Savings and Loans Groups:** Groups of parents per primary school in the full cohort will be encouraged to join a Savings and Loans Group.

1.2 Current context and COVID-19

This research is being undertaken during the global COVID-19 pandemic. The planned midline study for REALISE was cancelled in agreement with the FM as it was recognized that a full, face-to-face midline could not be conducted in the midst of school closures and significant COVID-19 infection risk.

The REALISE project Medium Term Response Plan (MTRP) summarizes the situation surrounding the outbreak of the pandemic in DRC: "The COVID-19 epidemic in DRC was declared on March 10, with the first cases confirmed in Kinshasa. Testing services are extremely limited and only confirmed cases reported. As of August 24, the country counted 9890 confirmed cases, of which 8,972 recovered, and 250 confirmed deaths, in 17 provinces. Kinshasa remains the epicentre with more than 80% of all confirmed cases. Three out of the six REALISE provinces are currently affected by the pandemic: Haut Katanga (314 cases), Lualaba (94 cases), and Ituri (96 cases)."[5]

The DRC government ordered schools to close on March 19th of 2020 in order to prevent the spread of COVID-19. As a result, students were unable to attend school and missed approximately two months of their ongoing school-year, during which classes would have normally ended in May, and exams would have been completed by the end of June. Schools were reopened to complete the school year from August 10th to September 10th, but only students from final grade of primary and secondary attended classes to take their end year exams.

As a result of school closures, it is anticipated that most cohort girls had limited learning opportunities as from March through mid-October, and that there may have been some loss of key reading and numeracy skills during this timeframe due to lack of practice. In addition, it is likely that many girls were unable to complete the school year and that girls at key transition points (i.e. grade 6 and AEP 3) were unable to complete their final examinations necessary in order to transition. One of the key aims of this study is to determine the degree to which skills have been retained and other key transitions have been made.

The MOE announced a revised school calendar with a start of October 12th, and as of the writing of this report, schools did reopen almost everywhere as planned. Enrolment has been slow, and already teacher's strikes have been announced. It remains uncertain how many of the sampled teachers and

[5] See, REALISE MTRP, Save the Children, September 4, 2020, page 1.

students have actually returned to school at this point. The second key aim of this mid-point study is to assess the willingness of teachers and cohort girls to return to school, and to identify key barriers to returning to school for both students and teachers.

Economic factors are important to both students and teachers in terms of their ability to return to school, and so the policy of the MOE toward collecting school fees and paying teachers is highly relevant. As of the writing of this report, the MOE has announced a new school fee policy. Primary education will be free (without student fees), and teachers will be paid by the MOE. On the other hand, the MOE has stated that it will not pay "new" teachers who have been recently hired directly by secondary schools. This is a reversal of the MOE's announced policy from last year. Current MOE policy suggests that they intend to pay new teachers at primary level grade 1 to grade 6. However, as of the writing of this report, secondary school teachers will be paid by school fees that will be collected to cover teacher salaries.

Save the Children and Forcier have jointly assessed the COVID-19 situation in the DRC and have reached an agreement that the situation is sufficiently safe in certain provinces that it will allow for limited face-to-face data collection, provided that collection is carried out by REALISE MEL and Program staff as part of their planned site-visits. The assessment design presented in the following section is premised on the need to protect communities as well as research staff, as well as the need to provide rapid access to information about barriers to returning to school so that Save the Children and partners can act quickly to reduce barriers in anticipation of the re-opening of schools in October.

The REALISE approach has also been adapted in light of the COVID-19 pandemic and summarized in the Medium-Term Response Plan (MTRP) which was submitted on September 4, 2020. The plan, which has been approved, assesses key risks and proposes revisions to interventions and outputs. The following is a brief summary of key changes to the REALISE project in response to the pandemic:

- Output 3: *Conflict Sensitive Education* was cut as part of budget revision;
- Output 5: *Community structures address economic & institutional barriers to girls' and boys' education* was cancelled with the exception of bursaries and CVA;
- Learning Clubs are being expanded to all primary schools;
- SRH Clubs and Currriculum are being expanded to G6 primary schools, and hygiene kits will be provided to girls;
- Support for AEPS and VSLAS, and TPD will continue as planned;
- Payment of bursaries at secondary level G7 and G8 will continue, but primary school G1-6 is fee-free;

2. Assessment Approach and Methodology

This section presents the approach to the mid-point assessment, beginning with an overview of the key objectives. The assessment methodology is summarized, including a listing of all data types collected and their estimated and achieved sample sizes. Finally, the data collection process is described in detail, along with the main limitations of this study.

2.1 Assessment objectives

The rapid mid-point assessment of the REALISE program employs a compact, quantitative approach that is intended to minimize overall risk of spreading COVID-19, while allowing for rapid availability of assessment analysis and recommendations. Our paramount concern in data collection is ensuring minimal risk to all data collectors and respondents. Data will be collected by STC staff using computer assisted personal interviewing (CAPI) or computer assisted telephonic interviewing (CATI), employing the Survey CTO application which allows for data easy entry and validation in the field, irrespective of survey mode.

The objective of this assessment is to provide rapid access to information about proxies of learning retention (among cohort girls), changes in girls' membership in key, vulnerable subgroups, as well as potential barriers to returning to school for both teachers and students. This information will allow Save the Children and partners to act quickly to reduce barriers in anticipation of the re-opening of schools in late October.

All data from teachers will be obtained remotely, using telephonic sampling which will be carried out by designated Save the Children staff in key office locations. To ensure that the voices of beneficiaries and their families are heard, a sample of beneficiary households was taken by Save the Children's and World Vision's MEL staff as part of their regularly scheduled site visits. Where possible, Save the Children's MEL staff conducted interviews using social-distancing and personal protective equipment (PPE) that minimized the risk of spreading COVID-19 as part of the face-to-face interviewing process.

It is important to note that this rapid assessment does not include learning assessments. While learning retention is an indicator of central importance, it will be highly impractical (given the limited timeframe and the need to re-train MEL staff for the purpose of mid-term data collection) to administer learning assessments to directly assess learning and retention. Rather, learning retention will be measured by proxy in the ways described below. Learning and other key evaluation outcomes will be evaluated as part of the endline evaluation. To be clear, evaluation of learning is a paramount need now that students have returned to school, and it is recommended that teachers lead classroom assessments as soon as possible so that they can determine the needs of their students, how best to serve them, and where remedial work will be required.

2.2 Overview of research design

This section provides a brief overview of the research design employed for this assessment. Later sections of this report provide greater detail regarding the data collection tools employed, the sampling strategy, and a plan for analysis.

The methodology for this rapid mid-point assessment was highly pragmatic, considering the limited timeframe available and the many constraints imposed by the COVID-19 pandemic. The data collection period proceeded for a total of approximately two working weeks. This compact data collection period was necessary to ensure that data could be collected, analyzed, and summarized rapidly, with the target of submitting a concise report with actionable recommendations as soon as possible following the conclusion of data collection.

Sampling

The three targeted populations will be learning cohort girls, their caretakers, and teachers. No a priori sample size was be specified; rather, the MEL teams aimed to reach as many respondents as possible during the two-week data collection period.

Priority was given to reaching girls and caretakers (specifically those who were members of the baseline panel sample) in the most safe and efficient means possible. Contacting teachers by phone was a secondary priority, and this task was delegated to project staff who were be trained for this purpose. It is worth noting here that teachers were not be sampled based on quotas (e.g. by grade-level, or gender). Because the baseline sample of teachers was diverse (and representative of the population of project teachers), we it was expected that the sample of re-contacted teachers for this mid-term assessment would also be sufficiently diverse (in terms of grade-level, gender, and urban versus rural setting) and would be broadly representative.

Methodology

The following is a brief description of the key survey populations and our approach to gathering the most relevant datapoints from those populations. The three targeted populations were learning cohort girls, their caretakers, and teachers.

The table below provides a summary of the data collection tools that were used.

Table 1: Data Collection Tools, Target Populations, and Sample Sizes

Method	Source/Respondents

Household Survey (In-person)	• Caregivers from baseline sample
	  ○ Head of Household Survey (1 Per Household)
	• Cohort girls from baseline sample
	  ○ Girl survey (1 per household)
	  ○

CATI Teacher Survey	• Administered telephonically • Teachers from the baseline will be re-contacted

Girls and caretakers from the baseline sample were contacted in their households and were interviewed on key indicators listed below. Demographic and household-level questions that were unlikely to change over time were not asked again (to save time) but were added to the final dataset by merging the baseline data. This merging of baseline data was carried out for all variables where the baseline values could be assumed to be time-invariant. We identified subgroup and barriers questions where these were certain to be time-invariant. In all other cases, we have collected new information on barriers and subgroup status to determine if the status of a given respondent has changed since baseline.

<u>Indicators for girls and caretakers:</u>

1. Proxies for learning retention/loss:
   a. What learning activities (if any) were done in the household during COVID, e.g. reading, self-study, solving math problems from textbooks?
   b. Were any educational games played at home during COVID that might have led to retention of learning?
   c. Were there any informal or ad-hoc learning opportunities in the community during COVID (e.g. did a teacher or other local mentor offer any teaching or tutoring sessions)? If yes, were these attended and how well attended?
2. Barriers and risk of dropout:
   a. Was there a change in orphan status – i.e. death of parent/caretaker?
   b. Was there any major sickness or death in the household?
   c. Did children become engaged in full-time or part-time work during COVID?

d. Is this work likely to interfere with child's ability to return to school?
e. How safe do children report feeling about returning to school?
f. How safe do caretakers feel about their children returning to school?
g. What was the economic impact of COVID on the household?

Teachers will be sampled by computer-assisted telephonic interviewing (CATI), ideally from among the teachers sampled at baseline. At minimum, the teachers need to be sampled from the same schools and communities sampled at baseline. Teachers will be asked a small selection of questions from the Teacher Survey and will be asked additional questions based on the indicators listed below.

Indicators for Teachers:

1. Willingness to return to teaching:
    a. What has been the economic impact of COVID on teachers?
    b. Did they have a source of income during COVID?
    c. Have teachers been paid for work done prior to COVID?
        i. If no, do they expect to be paid?
    d. Were they paid during COVID?
    e. Do teachers expect to be paid if they return to work?
    f. Do teachers feel safe returning to teaching in schools?
    g. Are teachers currently located in the communities where they were teaching before COVID?
    h. If not, are they open to moving back?
2. Learning retention/loss:
    a. Did teachers do any community engagement or informal teaching/tutoring during COVID?
        ii. If yes, what types of activities were done and how well attended were these?

Pre-Testing Tools

Prior to the start of fieldwork and training, Forcier bench-tested the fully programmed versions of the household and teacher surveys to ensure that the surveys were programmed properly. Save the Children also carried out a one-day pre-test as part of training, during which all trained MEL data collectors were expected to fill out at least one full household survey with a respondent who did not belong to the target population of the survey but who was relevantly similar. Similarly, MEL staff who were making phone calls to teachers also carried out a one-day pre-test of the Teacher Survey with a minimum of two respondents. If a pre-test with live respondents was not possible, all staff at minimum filled out the household survey at least twice themselves (from start to finish) to simulate the process of administering the full survey.

By requiring each enumerator to complete at least two pre-test surveys the submitted pre-test data revealed a small number of last-minute problems with the survey and allowed for the correction of incorrect skip logic, as well as a few other small errors related to the schools and community names that were listed in the survey.. During training, all problems were addressed proactively, with data collectors reporting any issues their teams noticed to Forcier's technical staff for immediate resolution. The pre-test period, thus, provided a last check on the script quality before fieldwork began.

Sample Design

Excepting households in Ituri (which was not previously surveyed at baseline), all households were sampled from among those successfully contacted in the baseline sample. Teachers were contacted from

lists of teachers who had available phone numbers and priority was given to contacting teachers who were also part of the baseline study.

Baseline sampling: At baseline, schools were selected randomly from a list of intervention and control schools provided by Save the Children and World Vision. The school sample was stratified by province, defined as the five provinces in which the baseline evaluation took place. Schools were also stratified by control and intervention schools, providing 56 primary schools in the intervention group and 56 primary schools in the control group. Lastly four AEPs were selected, all of which were intervention schools.

The baseline sample frame provided by Save the Children and World Vision contained 196 intervention primary schools, 117 control primary schools, and 6 AEPs, out of which we randomly selected a total of 112 schools and 4 AEPs for evaluation. The table below describes the composition of the sample frame and the sample, by stratum, to highlight the extent to which the baseline sample represented the underlying population of eligible schools.[6] The table below describes the allocation of schools to provinces.

Table 2: Schools - Baseline sample distribution

	Intervention			Comparison		AEP	
Province	**Intervention Schools in Population**	**Prop.**	**Sampled Schools**	**Sampled Schools**		**Accessible AEP centres**	**Sampled AEP centres**
Haut Katanga	37	18.88%	11	11		0	0
Kasai Oriental	46	23.47%	13	13		2	1
Lomami	20	10.20%	6	6		0	0
Lualaba	41	20.92%	12	12		0	0
Tanganyika	52	26.53%	14	14		4	3
Total	**196**	**100.00%**	**56**	**56**		**6**	**4**

Each school/community cluster was then allocated a target total of 22 household interviews and corresponding learning assessments. The table below describes the achieved baseline sampling distribution by province on the basis of the school-level allocation and the per-cluster quota of 22 interviews per cluster.

[6] Note that the baseline evaluation samples primary schools and AEPs exclusively, and does not include secondary schools, because at the targeted age ranges for inclusion in the evaluation cohort (9-11 years) girls are generally enrolled in primary school. In addition, at the time of the construction of the sample, SCI had not yet selected the secondary schools that would receive project interventions.

Table 3: Girls - Baseline sample distribution

Province	Intervention	Comparison	AEP
Haut Katanga	243 (20.4%)	241 (19.4%)	0 (0%)
Lualaba	258 (21.6%)	260 (20.9%)	0 (0%)
Lomami	116 (9.7%)	132 (10.6%)	0 (0%)
Kasai Oriental	280 (23.5%)	323 (26%)	37 (28.9%)
Tanganyika	297 (24.9%)	288 (23.2%)	91 (71.1%)
Girls (sample size)	1194 (100%)	1244 (100%)	128 (100%)

Table 4: Teachers - Baseline sample distribution

Province	Intervention	Comparison	AEP
Haut Katanga	22 (19.3%)	22 (20.0%)	0 (0%)
Lualaba	24 (21.1%)	22 (20.0%)	2 (25.0%)
Lomami	12 (10.5%)	12 (10.9%)	0 (0%)
Kasai Oriental	28 (24.6%)	26 (23.6%)	0 (0%)
Tanganyika	28 (24.6%)	28 (25.5%)	6 (75.0%)
Teachers (sample size)	114 (100%)	110 (100%)	8 (100%)

Mid-term sampling: For this mid-term assessment, the project opted to select schools on the basis of the following criteria: 1) intervention schools; 2) schools with high In-school Cohort Girls (=>16); 3) adjustment of number of schools based on dedicated team and conflict vs non conflict areas; and 4) random sampling in Ituri as no schools were included in the Baseline (with the exclusion of Nizi Location as not accessible). The focus on intervention schools implies that this assessment will not be able to comment on differences between intervention and comparison schools. An assessment of the situation and barriers to return to school was deemed to be paramount among intervention schools. The principal limitation introduced by this approach is that there might have been important differences between intervention and comparison schools in terms of retention of learning as well as the probability of teachers and learners returning to schools. The mid-term analysis will not be able to explore these differences.

It should be noted that the mid-term sample also includes the province of Ituri, which had been excluded from the baseline sample due to most of Ituri being inaccessible because of active conflict.

On the basis of these selection criteria, the distribution of schools by province was planned to be as shown in this table:

Table 5: Mid-Term sample distribution (at school-level)

Province	Intervention Schools in Population	Intervention Schools in Sample	Percent
Haut Katanga	37	6	11.11
Ituri	Not established at baseline	10	18.52
Kasai Oriental	46	10	18.52
Lomami	20	6	11.11
Lualaba	41	12	22.22
Tanganyika	52	10	18.52
Total	196	54	100

A full list of all sampled schools for the mid-term assessment is presented in the Sampling Plan Annex.

The table below presents estimated totals for mid-term assessment sample sizes for girls and teachers, alongside the achieved totals. Prior to the assessment, sample sizes were estimated based on an assumed number of interviews collected per day for a total of 10 working days. The operating assumption for planning was that MEL staff members who acted as enumerators would be able to accomplish approximately 4 surveys (either teacher surveys or HH/Girls surveys per day).[7]

Organization	Province	Interview	Estimated Total	Achieved Total
SCI	Ituri	Teachers	40	28
		HH/Girls	120	168
	Lomami	Teachers	40	5
		HH/Girls	40	39
	Kasai Oriental	Teachers	40	18
		HH/Girls	120	63

[7] In light of the fact that the approach to sampling in this rapid mid-term assessment was not previously tested, we were not certain during the inception phase whether these completion-rates and sample sizes could be achieved. As stated above, fieldwork was planned for a set period of two working weeks and as many respondents as possible were contacted during that time.

WV	Haut Katanga	Teachers	40	21
		HH/Girls	40	20
	Lualaba	Teachers	40	22
		HH/Girls	80	93
	Tanganyika	Teachers	40	34
		HH/Girls	80	58
Total Teachers			**240**	**128**
Total HH/girls			**480**	**441**

Again, it is worth noting that estimated and achieved sample sizes were based purely on logistical restrictions, not on prospective power calculations. The aim of the mid-point sample was to provide a post-pandemic snapshot of REALISE intervention schools that would allow for the adjustment of programming to address key barriers and needs that have emerged as a result of the COVID-19 pandemic. The analysis plan in the following section provides more detail on our approach to mid-point analysis.

It is also worth noting that our approach to sampling did not involve targeting of specific subgroups. The most effective approach to gaining a representative sample of mid-point respondents that is also comparable to the baseline respondents was to re-contact respondents randomly, without regard for membership in a given subgroup. Given that all possible subgroups of concern were represented in the baseline sample, it was expected that a representative mid-term sample would also capture many of these same subgroups in the proportions in which they occur in the population, albeit at a much lesser frequency.

2.3 Analysis plan

Quantitative Mapping of Indicators

This rapid mid-term assessment of REALISE focuses on key indicators that have been defined to provide actionable recommendations to respond to the fact that schools closed early as a result of the COVID-19 pandemic. School closures and fear surrounding the re-opening of schools may have had several possible negative effects on ongoing project interventions, namely reduced enrolment and attendance by girls (due to fear or sickness or economic hardship imposed by COVID-19) as well as increased absenteeism on the part of teachers (due to fear of sickness or the fact that teachers may have had to relocate or seek alternative employment during the pandemic).

Household Survey

The primary indicators for the household/girls survey for this assessment are as follows:

1. Learning retention/loss
2. Barriers and risk of dropout

Our approach to analysis of learning retention involves the examination of key demographic and sub-group correlates of retention. These will be presented in tabular format, similar to presentations of learning results in standard GEC reporting templates. There is no need for longitudinal comparison in the

presentation of these results. The primary aim will be to understand the degree to which different regional dynamics as well as household, and identity-based characteristics of girls may be affecting their learning retention.

Learning retention will be measured by proxy because it will not be possible to carry out learning assessments as part of this rapid mid-term assessment. Most proxies of learning retention involve caretakers and girls being asked direct, objective questions about whether or not girls had opportunities to practice key reading and math skills while schools were closed, as well as the relative frequency of such practice when it did occur. We will summarize each of these proxies individually and then combine them into a retention score, where a higher retention score will indicate that girls engaged in a higher number of opportunities to practice skills at a higher frequency. If this score has sufficient variation, it may help us to identify the correlates of retention and thereby identify those girls who are at the highest risk of extremely low retention and drop-out.

Our analysis of barriers and risk of dropout will use longitudinal analysis (comparing baseline and mid-term data for matched respondents) to establish the degree to which important barriers to attendance or learning have shifted in the population since baseline. Because data on learning and attendance will not be collected, we will not be evaluating barriers in relation to these outcomes. Rather, we will be evaluating the degree to which barriers of certain types are more or less prevalent than at baseline. In particular, we are interested in the degree to which indicators of economic hardship have increased since baseline. In addition, our analysis of barriers and risk of dropout will leverage learning retention data to determine if learning retention is likely to be correlated with any key barriers. Finally, we will examine the challenges that are named by girls and their caretakers in relation to returning to school in October. Understanding the most frequently cited challenges to resuming school in October will help SCI to adjust their programming in ways that can potentially address those barriers and reduce risk of dropout.

Teacher Survey

The primary indicators for teachers for the teachers' survey for this assessment are:

1. Willingness of teachers to return to teaching
2. Learning retention/loss among students

Our approach to analysis of the likelihood/willingness of teachers returning to school concentrates on understanding teachers' economic circumstances while schools have been closed as well as teachers' current concerns related to returning to teaching when schools reopen in October. Teachers who have not been paid or who have had to move or find alternative employment while schools were closed are inferred to have a higher risk of not returning to teaching in October. In addition, the barriers (to returning to teaching) that teachers cite most frequently will be identified so that SCI can specifically address these barriers where possible.

The data from teachers will also provide a means of cross-checking data from the household/girls' survey related to learning retention. Teachers will be asked about any tutoring or informal educational opportunities that they provided to students while schools were closed due to COVID-19. Teachers' reports of providing out-of-school learning opportunities are triangulated with girls' and caregivers' reports where possible to provide a more robust estimation of the degree to which such opportunities were available while schools were closed due to COVID-19. In addition, teachers who took the initiative to provide such learning opportunities can also be inferred to be more dedicated to their teaching (or to serving the communities in which they teach) and thus more likely to return to their roles in October.

To describe the planned analysis in greater detail, the table below maps indicators to specific questions in individual data collection tools.

Table 6: Analysis Plan and Indicator Mapping for Key Outcome Variables

Data Collection Tool	Specific Measures
Learning retention	
HH Survey - Caretakers	• Caretaker accounts of educational opportunities that were available to girls while schools were closed: o Now I want you to think about the period starting when schools were closed in March up to now. Since the time when schools closed in March, were there any opportunities for ${cgirl_name} to learn from a teacher or tutor? For example, were there any teachers in this community who offered informal classes or tutoring? o What best describes the nature of these opportunities? o Please type the other learning opportunity not listed: o Did ${cgirl_name} participate in these opportunities? o How frequent were these educational opportunities? • Caretaker accounts of girls' at-home skills practice and availability of practice materials: o While schools have been closed, did ${cgirl_name} continue to read books or other reading materials on her own at home? o About how often did ${cgirl_name} read books while schools were closed? o While schools have been closed, did ${cgirl_name} solve math problems or do anything to practice math skills at home? o About how often did ${cgirl_name} practice math skills while schools were closed? o While schools have been closed, did you or another adult in the household play any educational games with ${cgirl_name}? For example, educational games might involve using math or reading in a game, or using other creative or thinking skills that girls learn in school. o About how often did you play educational games with ${cgirl_name}? o Since March, did your household receive any COVID-19 related materials or materials related to mental health? o Did ${cgirl_name} read these materials? o Since March, did your household receive a self-study workbook from the Ministry of Education/UNICEF? o Did ${cgirl_name} use the workbook? o Since March, did ${cgirl_name} listen to any educational radio programmes? o About how often did ${cgirl_name} listen to educational radio programmes?
HH Survey - Girls	• Girls' accounts of at-home skills practice while schools were closed: o Now I want you to think about when schools closed in March. I want to ask about what you were doing during the time that

	schools have been closed. Did you have the chance to do any reading since March? o Please tell me about the reading activities that you did. o While schools were closed, did you have the chance to practice math skills at home? o Please tell me about the math activities that you did. o While schools were closed, did you have the chance to listen to any educational radio programs at home?
Teacher Survey	• Teacher reports of learning opportunities provided while schools were closed: o Did you teach any students in groups while school was closed because of COVID-19? o How frequently did you teach students in groups? o Did you tutor any students individually while school was closed because of COVID-19? o In total, how many girl students did you tutor? o Did you provide any other support to students while schools were closed? [SELECT ALL THAT APPLY]
Barriers and risk of dropout	
HH Survey - Caretakers	• Standard barriers to learning and continued enrolment identified at baseline. o Close consideration will be given to economic and food-security-related barriers that have a high likelihood of having been affected negatively by COVID-19. • Barriers related to COVID-19: o Has anyone in this household been severely ill in since March? o How many members of the household were severely ill? o Has the father of ${cgirl_name} been ill? o Has the mother of ${cgirl_name} been ill? o Has ${cgirl_name} been ill? o Have there been any diagnosed cases of COVID-19 in this household? o How many people in this household were diagnosed with COVID-19? o Has anyone in this household died since March? o How many members of the household have died since March? o Has the father of ${cgirl_name} died? o Has the mother of ${cgirl_name} died? o Was the death in the household due to COVID-19? • Caretaker concerns about re-enrolling girls in October: o Do you have any concerns about the ability of ${cgirl_name} to return to school and attend regularly? o We are interested in understanding the main reasons why ${cgirl_name} will not be returning to school in October. I will now read some possible reasons. Please let me know which one(s) apply to your child.
HH Survey - Girls	• Girls' reports of whether or not they completed the previous school year: o Did you get your final grades from the past school year? o Did you pass your classes so that you will be able to move on to the next grade?

	• Girls' reports of intention to reenroll and their concerns about returning to school in October:
	  o Are you planning to return to school when the new school year starts in October?
	  o Do you have any concerns about your ability to return to school and attend regularly?
	  o Please tell me what concerns you have. [DO NOT READ RESPONSE OPTIONS. Prompt girl to tell all reasons and mark all reasons that best represent what the girl says]

Willingness of teachers to return to teaching	

Teacher Survey	• Teachers' self-reports of intention to return to teaching and potential barriers:
	  o Are you planning to return to teach at [Baseline School] in October?
	  o What do you think are the main challenges you face to attending school regularly? READ ALL RESPONSES AND SELECT ALL THAT APPLY.
	  o Are you currently residing in the community where you were teaching before schools shut down because of COVID-19?
	  o Do you plan on returning to that community to resume your teaching job in October for the new school year?
	  o How safe do you feel returning to teach in schools?
	  o Why do you not feel safe to return to teach in your school? READ ALL RESPONSES AND SELECT ALL THAT APPLY.
	• Indicators of economic hardships and adaptations that might prevent return to teaching:
	  o Have you been paid for the teaching you did before COVID-19 shut down your school?
	  o Do you expect to eventually get paid for the teaching you did prior to school shutting down?
	  o Were you paid for your job as a teacher during the time your school was closed because of COVID-19?
	  o If so, were you paid all or your regular salary or part of your regular salary?
	  o Did you have any other sources of income while your school was shut down because of COVID-19?
	  o How did the income from the other source(s) compare to your regular salary as a teacher?
	  o Are you still receiving income from the other source(s)?
	• Indicators of teacher engagement/investment in community:
	  o Did you reach out to or engage with parents in your community while school was closed because of COVID-19?
	  o Did you teach any students in groups while school was closed because of COVID-19?
	  o How frequently did you teach students in groups?
	  o Did you tutor any students individually while school was closed because of COVID-19?
	  o In total, how many girl students did you tutor?
	  o Were you paid for any of this tutoring?
	  o Did you provide any other support to students while schools were closed? [SELECT ALL THAT APPLY]

2.4 Challenges and limitations

Reduction of scope and no measurement of main evaluation outcomes:

In order to allow for the execution of a rapid assessment by MEL and Program staff, with limited remote training, this assessment only collected data on issues most directly relevant to COVID-related school closures and the probability of girls and teachers being able to return to school in a safe and sustainable fashion. Thus, this assessment did not include direct measurement of key evaluation outcomes, including learning outcomes, transition outcomes, sustainability outcomes, and attendance. These key outcomes will be evaluated as part of the final endline evaluation.

No sample of comparison schools/communities:

As noted earlier, this rapid mid-point assessment focuses exclusively on sampling of households and teachers within intervention schools. This is a practical choice and necessary for logistical reasons, but it does impose limitations on the types of comparisons that can be made during analysis. Namely, without data from comparison schools, we cannot determine whether or not there are elements of SCI interventions that have contributed to key differences (across girls and across regions) in the indicators identified for this assessment. For example, we might hypothesize that intervention communities and households are, on average, more resilient against pandemic-related school closures and girls in those communities would have higher levels of learning retention than in non-intervention communities. This type of high-level outcome-related hypothesis cannot be tested given the sample design of the mid-term assessment.

Limited sample size:

A limited sample size is a practical necessity so that this assessment can be carried out rapidly and with minimal additional cost to SCI in order to ensure sufficient funds for an extensive endline evaluation. However, with the comparatively small sample sizes anticipated for the household survey, we cannot be confident that our analysis will be adequately powered to identify (at standard levels of statistical significance) important determinants of learning retention or important barriers to girls remaining in school. In order to mitigate this problem, Forcier would recommend that the threshold for statistical significance be relaxed to the 90% confidence level (as opposed to the more conventional 95% confidence level).

Inability to directly measure learning retention

Because it was impractical to carry out full learning assessments as part of this rapid assessment, learning retention is inferred on the basis of proxy indicators – namely, whether or not girls had the opportunity to practice skills or be taught while schools were closed due to COVID-19. While we believe that these are meaningful proxies, we have no means of objectively testing or verifying the validity of these proxies. Thus, any inferences made about learning retention will rest on a substantial assumption – i.e. that the proxies we have selected are valid.

Interviews conducted by implementing staff and bias

Because interviews were conducted by SCI and World Vision staff (who will need to identify themselves as such to respondents), there was a risk that respondents' responses may be subject to social

desirability bias and the desire to portray the program in a positive light when speaking to individuals who are representatives of the program. While it is not possible to know the degree to which this bias is present, we can be confident that this bias will tend to distort findings in a positive direction. This caveat will be considered when presenting mid-point analysis.

3. Key Characteristics of Mid-Term Samples

3.1 Project beneficiaries

REALISE defines marginalized girls as those who face demand-side challenges to improvement in learning and transition outcomes, including extreme poverty, pastoralism, displacement, being over age for their grade, a high degree of exposure to violence/conflict, orphan status, disability, and having an illiterate mother. Marginalized girls may also face limited provision of secondary education, poor infrastructure, limited access to qualified teachers, lack of remedial education for pastoralist children, and limited capacity by school officials to address absenteeism, dropout, and poor learning outcomes. The analysis to follow provides sample breakdowns by province, grade, age, and disability, and subsequently provides a breakdown by girls' characteristics and barriers associated with educational marginalisation.

3.2 Characteristics of the mid-term sample across regions, age groups, grades, disability status and sex of the beneficiaries

[to be filled]

The table below presents the evaluation sample disaggregated by province, evaluation point, and panel membership. In total, 250 girls and households from the baseline were successfully recontacted in the midline, and 191 new girls and households were interviewed in the midline. It should be noted that schools and girls in Ituri were inaccessible in the baseline due to conflict, but Save the Children staff were able to conduct interviews at the midline evaluation point.

Table 7: Evaluation sample breakdown (by province)

	Baseline Panel	Midline Panel	Midline Non-Panel
Sample breakdown (Girls)			
Haut Katanga	16 (6.4%)	16 (6.4%)	4 (2.1%)
Lualaba	93 (37.2%)	93 (37.2%)	0 (0%)
Lomami	38 (15.2%)	38 (15.2%)	1 (0.5%)
Kasai Oriental	63 (25.2%)	63 (25.2%)	0 (0%)
Tanganyika	40 (16%)	40 (16%)	18 (9.4%)
Ituri	0 (0%)	0 (0%)	168 (88%)
Total girls	250 (100%)	250 (100%)	191 (100%)

The table below offers a breakdown of the evaluation sample by the grade in which the girls were enrolled during the past academic year. As shown in the table, most of the girls advanced two grades over the course of the intervening two years between the baseline and the midline.

Table 8: Evaluation sample breakdown (by completed grade)

	Baseline Panel	Midline Panel	Midline Non-Panel
Sample breakdown (Girls)			

Primary 1	0 (0%)	2 (0.8%)	0 (0%)
Primary 2	0 (0%)	1 (0.4%)	2 (1%)
Primary 3	0 (0%)	4 (1.6%)	6 (3.1%)
Primary 4	131 (52.4%)	15 (6%)	17 (8.9%)
Primary 5	71 (28.4%)	36 (14.4%)	42 (22%)
Primary 6	25 (10%)	86 (34.4%)	42 (22%)
Secondary 1	0 (0%)	68 (27.2%)	41 (21.5%)
Secondary 2	0 (0%)	26 (10.4%)	26 (13.6%)
Secondary 3	0 (0%)	0 (0%)	1 (0.5%)
Secondary 4	1 (0.4%)	0 (0%)	3 (1.6%)
Secondary 5	0 (0%)	0 (0%)	3 (1.6%)
Secondary 6	0 (0%)	2 (0.8%)	5 (2.6%)
AEP Level 1	0 (0%)	0 (0%)	0 (0%)
AEP Level 2	0 (0%)	0 (0%)	1 (0.5%)
AEP Level 3	0 (0%)	0 (0%)	1 (0.5%)
Not enrolled	22 (8.8%)	10 (4%)	1 (0.5%)
Girls (sample size)	250 (100%)	250 (100%)	191 (100%)

The following table presents the evaluation sample by disability and type of disability of the cohort girls and girls in Ituri. The table presents the proportion of girls whose primary caregivers said that their girls had “a little difficulty” or a “a lot of difficulty” with an impairment. As shown in the table, physical disabilities relating to vision, hearing, and mobility were relatively rare among cohort girls.

Table 9: Evaluation sample breakdown (by disability)

Sample breakdown (Girls)	Baseline Panel	Midline Panel	Midline Ituri	Household Survey and Girls School survey – Washington Group and child functioning questions
Girls with disability (% overall) *	84 (33.6%)	110 (44%)	65 (38.7%)	
Provide data per impairment				
Vision impairment	2 (0.8%)	2 (0.8%)	0 (0%)	WG_CF2, WG_CF3
Hearing impairment	1 (0.4%)	1 (0.4%)	0 (0%)	WG_CF5, WG_CF6
Mobility impairment	3 (1.2%)	3 (1.2%)	0 (0%)	WG_CF8, WG_CF9, WG_CF10, WG_CF11, WG_CF12, WG_CF13
Cognitive impairment *	18 (7.2%)	37 (14.8%)	10 (6%)	WG_CF17, WG_CF18, WG_CF19, WG_CF21
Self-care impairment *	4 (1.6%)	18 (7.2%)	9 (5.4%)	WG_CF14

Communication impairment *	7 (2.8%)	20 (8%)	2 (1.2%)	WG_CF15, WG_CF16, WG_CF22
Mental health impairment *	70 (28%)	86 (34.4%)	53 (31.5%)	WG_CF20, WG_CF23, WG_CF24
Total	250 (100%)	250 (100%)	168 (100%)	

* These indicators show statistically significant change from baseline to midline at the 90% confidence level.

As in the baseline, the most common impairment at midline that primary caregivers indicated cohort girls have were mental health impairments. Primary caregivers said that these girls experienced anxiety or depression daily, weekly, or monthly. The proportion of girls with a mental health impairment rose significantly (from 28 percent in the baseline to 34.4 percent in the midline).[8] The data also show statistically significant increases in cognitive impairments[9] (from 7.2 percent to 14.8 percent), in self-care impairments[10] (from 1.6 percent to 7.2 percent), and communication impairments[11] (2.8 percent to 8 percent).

At midline, panel cohort girls from Kasai Oriental[12] were significantly more likely to have any of the disabilities listed (62.3 percent) than cohort girls from other provinces, particularly Haut Katanga (21.4 percent), Lomami (30.6 percent), or Tanganyika (32.5 percent). This difference by province is driven largely by differences in the prevalence of self-care disabilities and mental health which were significantly more common in girls from Kasai Oriental. In Kasai Oriental province, 24.6 percent of girls met the criteria for self-care disability and 47.5 percent did so for mental health disability, both far beyond the proportion for the overall midline panel of each disability as shown above.

Against expectation, girls surveyed in areas in which there is conflict or open fighting have less disabilities than do girls in areas where there is not conflict. The vast majority of girls, 77.4 percent, who lived in conflict areas lived in Ituri province. Girls surveyed in Ituri province, which has been affected by conflict in recent years, did not have a higher prevalence of disabilities. In fact, girls from Ituri had significantly *less* instances of communication[13] (6.0 percent) and cognitive disabilities[14] (1.2 percent). It is unclear why despite the recent conflict, girls in Ituri seem to have less disabilities. It may be that because the Washington Group questions rely on the judgments of a caregiver about their cohort girl, comparing their cohort girl to other children in the area, the answers of the caregiver may not adequately capture disabilities in contexts in which many children's behaviours and moods have been negatively affected but are viewed as the norm.

3.3 Educational marginalisation

The REALISE project has identified a number of indicators that relate to educational marginalization of girls. These characteristics concern the girls' families, motherhood, economic circumstances, and parental education. The table below presents the proportion of the 250 (matched) panel cohort girls and the 168 cohort girls from Ituri who have characteristics that relate to educational marginalization across both baseline and mid-point evaluations.

[8] P-value = 0.08, chi-square test
[9] P-value = 0.01, chi-square test
[10] P-value = 0.00, chi-square test
[11] P-value = 0.01, chi-square test
[12] P-value = 0.00, chi-square test
[13] P-value = 0.00, chi-square test
[14] P-value = 0.00, chi-square test

One of the primary changes observed in the mid-point sample since the baseline is that indicators of household poverty became more frequently reported. In the baseline, 22.8 percent of primary caregivers said that their household was unable to meet basic needs, while in the midline, 38 percent of primary caregivers for the girls said the same, a 15.2 percentage point increase since the baseline.[15] Similarly, primary caregivers more frequently said that their household had gone to sleep hungry for many days in the past year at the midline evaluation point. Among all panel households, 21.6 percent said their household went to bed hungry for many days during the baseline, but 34.0 percent reported their households doing so in the midline, a 12.4 percentage point increase from the baseline.[16]

Table 10: Girls' Characteristics

	Baseline Panel	Midline Panel	Midline Ituri	Source (Household and Girls School survey)
Sample breakdown (Girls)				
Family (%)				
Living in female headed household (%)	30 (12%)	30 (12%)	n/a	hoh2
Married (%)	0 (0%)	1 (0.4%)	0 (0%)	PCG_22g
High chore burden (more than 4 hours)	7 (2.8%)	12 (4.8%)	31 (18.5%)	PCG_26g_1
Mothers (%)				
Under 18	1 (0.4%)	0 (0%)	0 (0%)	PCG_23g
Under 16	1 (0.4%)	5 (2%)	0 (0%)	PCG_23g
Poor households (%)				
Household doesn't own land for themselves	57 (22.8%)	54 (21.6%)	27 (16.1%)	PCG_11econ
Household unable to meet basic needs*	57 (22.8%)	95 (38%)	85 (50.6%)	PCG_5econb
Gone to sleep hungry for many days in past year*	54 (21.6%)	85 (34%)	54 (32.1%)	PCG_7econ
Parental education				
HoH has no education (%)	11 (4.4%)	11 (4.4%)	n/a	hoh6
Primary caregiver has no education (%)	46 (18.4%)	46 (18.4%)	n/a	PCG_6
Total girls	250 (100%)	250 (100%)	168 (100%)	

* These indicators show statistically significant change from baseline to midline at the 90% confidence level.

Among all girls surveyed in the midline, girls from Ituri are significantly more likely to have a high chore burden (defined as more than four hours of chores on a typical day)[17] and are more likely to come from a household which is unable to meet its basic needs.[18]

[15] P-value = 0.05, cluster robust logistic regression
[16] P-value = 0.04, cluster robust logistic regression
[17] P-value = 0.00, chi-square test
[18] P-value = 0.00, chi-square test

Barriers

The barriers that faced in-school girls at the baseline were presented in the domains of safety, parental/caregiver support, attendance, school facilities, and teachers, but the limitations imposed by the COVID-19 pandemic limited the questions that could be asked in the study to a few key indicators on barriers which are presented below across baseline and midline panel respondents. As shown in the table, there has been a modest, but statistically significant increase from baseline to midline, among the panel cohort girls who say that they do not feel safe traveling to and from school[19] and who do not feel safe at school.[20] This change appears to be driven by respondents in Lualaba and Kasai Oriental: 13.2 percent and 4.9 percent who said that they do not feel safe traveling to and from school, respectively; 7.7 percent and 2.7 percent who said that they do not feel safe at school, respectively.

Table 11: Potential barriers to learning and transition

	Baseline Panel	Midline Panel	Midline Ituri	Source
Sample breakdown (Girls)				
Doesn't feel safe travelling to/from school	1 (0.4%)	17 (6.8%)	2 (1.2%)	safetravel_school
Doesn't feel safe at school	2 (0.8%)	13 (5.2%)	1 (0.6%)	safe_school
Students harass or hurt you	38 (15.2%)	34 (13.6%)	11 (6.5%)	violstud_school
Girl has no choice in whether to attend school *	212 (84.8%)	122 (48.8%)	58 (34.5%)	H2
Doesn't get support to stay in school and do well	13 (5.2%)	13 (5.2%)	0 (0%)	nosupport
Total girls	250 (100%)	250 (100%)	168 (100%)	

* These indicators show statistically significant change from baseline to midline at the 90% confidence level.

One of the positive developments observed in the data related to girls' sense of control over their education: the percent of girls who said that they believed they had no choice in whether to attend school decreased from 84.8 percent to less than half, 48.8 percent.[21]

Among the girls surveyed at the mid-point evaluation, girls from Ituri appear to have fewer barriers to learning. Girls from Ituri were significantly less likely to indicate that they feel unsafe traveling to school,[22] that they feel unsafe at school,[23] and that they have no choice in whether to attend school.[24]

[19] P-value=0.00, chi-square test
[20] P-value=0.00, chi-square test
[21] P-value = 0.00, cluster robust logistic regression
[22] P-value = 0.04, cluster robust logistic regression
[23] P-value = 0.04, cluster robust logistic regression
[24] P-value = 0.05, cluster robust logistic regression

4. Key Outcome Findings

4.1 Learning retention

This section presents analysis of learning retention, examining key demographic and sub-group correlates of retention. For the most part, there is no basis for longitudinal comparison in the presentation of retention results, because the primary question is about girls' retention of learning during the period of school closures from March to October of 2020. With that being said, we hypothesized that girls' past learning outcomes may also be predictive of their present levels of retention and so we analyse the relationship between girls' learning scores at baseline and their retention scores at the time of this mid-point assessment. This hypothesis has proven to be correct, and girls with higher EGRA and EGMA scores at baseline have a much higher likelihood of having participated in retention-related activities as of this mid-point assessment.

The primary aim of retention analysis is to understand the degree to which different regional dynamics as well as household, and identity-based characteristics of girls may be affecting their learning retention. Learning retention is measured by proxy because it was not possible to carry out learning assessments as part of this rapid mid-term assessment. Most proxies of learning retention involved caretakers and girls being asked direct, objective questions about whether or not girls had opportunities to practice key reading and math skills while schools were closed, as well as the relative frequency of such a practice when it did occur. We summarize each of these proxies individually and then combine them into a retention score, where a higher retention score will indicate that girls engaged in a higher number of opportunities to practice skills at a higher frequency. If this score has sufficient variation, it may help us to identify the correlates of retention and thereby identify those girls who are at the highest risk of extremely low retention and drop-out.

Caretakers and girls were each asked whether or not girls participated in a set of activities that might have led to learning retention. The most detailed questions about such activities were asked of caretakers, and are summarized here for ease of reference:

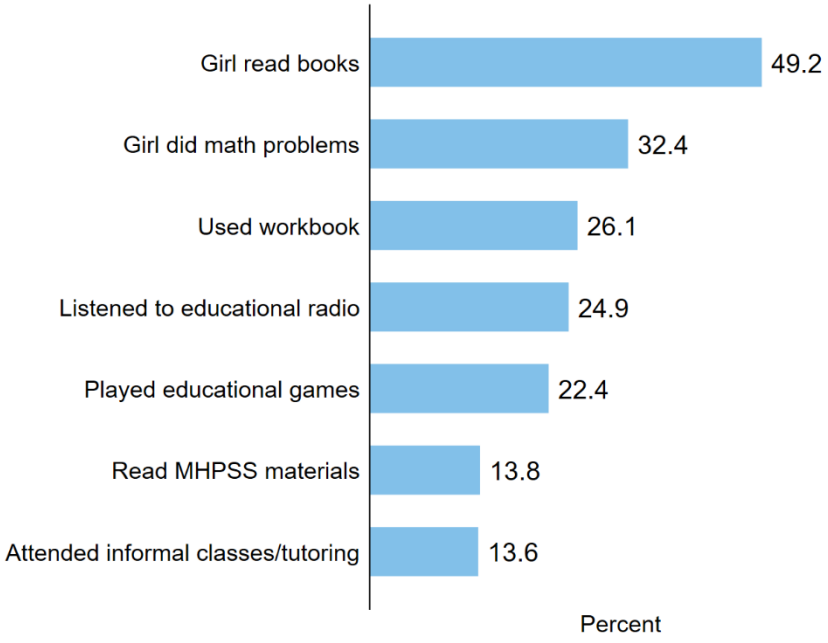
- Now I want you to think about the period starting when schools were closed in March up to now. Since the time when schools closed in March, were there any opportunities for (girl name) to learn from a teacher or tutor? For example, were there any teachers in this community who offered informal classes or tutoring?
    - Did (girl name) participate in these opportunities?
- While schools have been closed, did (girl name) continue to read books or other reading materials on her own at home?
- While schools have been closed, did (girl name) solve math problems or do anything to practice math skills at home?
- While schools have been closed, did you or another adult in the household play any educational games with (girl name)? For example, educational games might involve using math or reading in a game, or using other creative or thinking skills that girls learn in school.
- Since March, did your household receive any COVID-19 related materials or materials related to mental health?
    - Did (girl name) read these materials?
- Since March, did your household receive a self-study workbook from the Ministry of Education/UNICEF?

- Did (girl name) use the workbook?

- Since March, did (girl name) listen to any educational radio programmes?

The graph below summarizes the proportion of 'yes' responses that caretakers gave to the questions above. Among sampled caretakers, 31 percent (or 138 caretakers) reported no participation in any of the listed learning activities. The graph summarizes responses as a proportion of all caretakers who responded to the survey. Reading books was, by far, the most prevalent learning retention activity, at 49.2 percent, in which girls engaged (as reported by their caretakers), and solving math problems was the next most prevalent activity at 32.4 percent. In contrast, girls participating in any form of informal teaching and tutoring was extremely uncommon and was reported by fewer than one quarter of caretakers.

Figure 1: Proportion of girls participating in learning retention activities (as reported by caretakers)



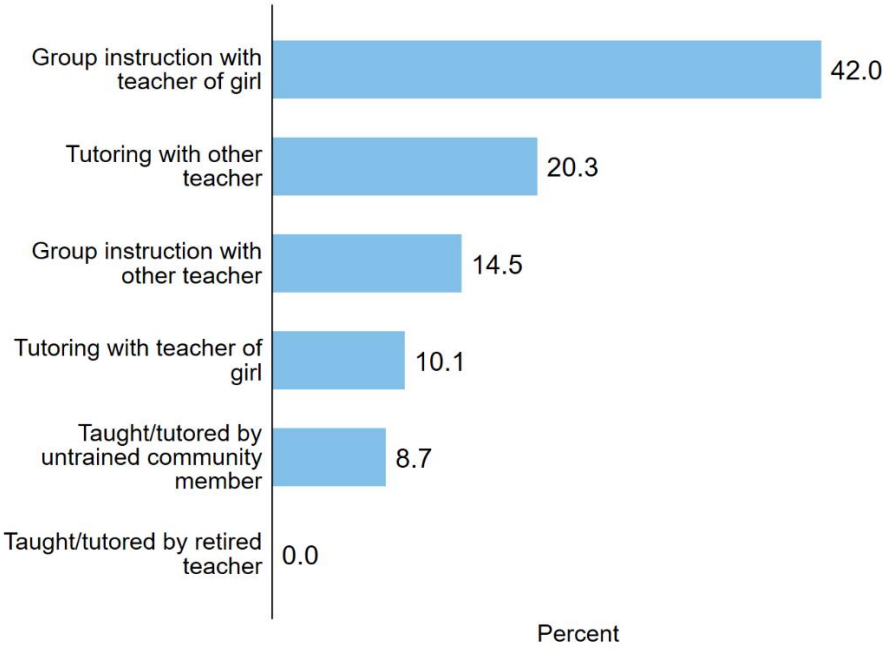
While specific questions were not asked about each of the different types of reading materials available in the home, we can see from the graph that around 26 percent of caregivers reported that girls were reading workbook materials distributed by the Ministry, and nearly 14 percent of caregivers reported that girls were reading the health-related materials distributed by the MHPSS. This finding suggests that the distribution of these materials likely helped to ensure that girls who were inclined to study had reading materials available that they could study.

Analysis of data from teachers will allow us to triangulate and determine the degree to which teaching and tutoring was available, but the results here suggest that such opportunities were in short supply. Caretaker's reports suggest that such opportunities were only available to approximately 16 percent of the girls sampled. When classes or tutoring were available, caretakers responses suggest that girls almost always took advantage of this fact: with 60 out of 69 girls reported as having attended tutoring or classes when they were available. It is worth noting that there was also organized support for primary

grade 6 students for preparation for TENAFEP exams which were required for students finishing primary school to complete the school year.

While participation in informal teaching or tutoring activities was comparatively rare, it is worth briefly considering the reported types of tutoring and teaching that fell into that category of retention activities. The graph below shows the proportion of caregivers who reported that girls participated in a given type of teaching or tutoring, suggesting that it was most common for girls to receive group instruction with their own teacher.

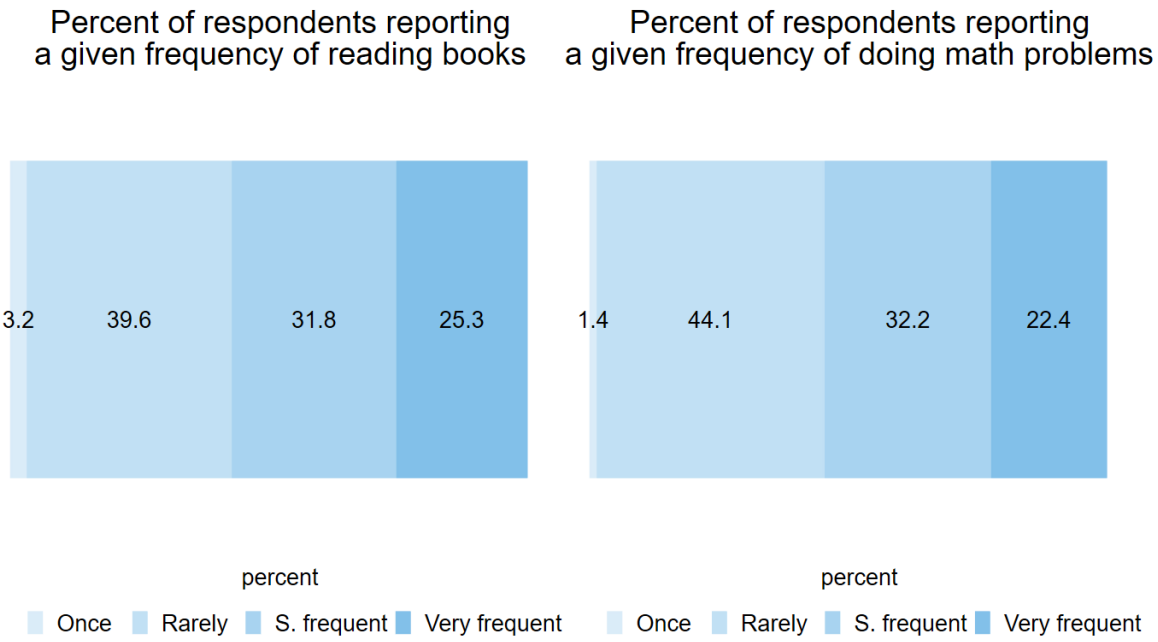
Figure 2: Reported frequency of participation in common learning retention activities (N=60)



In relation to the more common retention activities, caretakers were also asked about how frequently girls participated in a given activity. The panel of graphs below shows the reported frequencies of participation in both math- and reading-related activities. We show frequency graphs for reading and math because these two activities were most common, and because the frequency of those activities is also nearly identical to the frequency of the other more rare activities such as radio listening and playing of educational games. The graphs show that more than half of those caretakers who reported that girls engaged in math or reading-related activities suggested that girls engaged in those activities either “somewhat frequently” or “very frequently”, meaning either at least once a month or at least once each week.

It was also exceedingly rare for a caretaker to report that a girl engaged in a given activity only once, which suggests that there is a sort of bimodal distribution in retention – either girls engaged in retention activities and did so with moderate to high frequency, or they did no retention activities at all.

Figure 3: Reported frequency of participation in common learning retention activities

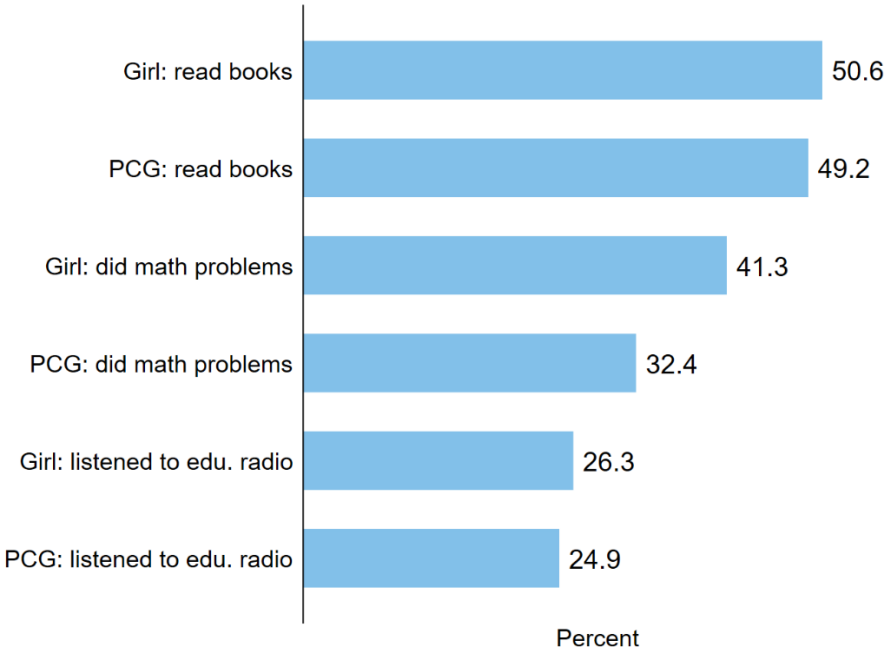


Triangulation of caregivers' and girls' reports of participation in retention activities

As a means of cross-checking the reports from caretakers, the graph below presents a side-by-side analysis of girls' and caretakers' responses to analogous questions about participation in learning retention activities. In general, girls' and caretakers' responses were similar enough that the proportions are similar between the two respondent groups. There is a moderate difference between the responses related to solving math problems, but even these variables are very highly correlated.[25] The clear trend shown in the graph is that girls tend to report a given activity at a somewhat higher rate than caretakers. It is not possible to know which report is authoritative, but the two levels of reporting are sufficiently similar across the three questions considered that we can caretakers' reports as a valid low-end estimate of participation in a given activity.

[25] Girls' and caregivers' responses to the question about participation in math activities are correlated at p = 0.000 in a cluster-robust, bivariate regression.

Figure 4: Comparison of girls' and caretakers' responses about participation in learning retention activities



In order to derive a proxy of learning retention that accounts for many different possible activities and that has sufficient variation to allow for meaningful analysis, we have created a learning retention activities score that combines the different activities listed above, along with the frequency of those activities. The next section presents the derivation of the score, its distribution, and some preliminary analysis of the score.

Learning Retention Activities Score

The learning retention activities score is based on the simple summation of the following items, where the table below shows the relevant question that was asked of the caretaker, along with the levels or range of possible values associated with that question:

Item	Scoring	Notes
Now I want you to think about the period starting when schools were closed in March up to now. Since the time when schools closed in March, were there any opportunities for (girl name) to learn from a teacher or tutor? For example, were there any teachers in this community who offered informal classes or tutoring?	0-1	'Yes' to participation gives score of 1, and zero otherwise.

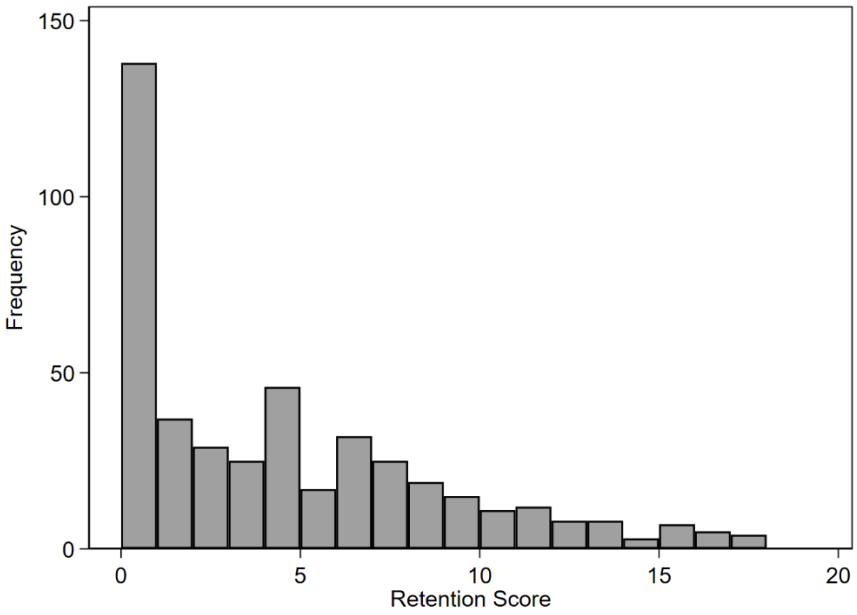
If yes: Did (girl name) participate in these opportunities?		
While schools have been closed, did (girl name) continue to read books or other reading materials on her own at home? If yes: About how often did (girl name) read books while schools were closed?	0-4	Zero if 'no' to reading on her own. If 'yes' then: 1 if Only once since March 2 if Rarely - only happened two or three times 3 if Somewhat frequent - at least once per month 4 if Very frequent - at least once each week
While schools have been closed, did (girl name) solve math problems or do anything to practice math skills at home? If yes: About how often did (girl name) practice math skills while schools were closed?	0-4	Zero if 'no' to solving math problems. If 'yes' then: 1 if Only once since March 2 if Rarely - only happened two or three times 3 if Somewhat frequent - at least once per month 4 if Very frequent - at least once each week
While schools have been closed, did you or another adult in the household play any educational games with (girl name)? For example, educational games might involve using math or reading in a game, or using other creative or thinking skills that girls learn in school. If yes: About how often did you play educational games with (girl name)?	0-4	Zero if 'no' to playing educational games. If 'yes' then: 1 if Only once since March 2 if Rarely - only happened two or three times 3 if Somewhat frequent - at least once per month 4 if Very frequent - at least once each week

Since March, did your household receive any COVID-19 related materials or materials related to mental health? If yes: Did (girl name) read these materials?	0-1	'Yes' to reading the materials gives score of 1, and zero otherwise.
Since March, did your household receive a self-study workbook from the Ministry of Education/UNICEF? If yes: Did (girl name) use the workbook?	0-1	'Yes' to using the workbook gives score of 1, and zero otherwise.
Since March, did (girl name) listen to any educational radio programmes? If yes: About how often did (girl name) listen to educational radio programmes?	0-4	Zero if 'no' to listening to educational radio programmes. If 'yes' then: 1 if Only once since March 2 if Rarely - only happened two or three times 3 if Somewhat frequent - at least once per month 4 if Very frequent - at least once each week

Each of these items are based on caretaker reports of educational activities that girls engaged in while schools were closed. Each item represents an activity (from attending tutoring sessions to reading books) that might have helped with learning retention. These items are added together in such a way that a higher score indicates that girls participated in a correspondingly higher number of activities at higher frequency.

The figure below shows the distribution of the resulting score, where the theoretical midpoint is 9.5, the highest possible score is 19, and the lowest possible score is zero. In the sample of girls surveyed, nearly one third of girls (31.3 percent) scored zero on retention activities, meaning that they did not engage in any retention activities at all, as reported by their caretakers. In addition, the distribution of retention scores is heavily right-tailed, indicating that lower scores are far more common than higher scores, with the mean score of all girls surveyed being 4.2 (as compared with a theoretical midpoint of 9.5). Taken as a whole, this descriptive analysis of the learning retention activities score suggests that most girls participated in very few or no activities that might have led to learning retention since the time that schools were closed in March.

Figure 5: Distribution of learning retention score



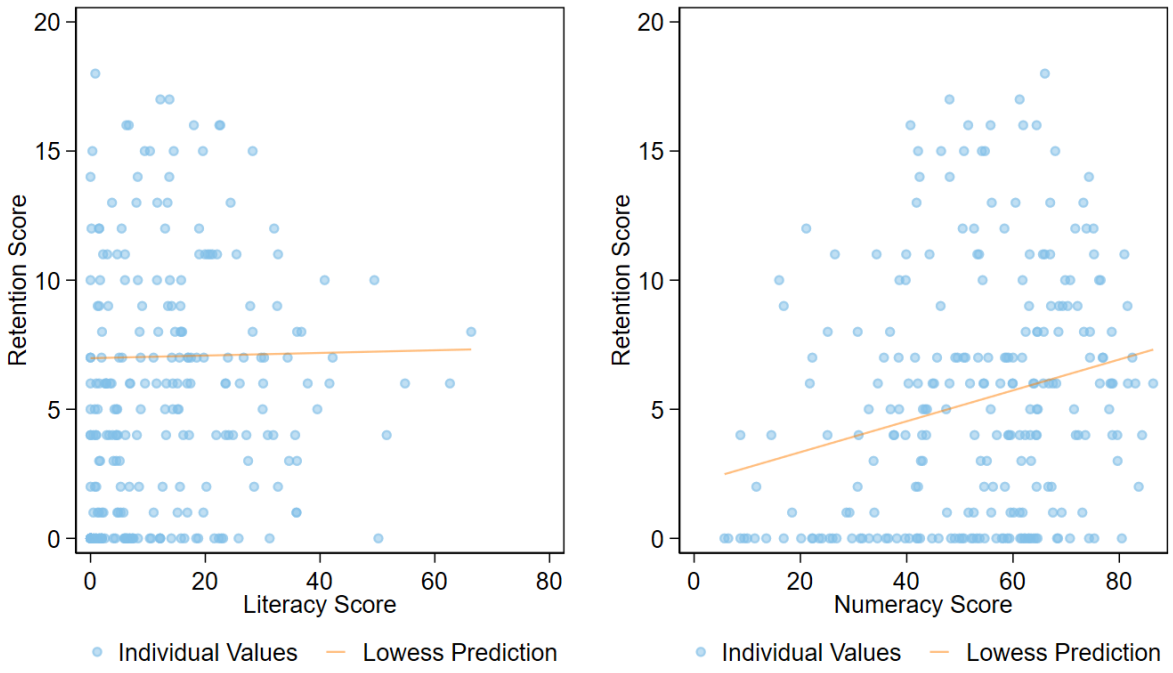
The section below will analyse the retention score by key subgroups in order to identify key dimensions of marginalization, especially the degree to which family illness, deaths, and economic hardship imposed by the COVID-19 epidemic are predictive of retention scores.

Before proceeding, it is also worth noting the degree to which girls' baseline literacy and numeracy scores are also strongly predictive of the amount and frequency of retention-related activities that they engaged in while schools were closed. This hypothesis about the relationship between baseline learning and mid-term retention comes from the intuition that household-level factors which determine the household learning-environment tend to be the strongest drivers of learning outcomes. We can suppose that girls who live in households where caretakers consistently foster a favourable learning environment will have scored well on their learning assessments at baseline and also will have more consistently availed themselves of learning opportunities while schools were closed.

The panel of graphs below visualize the relationship between baseline learning outcomes and retention scores established through mid-point data collection. Both graphs show a positive and statistically significant correlation between learning outcomes at baseline and mid-point retention scores.[26] This correlation between baseline learning and retention scores is particularly large (in terms of the estimated effect size) and statistically significant for numeracy scores. There is not a clear substantive explanation for why numeracy has a stronger positive correlation with retention than literacy, but there is a simple statistical explanation for this finding: namely the fact that numeracy scores have a less skewed distribution than literacy scores (because of fewer floor effects in numeracy) and thus numeracy scores tend to allow for greater variation and a greater correlation coefficient.

[26] These findings are statistically significant for literacy at p = 0.014 in a cluster-adjusted, negative binomial regression using literacy score to predict retention. These findings are statistically significant for numeracy at p = 0.001 in a cluster-adjusted, negative binomial regression using numeracy score to predict retention.

Figure 6: Baseline learning scores as predictors of retention scores



The strong positive correlations between baseline learning and mid-point retention suggest two things: first, this correlation provides some evidence of the validity of the retention proxies used for this mid-point assessment because it is extremely unlikely that these correlations would have emerged by chance; and second, the practical implication of these findings is that girls who were well-resourced in terms of learning (both at the personal and household level) at baseline appear to have remained better resourced (on average) than their peers, even during school closures resulting from COVID-19. While we do not have the benefit of qualitative evidence to further explain or interrogate this finding, we can triangulate with the subgroup analysis below in order to better understand how individual and household-level dynamics may have contributed to both better learning outcomes at baseline and higher levels of retention-related activities as of this mid-point assessment.

4.2 Subgroup analysis of learning retention activities

This section presents an analysis of the learning retention activities scores by key subgroups of the population of in-school cohort girls. To contextualize this analysis, the baseline analysis of learning outcomes revealed that the most disadvantaged subgroups of girls were those who did not speak the language of instruction, those who reported a disability related to mental health, and those who came from less economically well-off households. These same subgroups are included in the mid-point analysis below because it is expected that retention will be predicted by similar factors, especially at the household level.

The table below presents a subgroup-wise analysis of learning retention scores, with the second column of the table presenting the average retention score for a given subgroup, and the third column of the table presenting the number of individuals in the mid-point sample belonging to that subgroup. The analysis here reveals large and statistically significant regional variations in the sample. Assuming the proxy of retention used here is valid, those girls who are most at risk of low retention are those who belong to households that have been recently affected by severe illness or death (or both), as well as girls living in rural areas or conflict affected areas, and girls who have higher than average chore-burden.

In light of expectations that COVID-19 would impose economic hardship on vulnerable households and that such hardship would affect probabilities of retention and re-enrolment, it is noteworthy that signs of economic distress at the household level are generally predictive of lower than average retention levels (as expected), but that none of these indicators of distress are statistically significant.

The strongest household and individual-level predictors of lower than average learning outcomes are a death in the family and girls having a higher than average chore burden. It is also worth noting that girls with female heads of household had retention scores that were significantly higher than average.

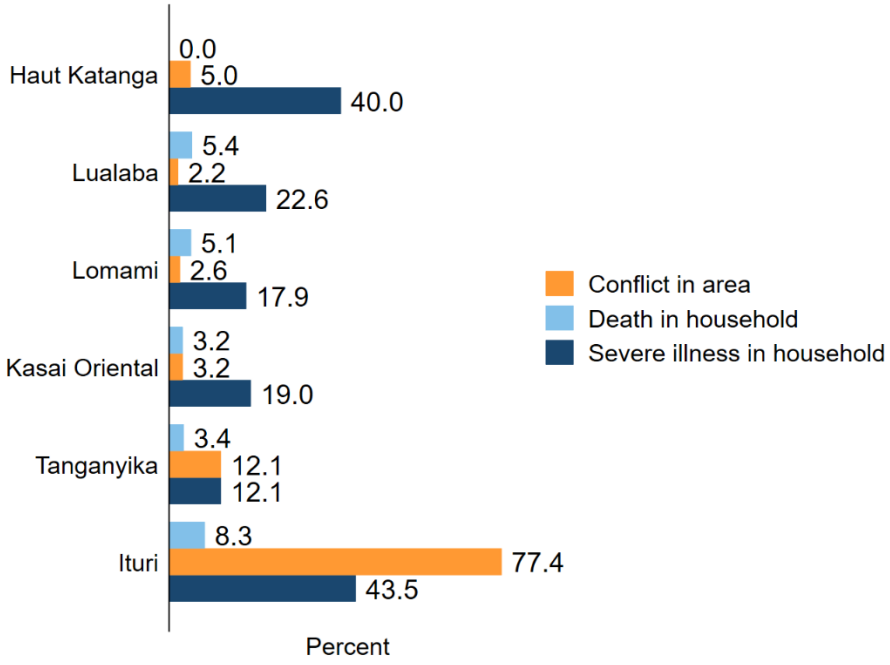
Taken as a whole, these findings suggest that economic hardship is not, on its own, a driver of retention outcomes. However, economic hardship can lead to a situation in which girls are required to do much more than their peers to contribute to their household's upkeep and livelihood (as well as potentially childcare). Higher economic hardship, higher food insecurity, and higher chore burden are all positively correlated.[27] It is ultimately increased chore burden that leads to a setting in which girls are not able to have sufficient time to participate in learning retention activities, even if they would like to do so and such opportunities are available. Qualitative evidence from the baseline reinforces this point, suggesting that girls in economically distressed households tend to take on a larger-than-average burden in terms of household work. For example, parents in a focus group in Kasai Oriental suggested that in families under severe economic distress, "the child is given a workload that exceeds her capacities…but it will provide something for the family's survival."[28] If children do remain enrolled in school, they have little time to study when their family relies on their work for its survival.

In terms of regional determinants of retention, the lowest average retention scores are in Lualaba and Ituri, and both of these are significantly different from the average across other regions. Conflict and

[27] Most indicators of economic hardship, as well as the food security score, are all positively correlated with higher than average chore burden. In the case of a household frequently going without cash income, this is predictive of higher than average chore burden at $p = 0.021$ in a cluster-robust, logistic regression.
[28] Focus Group, Parents, Kasaï-Oriental.

urbanicity are also strong predictors of retention, with girls living in conflict-affected areas having significantly lower retention scores than average, and girls living in urban areas having significantly higher retention scores than average. The significantly lower retention scores in Ituri can be at least partly explained by the fact that reported rates of illness, death and conflict were all much higher in Ituri than in the other provinces. The graph below presents province-wise analysis of the proportion of surveyed households that reported conflict in the area as well as one or more deaths or cases of severe illness since March.

Figure 7: Reports of conflict in area as well as death, or severe illness in household since March, by province



The graph above shows that these dimensions of vulnerability tend to be correlate with one-another and were reported with much higher frequency in Ituri than in any of the other provinces sampled, and Ituri is known to be a location with significant conflict and displacement, including documented attacks on health clinics and schools. This finding helps to explain why retention scores in Ituri are so much lower than in the rest of the provinces surveyed. However, the quantitative data do not provide a clear explanation for lower than average retention scores in Lualaba.

Table 12: Learning retention scores of key subgroups (N = 441)

	Average Retention Score	Number of observations for subgroup
Characteristics:		
All in-school girls	4.15	441

Haut Katanga	5.70*	20
Lualaba	2.80*	93
Lomami	6.33*	39
Kasai Oriental	8.62*	63
Tanganyika	3.91	58
Ituri	2.62*	168
Severe illness in household	3.11*	128
Death in household	2.56*	25
Disability		
Vision impairment	8.00*	2
Hearing impairment	7.00*	1
Mobility impairment	3.33	3
Cognitive impairment	3.28	50
Self-care impairment	8.26*	27
Communication impairment	3.78	23
Mental health impairment	4.27	142
Any disability	4.40	179
HOH and Carer Characteristics		
HOH no education	5.36	11
HOH female	6.07*	30
Carer no education	3.96	46
Household Assets		
Owns mobile phone	4.24	327
Owns land	4.00	351
Poverty		
Gone to seep hungry many days	4.64	145
Gone without enough clean water many days	3.29	118
Gone without medicines or medical treatment many days	3.98	223
Gone without cash income many days	3.87	251
Migration and Regional Characteristics		
Conflict area[29]	2.57*	143
Urban area[30]	7.03*	58
Remote area	4.60	216
Other		

[29] Conflict areas are coded on the basis of asking caretakers “Would you say that there is conflict or open fighting in this area?”
[30] Urbanicity was coded qualitatively at baseline in consultation with REALISE, on the basis of local knowledge of project sites, such that each community in the sample was coded as urban or rural.

High chore burden (whole day spent on chores)	3.02*	44
Married	0.00*	1

*An asterisk is placed by all subgroup categories that are statistically significant predictors of learning outcomes (with a 90% confidence level) in a bivariate regression with cluster-robust standard errors.

Readers will also note that disability status is not a predictor of lower than average retention scores, and in a few cases, learners with disabilities had average retention scores that were significantly higher than average, i.e. for learners with vision, hearing, and self-care impairments. It is likely that these correlations are spurious, due partly to the fact that we are operating with a 90% confidence level, and partly due (in the case of girls with vision and hearing impairments) to an exceedingly small sub-sample size and a small number of influential outliers. There are no clear substantive explanations to suggest why girls with these categories of disabilities would have reported engaging in much higher levels of retention activities than their peers.

Moving beyond the subgroup analysis above, the table below presents girls' retention scores by specific barriers to learning. The number of barriers measured at the mid-point evaluation was much lower, and this is both because of necessary limitations on survey length as well as the fact that measures related to school infrastructure and teaching quality were not deemed relevant to out-of-school retention outcomes. The two principal barriers that merited inclusion in our analysis both relate to the degree that girls feel supported in their schooling by the members of their household/family.

Table 13: Learning scores of key barriers

	Retention Score	Number of observations for subgroup
Barriers:		
All girls	4.15	441
Home Learning Environment		
Agrees she has no choice in schooling decisions	3.86	202
Does not get support from family to stay in school	1.87*	30

*An asterisk is placed by all subgroup categories that are statistically significant predictors of learning outcomes (with a 90% confidence level) in a bivariate regression with cluster-robust standard errors.

The table above shows that both variables indicating an unsupportive home learning environment are also associated with lower retention scores. In the case of girls feeling that they do not have the support of their family to stay in school, the result is highly statistically significant.

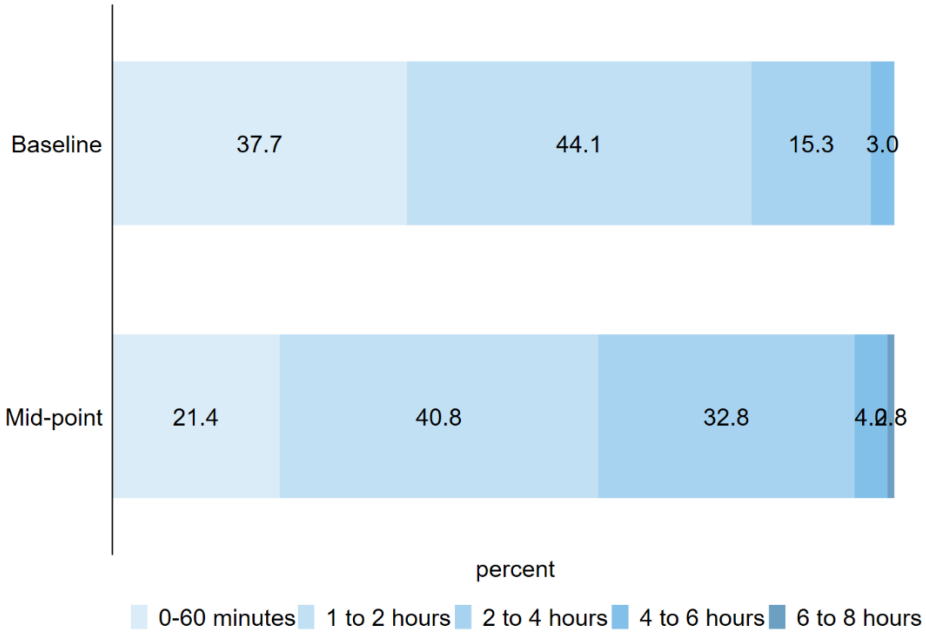
It is worth noting that, at baseline, girls with disengaged caretakers or unsupportive families tended to have lower than average scores in literacy and numeracy. The relationship between family support and learning outcomes was also corroborated by qualitative evidence at baseline. A community leader in Haut-Katanga observed, "If the parents want her to study, she will study, but if the parents neglect her she too will neglect her studies."[31]

[31] Key Informant Interview, Religious Leader, Haut-Katanga.

These findings related to the consequences of an (un)supportive environment at home help to inform the subgroup-related findings above where it was found that high chore-burden is also a strong predictor of lower than average retention, while having a female caretaker (who might tend to place more value on girls' education) is associated with significantly higher than average retention. Clearly, household-level decisions about whether to prioritize a girl's education (or not) have important consequences in terms of her ability to study while out of school. As the qualitative evidence from the baseline suggests, girls' study habits are likely to be heavily influenced by their parents or primary caretakers. This simple insight also potentially helps to explain why baseline learning assessment scores closely parallel mid-point retention scores: because caretakers who support good study habits are likely to support both learning while girls are in school as well as retention activities while girls are out of school.

Finally, it is important to note that chore-burden has increased substantially among the panel sample of girls who were surveyed at both baseline and in this mid-point assessment. The graph below visualizes change over time in reported levels of chore-burden among matched respondents. The proportion of girls who were reported to be doing chores 4-6 hours of the day has doubled since the baseline, and there are now a small number of girls who were reported to be doing chores for 6-8 hours as of the mid-point assessment (whereas there were no girls with such a chore burden at baseline). These changes are large and are highly statistically significant. This finding further reinforces the importance of high (and increasing) chore-burden as a barrier to learning retention, and possibly also a barrier to ongoing attendance and enrolment once schools re-open in October.

Figure 8: Changes in chore-burden over time (N=250 matched respondents)



It should be noted that there is a chance that some of the rise in chore burden since baseline is due to the fact that girls were out of school at the time of the mid-point evaluation. These levels of chore burden may drop naturally, for some girls, as they return to school. Nonetheless, chore burdens of 4 or more hours

per day can still be viewed as households in which girls have very little discretion over their time and thus are at risk of having poor study habits and falling behind in school.

4.3 Barriers to returning to school, and risk of dropout

This section presents findings related to barriers to ongoing enrolment and the risk of girls not re-enrolling or later dropping out of school. Our analysis of barriers and risk of dropout uses longitudinal analysis (comparing baseline and mid-term data for matched panel respondents) to establish the degree to which important barriers to attendance or learning have shifted in the population since baseline. Because data on learning and attendance have not been collected, this section will not involve an analysis of barriers in relation to these outcomes. Rather, this section will evaluate the degree to which barriers of certain types are more or less prevalent in this mid-point assessment than at baseline. In particular, we are interested in the degree to which indicators of economic hardship have increased since baseline. Finally, we will examine the challenges that are named by girls and their caretakers in relation to returning to school in October, when all grades are returning. Understanding the most frequently cited challenges to resuming school in October will help SCI to adjust their programming in was that can potentially address those barriers and reduce risk of dropout.

Intention to Return, and Reported Concerns about Returning

To briefly summarize our findings in this section, nearly all girls and their caretakers are in agreement that girls will return to school when schools re-open in October. A majority of girls and their caretakers also had no concerns at all about girls' abilities to return to and regularly attend school. Among those caretakers and girls who did express concerns, the most frequently cited concern (by both girls and their caretakers) was having sufficient funds to pay for school. A plurality of girls who had concerns also cited health (i.e. the risk of getting sick at school) as an important concern.

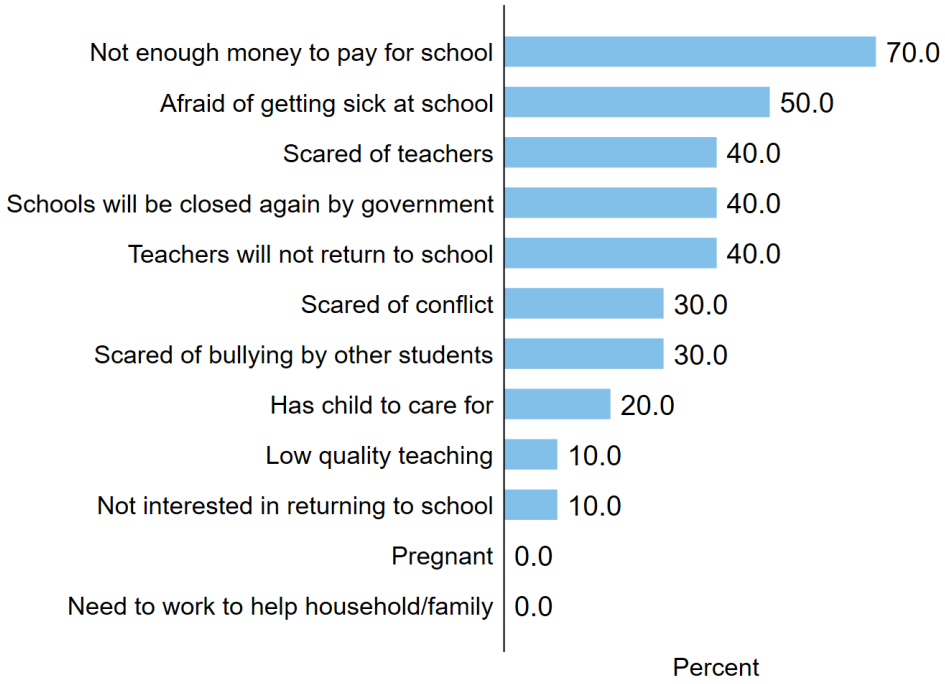
The most straightforward means we have of assessing the risk of dropout is to look at caretakers' and girls' reports of whether or not girls are planning to re-enrol once schools re-open in October. The table below presents these results by the answers that caretakers gave and the answers that girls gave when asked the same question. There are slight discrepancies between girls' and caretakers' responses, with 10 girls reporting that they intended to not return to school in October whereas only 3 caretakers reported that the girl under their care would not return to school in October. There is nonetheless agreement that 97.5 percent of girls and their caretakers intend for girls to be enrolled when school resumes in October. If we take caretakers' reports as authoritative, our estimation is that only about one percent of girls sampled will not be returning to school in October. This is a much smaller number and proportion of drop-outs than was anticipated given the anticipated negative impact of COVID-19 on enrolment.

Table 14: Girl will return to school in October (with cell-wise percentages in parentheses)

	Girl Response		
Caretaker Response	No	Yes	Total
No	2 (0.5%)	1 (0.2%)	3 (0.7%)
Yes	8 (1.9%)	422 (97.5%)	430 (99.3%)
Total	10 (2.3%)	423 (97.7%)	433 (100.0%)

When considering reasons for not returning to school in October, the only sub-sample size that is large enough to permit meaningful analysis is the set of 10 girls who reported that they would not return to school. The graph below presents the reasons that girls cited for not returning to school, and represents an important statement about the concerns that are most relevant to girls who are likely to be most at risk of not returning to school (based on the fact that they have clearly stated their intention to not return). Note that, because this graph is based on responses from 10 girls, 70 percent represents 7 girls.

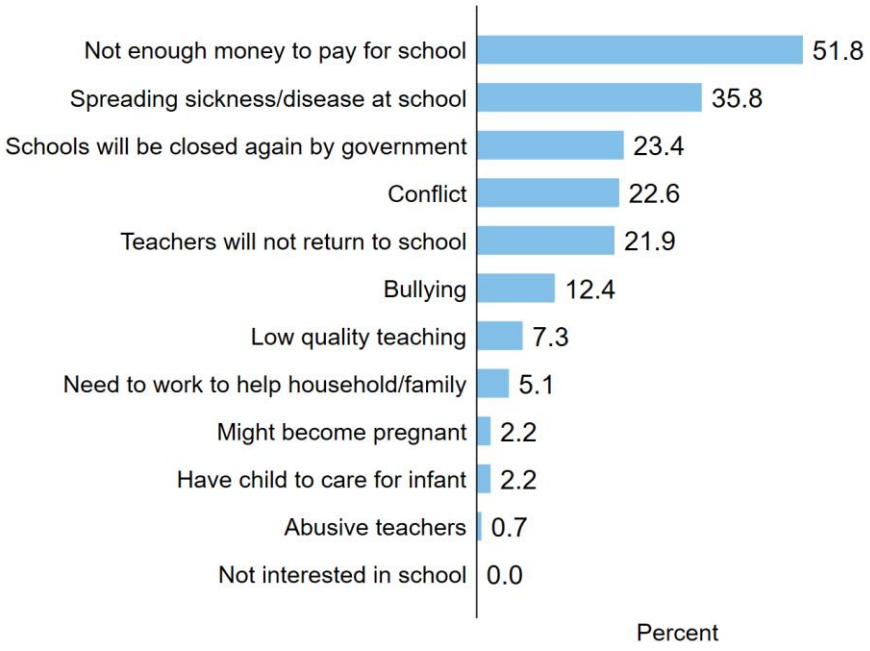
Figure 9: Reasons for not returning to school in October (N=10)



The graph of girls' responses shows that most girls who said they were not returning to school cited lack of money as the primary problem. Half of the girls also cited fear of getting sick at school as a reason for not returning. All other barriers to returning to school were tertiary, namely being scared of teachers, fearing that schools would close again (because of disease), and the fear that teachers would not return to school.

This list of reasons for not returning to school also parallels the concerns articulated by girls who said that they were returning to school. All girls who reported that they intended to return to school in October were asked whether or not they had any concerns related to their ability to return and attend regularly. Only about one third of girls sampled (32.4%) said that they had concerns of any kind. The graph below shows the concerns expressed by those girls, according to the percentage of girls who reported having a given concern. The graph shows that the two most important concerns cited by girls who intended to re-enrol in October were identical to those of girls who reported that they would not be returning to school, namely: insufficient funds to pay for and remain in school, and fear of getting sick at school.

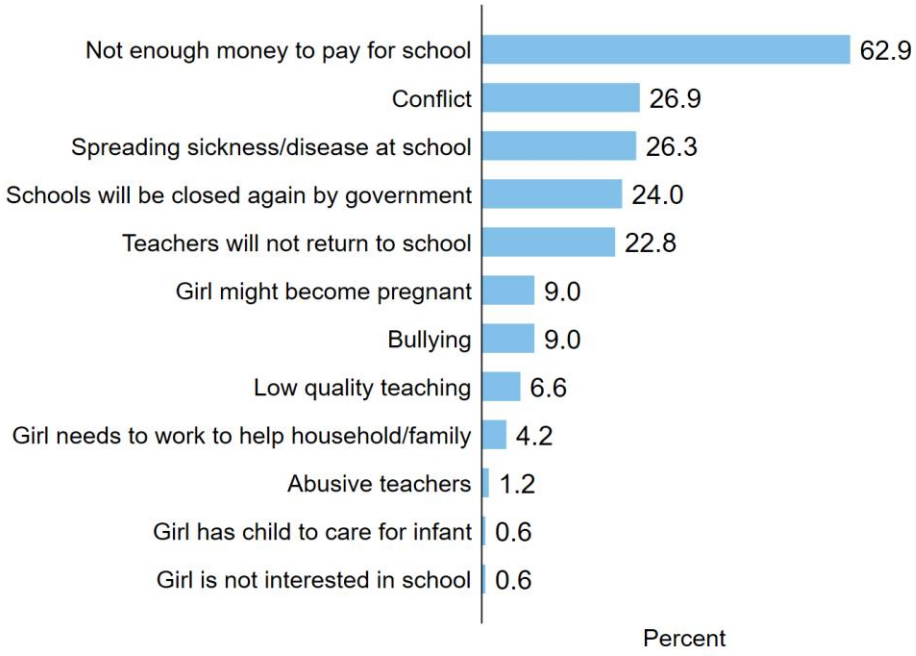
Figure 10: Girls' concerns about returning to, and remaining in, school (N=137)



As a means of triangulating with girls' concerns, caretakers were also asked a parallel question about their concerns surrounding girls' abilities to return to school and remain in attendance. More caretakers expressed concerns (as compared with girls), with 38.5 percent of caretakers saying that they had at least one concern. The graph below shows the proportion of caretakers who reported a given concern (among the subset of caretakers who reported having a concern at all). As with girls, the most frequently cited concern among caretakers was the fact that the household might not have enough money to pay for school, and that might threaten their girl's ability to stay enrolled and attend regularly.

Thus, from each of these different angles, we find economic hardship to be the most important barrier or concern cited, while the fear of spreading sickness is a secondary or tertiary concern. It is not clear how caretakers' and girls' reported concerns about insufficient funds relate to bursaries provided by the REALISE project. It may be the case that these responses are biased upward (over-estimating the degree to which funding is a problem) because caretakers believe that they are more likely to receive additional support if they make such claims. Our analysis below will focus on indicators of economic hardship, because this is the primary barrier that both girls and their caretakers have cited.

Figure 11: Caregivers' concerns about girls returning to, and remaining in, school (N=167)



Economic Hardship

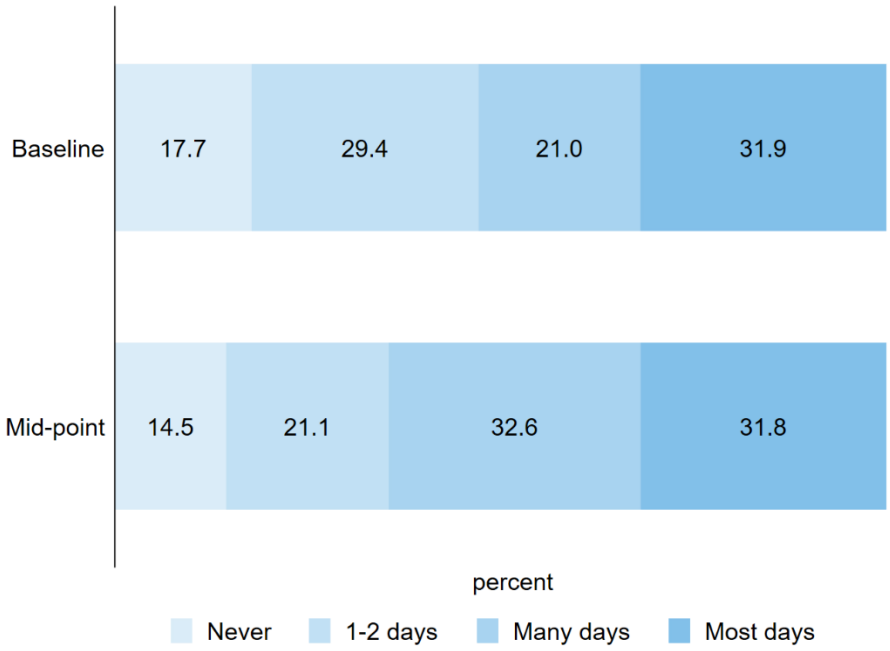
This sub-section considers several indicators of economic hardship and how reported levels of hardship have changed from the time of the baseline study to the time of this mid-point study. This analysis uses only comparable (panel) observations where households and respondents were matched between the baseline and mid-point studies. Readers should note that all respondents form Ituri are excluded from this analysis because Ituri was not part of the baseline sample.

We begin with a simple self-report of overall hardship, based on primary caregivers being asked to describe the situation of their household in terms of how well the members of the household can meet their basic needs. The proportion of respondents reporting that they cannot meet their basic needs increased by 16.3 percentage points from the baseline to the time of this mid-point study (from 22.8 to 39.1 percent). This change over time is large and statistically significant, and provides evidence of a substantial increase in the level of economic distress among the sampled households since the time of the baseline.[32]

Another means of assessing economic hardship is the degree to which households report having gone without cash income over the past year. The graph below compares baseline and mid-point responses to this question about the availability of cash income. There is an increase in the proportion of mid-point respondents who reported having to go without cash income "many days," but this the overall shift in responses is not large, and is not statistically significant.

[32] This result is statistically significant at p = 0.05 in a cluster-adjusted logistic regression in which the mid-point variable predicts whether or not a caretaker reported that the household cannot meet its basic needs.

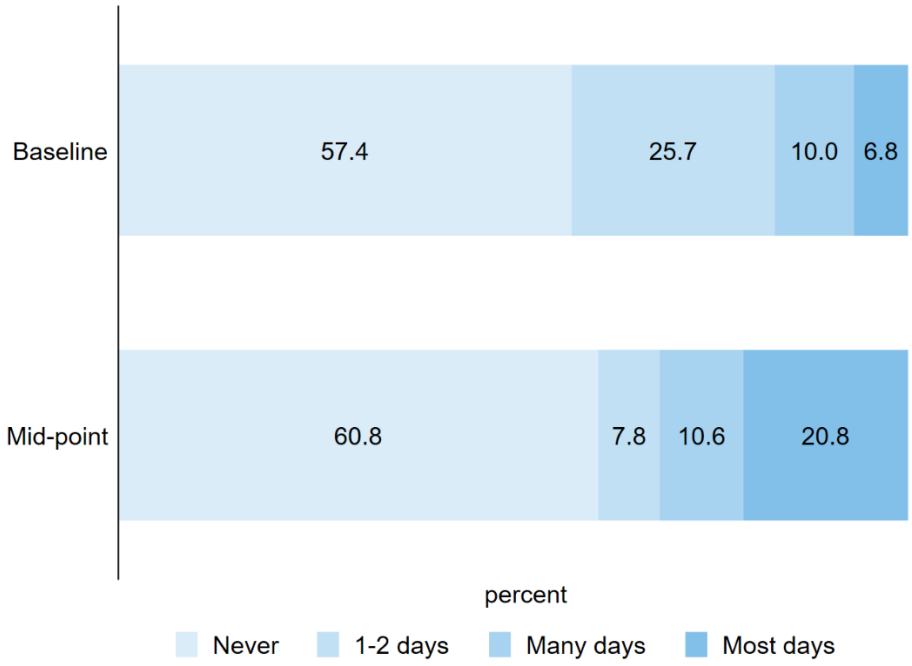
Figure 12: How often (in the past year) the household has gone without cash income



Examining other proxies for economic distress, the graph below compares baseline and mid-point responses to a question about the availability of clean water for household use. The differences over time in access to water are more pronounced than for cash income. The number of households reporting that they had to go without clean water most days increased by approximately 14 percentage points from baseline to the time of the mid-point assessment, indicating a serious decline in access to water for the most vulnerable households. However, this difference, while substantial, is not statistically significant.

The evidence on economic hardship is thus decidedly mixed. While caretakers and girls both expressed significant concerns about economic hardship as a barrier to continued enrolment, the data shows only a small to moderate decrease in most objective indicators of economic hardship. With that being said, baseline data indicated that a large proportion of households already were quite poor prior to the start of the COVID-19 pandemic, and it was common for more than half of the households surveyed to go many days without cash income at the baseline. Thus, there may be a floor effect in our assessment of economic hardship because most households were already categorized as in a state of economic hardship (by these measures) at baseline.

Figure 13: How often (in the past year) the household has gone without enough clean water



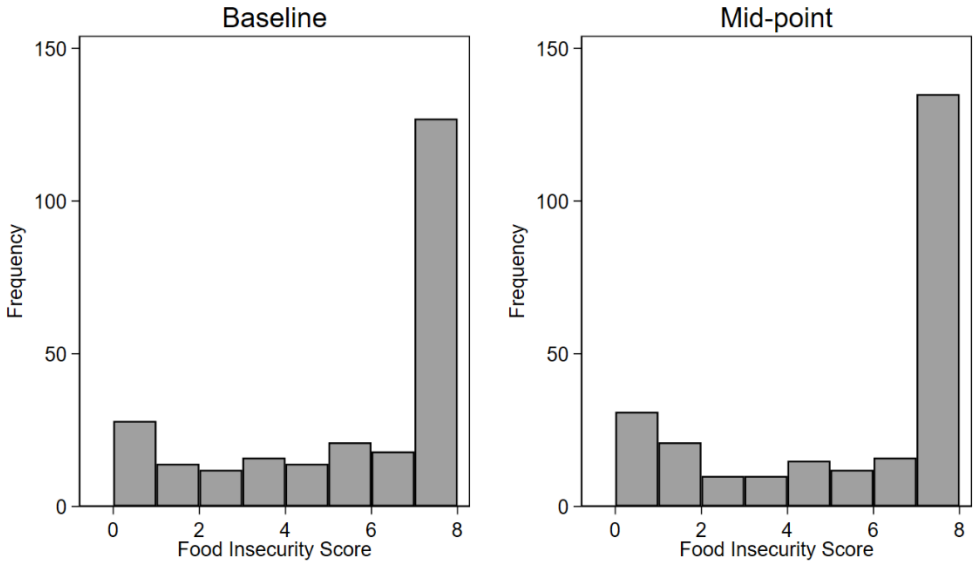
A different and perhaps more context-sensitive approach to proxying economic hardship is to analyse household food security. Especially in agrarian communities where cash income is a rarity and most families practice subsistence-level agriculture, food security can be the best indicator of economic hardship in a household. Girls' caregivers were asked to give their assessment of whether or not any of the following situations occurred in their household during the past month:

- You were worried you would run out of food?
- You ate only a few kinds of foods?
- You, personally, had to skip a meal?
- Someone else in your household had to skip a meal?
- You ate less than you thought you should?
- Your household ran out of food?
- You were hungry but did not eat?
- You went without eating for a whole day?

Responses to each of these eight items can be totalled (with 1 point given for each 'yes' response) to derive an index of food insecurity that varies between zero and eight, with zero representing a household that is comparatively food-secure and eight representing extremely high food insecurity. There is almost no difference in the mean score between the baseline (at 5.34) and the mid-point (at 5.37). The increase in the average level of food insecurity is very slight and is not statistically significant. The panel of graphs below show that there a moderate increase in the number of respondents who had a score of 8 indicating

that their household was highly food insecure. This increase (which represents 17 households that became more food insecure) helps to explain the upward shift in food insecurity score from the baseline to the mid-point assessment.

Figure 14: Distribution of food insecurity scores by assessment point



Our findings related to food security here are in keeping with the findings above related to other proxies of economic distress. There are increases in indicators of distress across the board, but most of these increases are very slight and are not statistically significant.

Taken as a whole, there is little evidence that the households sampled in the mid-point assessment experienced a substantial increase in economic distress since the time of the baseline or as a result of the COVID-19 pandemic. These findings do not necessarily contradict girls' and caretakers' stated concerns about the cost of schooling as a barrier to girls' continued enrolment. Rather, these findings suggest that this barrier has not worsened substantially over time, despite the COVID-19 pandemic.

4.4 Life skills

One possible effect of school closures and social isolation during the COVID-19 pandemic may have been a reduction in girls' senses of self-esteem and self-efficacy. Readers will recall that, at baseline, girls' life-skills scores (which combined proxies of self-esteem along with other proxies for self-efficacy and self-awareness) were positively and significantly correlated with learning outcomes. Thus, if there has been a significant decrease in girls' life-skills, this may portend attenuated learning and may also help us to understand and explain limited retention while schools were closed.

To explore the hypotheses stated above, we construct a life-skills index using the same (comparable) survey items as were used at the baseline. The full set of questions pertaining to the index is presented here for reference:

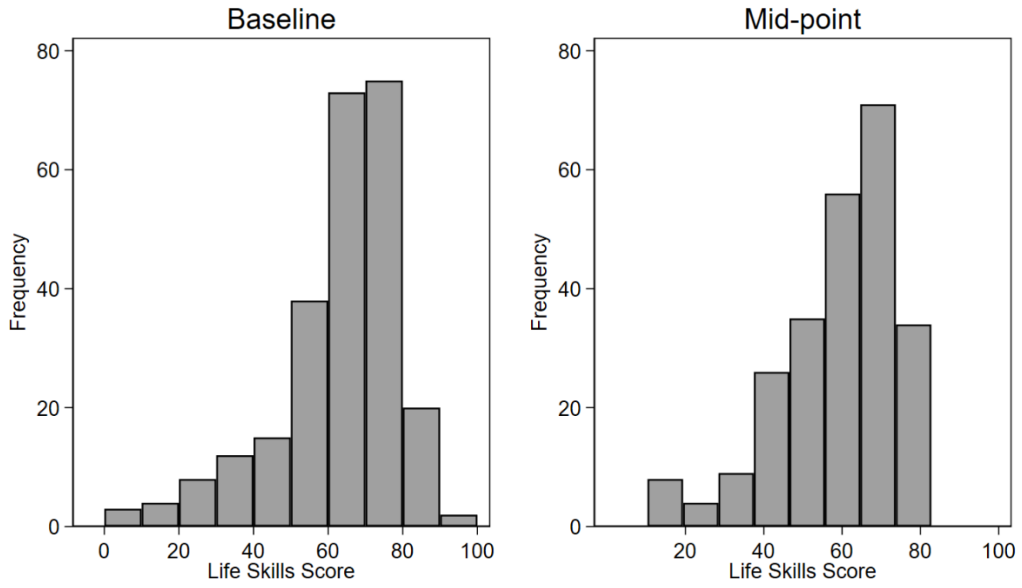
	Questions	Respondents
Learning to Learn	I cannot choose whether to attend or stay in school. I just have to accept what happens.	All cohort girls
	I am able to do things as well as my friends	
	I want to use the skills I've learned during my education	
	I want to do well in school	In-school girls
	I get nervous when I have to read in front of others	All cohort girls
	I get nervous when I have to do maths in front of others	
Learning for Life	I feel confident answering questions when I'm in a group of people	
	I can describe my thoughts to others when I speak	
	I can work well in a group with other people	
	When I have the opportunity, I can organize my peers or friends to do an activity.	
	I ask an adult if I don't understand something (PROMPT, e.g. a teacher, a community leader, parents)	
	When I succeed at school, it is because I worked hard	In-school girls
	When I succeed at a task, it is because I worked hard	Out-of-school girls
	If I do well in a test it is because I am lucky	In-school girls
	If I succeed at a task it is because I am lucky	Out-of-school girls
	I get support I need from my family to stay in school and perform well	In-school girls

The construction of the score involves the summation of all items listed above, followed by the normalization of the score such that it varies between zero and 100.

The panel of histograms below show the distribution of the comparable scores at baseline and mid-point and also illustrates the moderate degree to which the life-skills scores have decreased since the baseline. For the panel sample of matched girls, the average life-skills score has decreased by approximately three points (on a 100 point scale) from baseline to the time of this mid-point evaluation. This decrease is fairly

small and is not statistically significant. On the basis of this finding, we cannot conclude that girls' senses of self-esteem or self-efficacy decreased substantially as a result of schools closing early due to COVID-19.

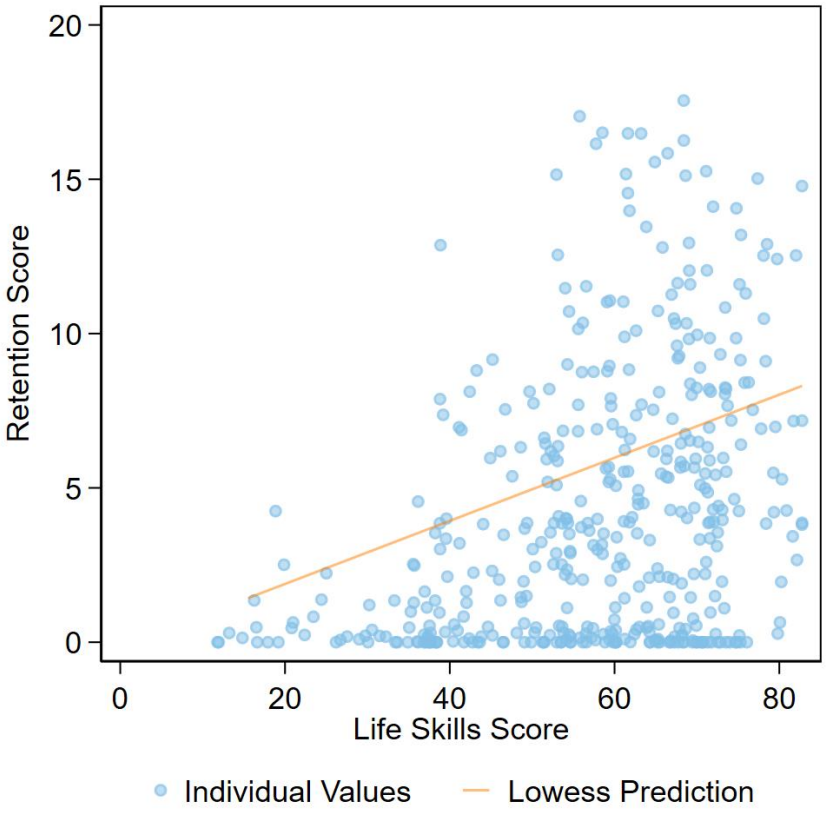
Figure 15: Distribution of life-skills scores by assessment point



On the other hand, we do find evidence that girls' levels of participation in learning retention activities are strongly predicted by their life-skills scores (in much the same way that learning outcomes are positively correlated with life-skills scores). The graph below illustrates this correlation, with the blue points representing scores for individual girls, and the orange line indicating the slope of the correlation suggested by those points. Girls with higher life-skills scores had significantly higher retention scores.[33] Ultimately, it is not possible to know (on the basis of the available quantitative data) if higher life-skills scores help to explain higher retention scores, or if both are ultimately a product of more supportive home environments. This finding also suggests that variations in retention scores may be explained by individual-level variations in girls. At baseline, we found that learning scores and life-skills scores were strongly and positively correlated, and we interpreted this to be a product of the fact that girls who are more confident tend to participate more in the classroom, but this may also be a reflection of the fact that girls who are more confident and motivated also spend more time studying on their own. Similarly, girls who are more confident and motivated and who have stronger identities as learners may have felt more comfortable undertaking learning retention activities on their own while schools were closed.

[33] Life-skills score is positively correlated with retention score at p = 0.000 in a cluster-adjusted negative binomial regression.

Figure 16: Relationship between life-skills score and retention



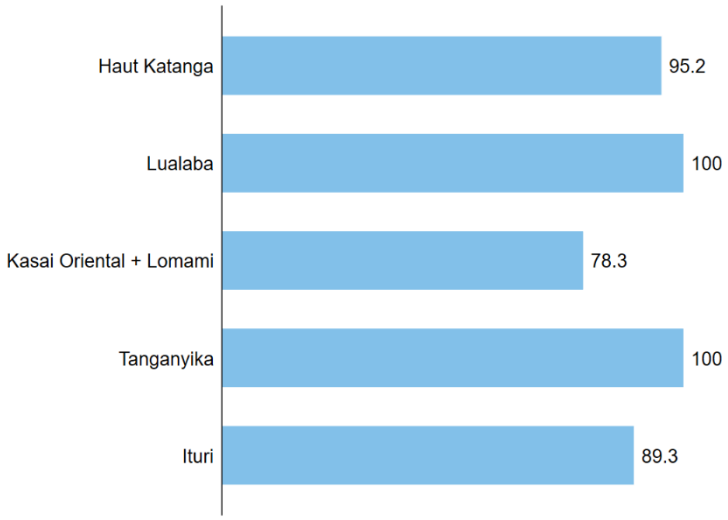
4.5 Teachers' attitudes on returning to teaching

All 128 teachers interviewed for the midline survey reported planning on returning to teach in October at the same school they were teaching at previously. Realistically, the unanimity of this answer may not necessarily result in all these teachers returning to teach when their respective schools reopen. Answering questions about events in the future does not always produce accurate answers when those events eventually do take place. The difficulty of returning may be more than a teacher anticipates or unforeseen events could result in the teach not being able to return. Additionally, there is likely some social desirability bias in the responses of teachers when being interviewed by representatives of NGOs which could at least indirectly provide resources to these teachers and their schools. With that being said, it is still safe to assume that the vast majority of these teachers will in fact return to teaching once their schools reopen.

Residing in a different community than the one they teach in during the school closure is one issue that could make it difficult for teachers to return to teaching. When asked, just 7 percent of teachers stated that they were not currently residing in the community they were teaching in before schools were shut down. That figure was highest in Kasai Oriental and Lomami provinces, where 21.7 percent of teachers were not residing in their original communities.

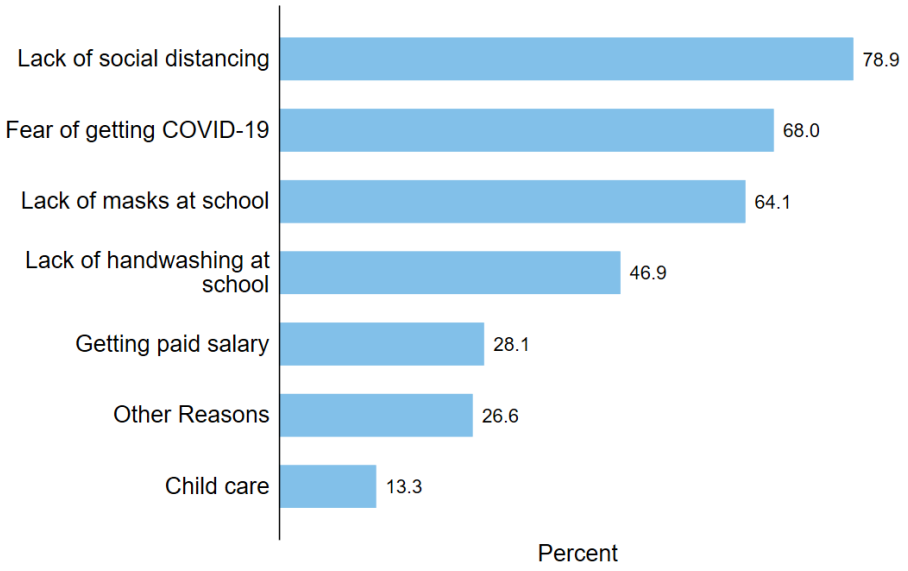
Of the 7 percent of teachers that were not residing in the communities they teach in, all stated that they planned on returning in October for the start of the new school year.

Figure 17: Percentage of teachers currently residing in original community by Province



Even though all teachers express a desire to return to teaching school regularly, they still identify many challenges in doing so. As shown in the figure below, nearly 80 percent of teachers cited a lack of social distancing in schools as a main challenge to return to teaching. Approximately two-thirds of teachers also cited both fear of getting COVID-19 (68 percent) and a lack of masks in school (64.1 percent) as main challenges in return to teach.

Figure 18: Percentage of teachers citing reason as main challenge to return to teaching



Just 28.1 percent of surveyed teachers cited getting paid their salary as a main challenge to return to teaching regularly, with 13.3 percent mentioning obtaining childcare as a main challenge. However, there were notable provincial differences in perceptions of main challenges to returning to teaching regularly. As shown in the table below, nearly half of teachers in Haut Katanga (47.6 percent) cited getting their salary as a main challenge. On-time salary payment may be a particular issue for teachers in that province, as over one-third of them (38.1 percent) reported not being paid for teaching prior to their schools shutting down. The highest rate by province. Teachers in Lualaba appear to be sharply concerned with COVID-related precautions as a lack of handwashing, mask-wearing, and social distancing in schools were each cited by at least 80 percent of teachers.

Table 15: Percentage of teachers citing reason as challenge to returning to teach

	Type of Challenge						**N**
Province	**Childcare**	**Getting paid salary**	**Fear of getting COVID**	**Lack of masks at school**	**Lack of handwashing at school**	**Lack of social distancing**	
Haut Katanga	0.0%	47.6%	33.3%	57.1%	57.1%	61.9%	21
Lualaba	9.1%	36.4%	77.3%	90.9%	81.8%	86.4%	22
Tanganyika	5.9%	26.5%	94.1%	61.8%	52.9%	85.3%	34

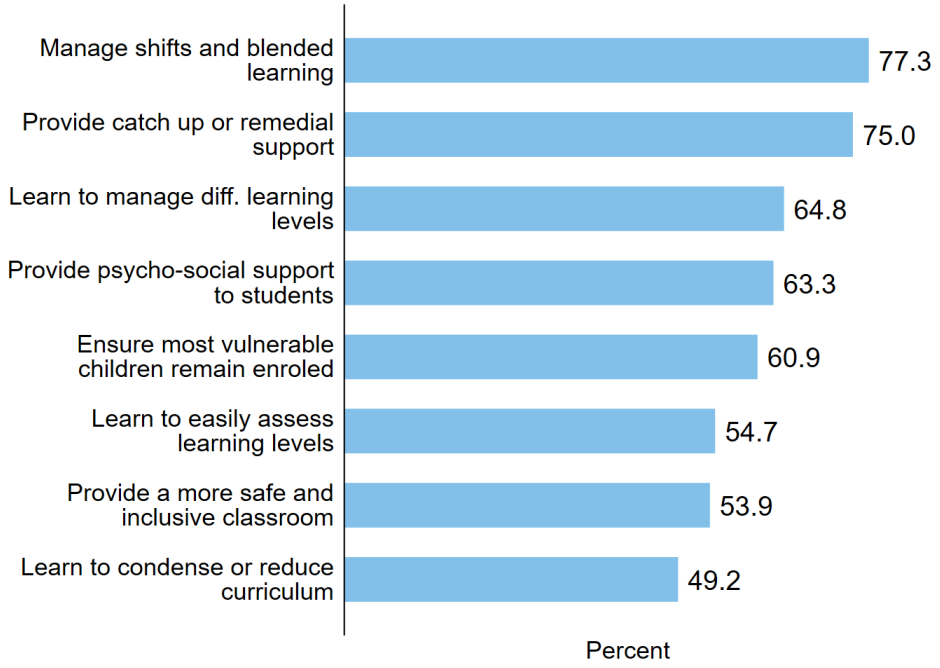
Ituri	10.7%	14.3%	57.1%	71.4%	21.4%	92.9%	28
Kasai Oriental + Lomami	43.5%	21.7%	65.2%	39.1%	26.1%	60.9%	23
Male	11.9%	26.2%	69.0%	66.7%	44.0%	81.0%	84
Female	23.1%	30.8%	57.7%	61.5%	34.6%	84.6%	26
Total	**13.3%**	**28.1%**	**68.0%**	**64.1%**	**46.9%**	**78.9%**	**128**

Female teachers were twice as likely to cite obtaining childcare as a challenge compared to their male counterparts, 23 to 12 percent. Even still, less than a quarter of female teachers noted it. Lack of social distancing in schools was the most cited challenge in returning to teaching for both male and female teachers. Teachers appear to be worried about adjusting to the small confinements of school when during an active pandemic.

When asked about their teaching skills, most respondents expressed optimism in their level of preparedness to return to teaching. Overall, two-thirds of teachers stated they felt *very prepared* to return to teaching with another 13.3 percent stating they felt *moderately prepared*. Just 3.1 percent of surveyed teachers felt that they were *not at all prepared* to return to teaching regularly because of their teaching skills.

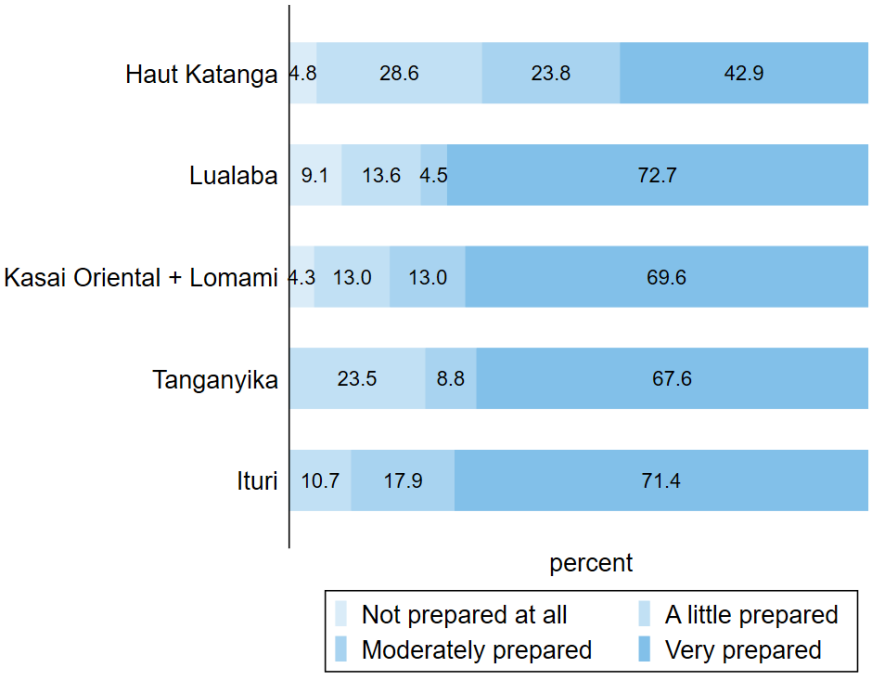
All teachers were also asked about the topics on which they would most like to be supported and trained in the near future. The graph below presents the proportion of teachers sampled who endorsed each potential training topic. The top three topics all deal with managing the return to school of students who are expected to have extremely different learning levels, and some of whom are expected to require significant remedial work.

Figure 19: Potential teacher training topics



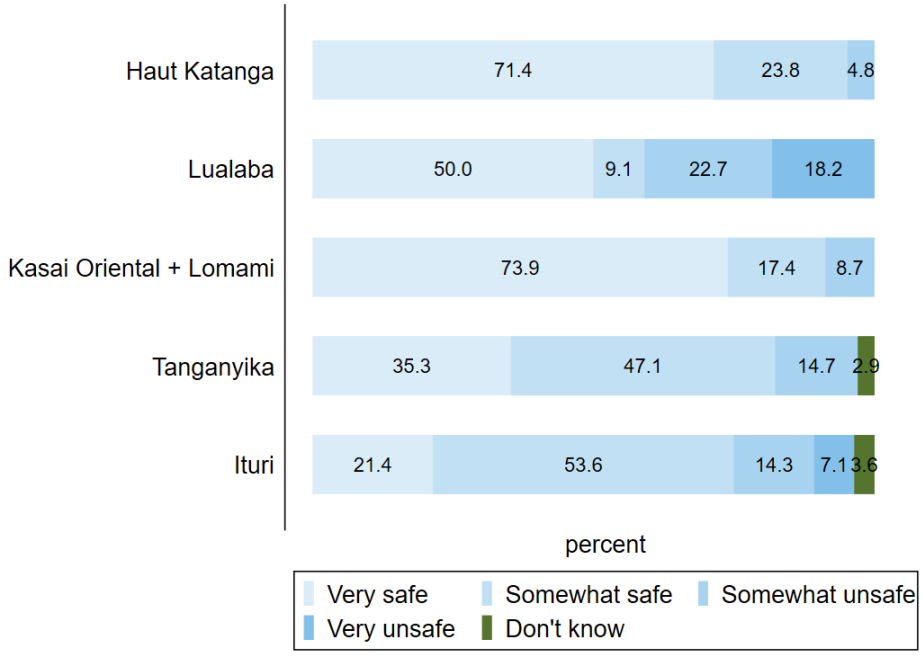
Geographically, teachers from Haut Katanga were most likely to express reservations in their level of preparedness. Only 42.9 percent of teachers from that province stated they felt *very prepared*, the lowest rate by province. One-third of Haut Katanga teachers felt they were only a little or not at all prepared to return to in-classroom teaching, the highest rate by province.

Figure 20: Teachers' feeling of preparedness returning to teach regularly - by Province



The likelihood of teachers returning to teach as well as their effectiveness in doing so is likely dependent on their perceptions of their safety while in school. Nearly half of respondents (47.7 percent) said they felt *very safe* returning to teach in schools, with another 32.8 percent of respondents feeling *somewhat safe* to return. A minority of teachers reported feeling unsafe to return to teaching, with 13.3 percent feeling *somewhat unsafe* and 4.7 percent feeling *very unsafe*.

Figure 21: Teachers' feeling of safety returning to regularly teach - by Province



As shown in the figure above, the highest rates of teachers feeling safe to return to school is in Haut Katanga, where 95.2 percent of teachers reported feeling at least *somewhat safe* to return. The area where teachers are most likely to feel unsafe in returning to school is Lualaba, where 40.9 percent of respondents feel unsafe returning to teach in schools.

Among teachers who reported feeling unsafe returning, the most commonly cited reasons for that feeling were a lack of social distancing and a lack of masks at school, both of which more than 90 percent of teachers feeling unsafe cited. A fear of getting COVID-19 was cited by 87 percent of these teachers as a reason for feeling unsafe. Interestingly, a lower rate of 56.5 percent of teachers cited becoming ill from COVID-19. So, teachers' concerns about getting COVID-19 are not necessarily tied to a fear of becoming sick from the virus. The few female teachers who reported feeling unsafe were more likely to cite every reason except for getting COVID-19.

Table 16: Rate of teachers who cite reason for feeing unsafe

	Reason					
Gender	**Getting COVID**	**Becoming Ill from COVID**	**Lack of Masks**	**Lack of Handwashing**	**Lack of Social Distancing**	**N**
Male	87.5%	50.0%	93.8%	68.8%	93.8%	16
Female	75.0%	75.0%	100.0%	75.0%	100.0%	4

Total	**87.0%**	**56.5%**	**91.3%**	**69.6%**	**95.7%**	**23**

Teachers' Economic Hardships and Adaptations

A minority of teachers were *not* paid for teaching both before the pandemic (21.9 percent) and during the shutdown (19.5 percent). This general finding is in keeping with the findings of the IDS Covid Impact on Education Study, which found that a majority of teachers surveyed in South Kivu had been paid, albeit with some delays in payment.[34] The IDS study also suggests that the main reason for non-payment of teachers who were not paid is likely their contract status: teachers who were hired under 'Nouvelle Unité' status (meaning that they were hired directly by schools and are not on the MOE payroll) were much less likely to have been paid than teachers who were on the MOE payroll. As of the writing of this report, government policy is that Nouvelle Unité teachers will not be paid by the government, but secondary schools will be allowed to collect school fees in order to pay those teachers. The question of whether or not Nouvelle Unité teachers will be paid dependably remains open and potentially problematic.

While there were no significant differences in payment of salaries by province or gender, there was substantial overlap between the two groups. Among those teachers who had not been paid for teaching before COVID-19 shut down the school, 85.7 percent also said that they were not paid for their time as a teacher while the school was closed. This means that nearly a fifth of teachers have not been paid as they expected before and during the pandemic. While all teachers surveyed said that they were planning on returning to school, should non-payment continue for these teachers, then there may be increased incidence of teacher absenteeism or turnover.

Table 17: Economic Hardships and Adaptations

Question	Yes	No	N
Have you been paid for the teaching you did before COVID-19 shut down your school?	78.1%	21.9%	128
-> If no, do you expect to eventually get paid for the teaching you did prior to school shutting down?	42.9%	57.1%	28
Were you paid for your job as a teacher during the time your school was closed because of Corona?	80.5%	19.5%	128
Did you have any other sources of income while your school was shut down because of Corona?	49.2%	50.8%	128
-> If yes, are you still receiving income from the other source(s)?	71.4%	28.6%	63

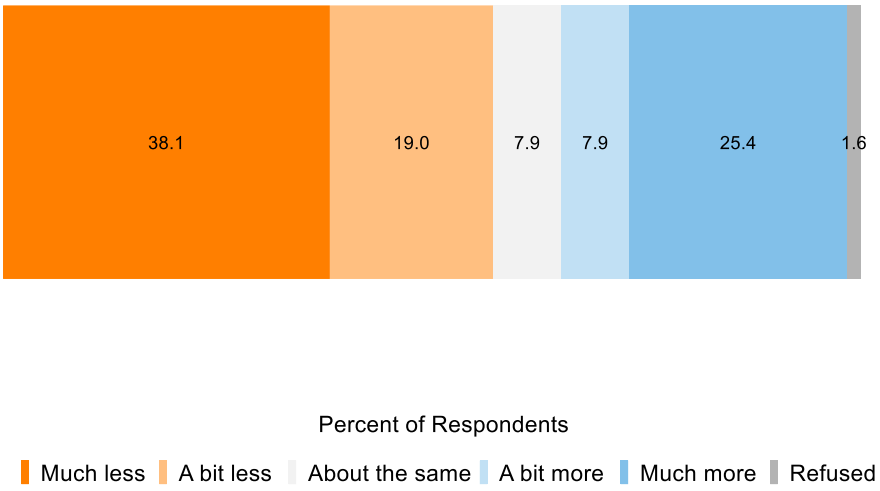
In contrast to expectations, those teachers who were not paid either before or during the shutdown were not significantly more likely to have income from other sources. As shown above, approximately half, 49.2 percent, of all teachers found other sources of income during the shutdown. Among those who were not paid during the time the school was closed, 64.0 percent said they found other sources of income as

[34] Gauthier Marchais, Et al., "The Impact of COVID-19 on Education in South Kivu, DRC: Short Study," Institute of Development Studies, October 2020.

compared to 45.6 percent among those who were paid during the time schools were shut down. There were no significant differences in those who found other sources of income observed by province or gender.

Among the 49.2 percent of all respondents who found income from other sources, 57.1 percent earned less than their regular teacher salary and 33.3 percent earned more than their teacher salary. The figure below illustrates how the alternate sources of income compared to the teacher salary.

Figure 22: How did the income from other sources compare to teacher salary?



While all teachers surveyed planned to return to their schools to teach, a substantial proportion of all teachers, 16.4 percent of all surveyed teachers, may have alternatives to teaching that could provide them greater financial security during a pandemic. Indeed, while 71.4 percent of all teachers who found alternative sources of income continue to receive income from that other source, 95 percent of teachers who earn more from their alternative source of income reported that they continue to do so.

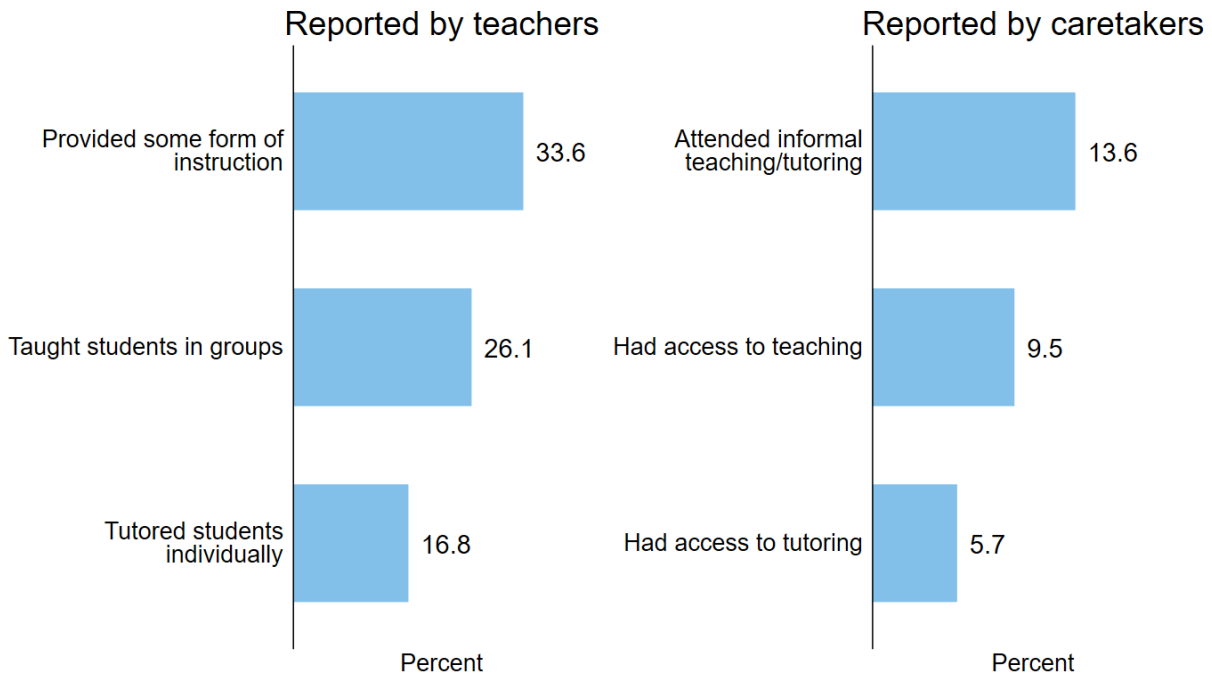
4.6 Teachers' support for students during school closures

In addition to assessing teachers attitudes regarding returning to school, teachers were also asked about the potential contributions that they made to learning retention while schools were closed. This section presents data from teachers along with comparable data from caretakers in order to triangulate and better assess the degree to which informal learning opportunities were available while schools were closed.

The graph below compares teachers' and caretakers' responses when they were asked about whether group teaching and individual tutoring opportunities were available in their communities. For each type of opportunity, a higher proportion of teachers reported that the opportunity was available than did caretakers. This discrepancy is at least partly explained by the fact that (due to the telephonic sample of teachers and the face-to-face sample of households) there is not a perfect correspondence between the communities where contacted teachers were sampled and the communities where households were

sampled. There is also likely a social desirability bias driving teachers to report that they provided informal learning opportunities, which helps to explain why the proportion of teachers who reported such opportunities is so much larger than the proportion of caretakers who reported similar opportunities. One way of interpreting this data is to take teachers' reports as the upper bound and caretakers reports as the lower bound in terms of the likely proportion of program beneficiaries that had access to such opportunities.

Figure 23: Triangulation of availability of informal learning opportunities



Over all, there is agreement between teachers' and caretakers' reports in terms of the relative availability of group teaching versus tutoring, with teaching being offered to a greater degree than tutoring. We can also draw the more general insight that approximately one third (or fewer) respondents in both samples suggested that teaching or tutoring opportunities were available.

Another way of comparing reports and making sense of this data is to look at the availability of teaching and tutoring opportunities at the community level. In order to do this, we code an opportunity as having been available in a given community if one or more respondents in a given community said that the opportunity was available. The result for teachers suggests that around 38 percent of communities had teaching or tutoring available while schools were closed, whereas the result for caretakers suggests that

roughly 28 percent of communities had teaching or tutoring available. There is still a moderate discrepancy in these figures, but they make it clear that structured educational activities led by teachers were comparatively rare while schools were closed. This finding reinforces our findings above related to learning retention which suggest that retention levels can be expected to low, and the need for remedial work will be substantial as girls return to school.

5. Conclusion & Recommendations

5.1 Conclusions

Girls' Learning Retention:

- Learning retention can be expected to be low as girls return to school in October. Nearly one third of caretakers (31.3 percent) reported that their girls did not engage in *any* learning retention activities since schools closed in March, and the vast majority of girls did not have access to informal teaching or tutoring while schools were closed.
- Triangulation of data between caretakers and teachers suggests that between 28 and 38 percent of surveyed communities had some kind of teaching or tutoring opportunities available while schools were closed. Teachers' reports provided the upper bound of this estimate at 38 percent, while caretakers' reports provided the lower bound of this estimate at 28 percent. It is thus likely that only around one third of program communities had teaching or tutoring opportunities available to girls while schools were closed.
- There are significant regional variations in retention activities that girls were willing and able to engage in, and Ituri has the lowest average retention score of any province, as well as the highest reported levels of illness and deaths within households, which are also highly predictive of children engaging in fewer retention activities.
- The most important determinants of participation in retention activities sit at the household level. The most vulnerable girls are those with higher levels of chore burden and girls with families that are unsupportive of those girls staying in school. Girls who belong to households where their education is not prioritized have significantly lower retention scores than girls whose caretakers do not over-burden them with chores and where girls feel that they are supported in staying in school. Furthermore, reported levels of chore burden have increased substantially since the baseline, indicating that this barrier to retention (and potentially also to attendance) is becoming even more prevalent and severe. These findings regarding the importance of caregiver support are also in keeping with baseline findings that girls were more likely to remain enrolled in school when their caretakers participated in VSLAs.
- Girls with higher EGRA and EGMA scores at baseline had significantly higher learning retention scores as of this mid-point assessment. This finding provides some evidence of the validity of the retention proxies used for this mid-point assessment because it is extremely unlikely that these correlations would have emerged by chance; and second, the practical implication of these findings is that girls who were well-resourced in terms of learning at baseline appear to have remained better resourced (on average) than their peers, even during school closures resulting from COVID-19. We can interpret this finding as providing further support for the hypothesis that girls who belong to households where there education is prioritized tend to study more while in school and also practice and retain more while out of school.

Girls' Barriers to Return and Risk of Dropout:

- A majority of girls and their caretakers also had no concerns at all about girls' abilities to return to and regularly attend school. Among those caretakers and girls who did express concerns, the most frequently cited concern (by both girls and their caretakers) was having sufficient funds to pay for school.
    - While insufficient funds for school was a widely cited concern, the evidence about economic hardship in the sample is mixed. Most households in the sample reported that

they frequently go without cash income, and 38 percent reported that they are unable to meet their basic needs. There has been a significant increase since the baseline in the number of households that reported not being able to meet their basic needs, but there has not been a significant increase most of the other indicators of economic distress, including indicators of household food security.

    - These findings do not invalidate respondents' concerns about being able to afford school, but they do suggest that the economic impact of COVID-19 in DRC is perhaps less severe than some have imagined.

- Our analysis of subgroups and retention proxies suggests that the most vulnerable girls in terms of risk of dropout are probably those who belong to families that do not prioritize their education. These girls already have engaged in significantly fewer retention activities than their peers and are thus likely to be behind in their learning when they resume school. Furthermore, girls belonging to unsupportive households are also more likely to be saddled with heavy chore-burdens that have the potential to adversely affect attendance or that lead to dropping out of school altogether.
- Panel cohort girls surveyed at the midpoint were more likely to indicate they had school safety issues than they were in the baseline, which may pose a barrier for girls returning to school or dropping out. Girls were more likely to say that they felt unsafe traveling to and from school than they were at the baseline (an increase from 0.4 percent in the baseline to 6.8 percent). In addition, panel cohort girls were more likely to say they were unsafe at school at the mid-point (an increase from 0.8 percent to 5.2 percent).
- At the midpoint evaluation, panel cohort girls indicated a sense of agency and empowerment around attending school at significantly higher rates than they did at the baseline. At the baseline, 84.8 percent of the girls in the panel said that felt that they had no choice in whether to attend school. At the midline, only 48.8 percent of girls said the same.

Teachers:

- All teachers surveyed reported that they anticipated returning to regular in-class teaching once schools reopen. Only 7 percent of teachers said that they were not currently residing in the community they taught in last year, and all of those teachers reported that they plan to return to the community where they teach prior to schools reopening.
- Teachers broadly feel that they have the skills to be prepared to teach when schools reopen. Nearly two-thirds of teachers reported feeling very prepared to restart teaching regularly, with only 3.1 percent of teachers feeling like they are not at all prepared. When asked about priority areas for future training, the top three topics requested all deal with managing the return to school of students who are expected to have extremely different learning levels, and some of whom are expected to require significant remedial work.
- The biggest challenges to returning to regular in-person schooling are related to COVID-19. The most commonly cited challenge among surveyed teachers was difficulty maintaining social distancing while at school. Nearly 80 percent of teachers cited this, while 64 percent cited the challenge of wearing masks in school. Concerns with receiving teacher salaries was not nearly as frequently cited as a main challenge to reopening, although nearly half of teachers in Haut Katanga believed it to be a challenge. This may be because cost of living is comparatively high in Haut Katanga, which means that teachers will be more concerned about the problem of payment even if they are paid on time.
- By and large, teachers feel safe returning to teaching in schools. Over 80 percent of teachers reported feeling either very or somewhat safe returning to teach in schools compared to just 4.7 percent who stated they felt very unsafe returning. Of those that did report feeling unsafe, the

most commonly cited reasons once again included a lack of social distancing and masks in school.

- Economic hardships may increase teacher turnover or absenteeism. Nearly a fifth of teachers have not been paid for their work before and during the pandemic. The majority of teachers, 57.1 percent, who were not paid for teaching before the pandemic do not believe they will eventually get paid. The Ministry of Education (MOE) has announced a new school fee policy, which confirms that the MOE will not pay "new" teachers who have been recently hired directly by secondary schools. This is a reversal of the MOE's announced policy from last year. Current MOE policy suggests that they intend to pay new teachers at primary level grade 1 to grade 6. However, as of the writing of this report, secondary school teachers will be paid by school fees that will be collected to cover teacher salaries.
- Alternative sources of income may also pose a risk to teachers returning to schools in the event that these alternative sources may prove to be more lucrative or dependable than teaching. Approximately half, 49.2 percent of teachers found income from other sources. Among those who found alternative income, 33.3 percent earn more than their teacher salary, which suggests that these teachers are at the highest risk of not returning to teach and simply pursuing their new source of income. This is a possible barrier to returning to teaching, although none of those teachers with lucrative alternative employment suggested that they would not return to teaching.

5.2 Recommendations

Project Design

- In response to caretakers' concerns about being able to afford to keep girls in school, it would be advisable to provide bursaries to underwrite the costs of schooling whenever possible, especially for the most vulnerable households in rural and conflict-affected areas. School feeding programs may also help ease the financial burden of sending children to school and provide adequate nutrition to students.
- Responding directly to COVID-19 (as a threat/concern) will be less important to girls and their families than responding to the fact that some girls will be falling behind their peers (due to lack of retention activities) and that these same girls are also more vulnerable because they tend to have higher levels of chore-burden in their homes and less supportive caretakers. Interventions that focus on changing adult attitudes toward the value of girls' education are more relevant now that some girls have been even more heavily enlisted into income-generating activities, household upkeep, and childcare. It is important to note that, while most indicators of economic hardship have not worsened significantly since the baseline, high chore burden is correlated with households reporting that they often cannot meet their basic needs, and is also correlated with higher levels of food insecurity. While these results are not statistically significant, these findings suggest that chore burden is strongly linked with economic and food-insecurity and that addressing these fundamental issues will also help to address problems of attendance and dropout now that girls have returned to school.
- If regional targeting of project response is deemed necessary or desirable, it would be advisable to target resources to Ituri and to conflict-affected areas, as these tend to demonstrate the lowest retention scores and thus the highest risk of girls falling behind and dropping out of school.
- Given the increase observed in caretakers of panel girls reporting self-care, cognitive, and mental health-related impairments, the project may need to redouble its focus on these vulnerable populations. In particular, finding suggests the potential need for more focused training of teachers to be sensitive to the needs of students with these impairments.

- While the midpoint evaluation data indicated substantial progress in empowering girls, i.e. a 36 percentage point reduction in girls who said they have no choice in whether they attend school, nearly half of panel cohort girls, 48.8 percent, still said that they felt that they had no choice in the matter. The findings suggest continued girl empowerment efforts to encourage girls to advocate for their education.
- In light of teachers' requests, the project may wish to target its teaching trainings to prioritize teachers' top-three requested trainings (or more, if possible): i.e. managing shifts and blended learning, providing catch-up or remedial support, and management of different learning levels.
- To address non-payment of salaries to nearly a fifth of teachers, it would be advisable to organize support for additional funding for teacher salaries to improve teacher retention and morale. Teachers with NU contract status are the most likely to be unpaid or otherwise under-paid, and thus are the population of teachers who require the most support. In the even that schools charge fees to support these teachers, the best strategy for supporting teachers may be to support the ability of students to pay school fees that will then be used to pay teacher salaries.
- In light of the concerns that teachers expressed related to social distancing and fear of contracting COVID-19, the program may consider training for teachers and advising schools on procedures for maintaining social distance in school settings. Providing PPE for teachers might also be a worthwhile investment to help ameliorate teachers' concerns about contracting COVID at school.

Monitoring, Evaluation and Learning of the Project

- Because schools are now back in session, it would be advisable for SCI and its partners to re-contact the teachers sampled in this assessment to ascertain whether or not those teachers have, in fact, returned to teaching. This re-contact could be done telephonically, and with minimal cost. It is also possible that some of the sampled teachers misrepresented their intentions to return to teaching, and so following up with head teachers at project schools might provide a necessary means of cross-checking teachers' reports.
- As with teachers, it would be ideal if the project can, as part of its monitoring, verify the number of girls who did re-enroll in school, especially with regard to the most vulnerable subgroups.
- In light of the increased reporting of cognitive, self-care, communication, and mental health impairments, the project may consider the need to assess student needs along these lines, e.g. using a Perceived Stress Scales survey for students and teachers.
- In order to better understand the cause of the rise in girls feeling unsafe traveling to and from school and feeling unsafe at school, we advise that the qualitative interviews with parents, teachers, and students include questions about the dangers that face girls on their way to school and at school.

Annexes

Annex 1: External Evaluator's Inception Report (where applicable)

The latest version of the External Evaluator's Inception Report is provided separately.

Annex 2: Data collection tools used for Mid-Point Assessment

All data collection tools are provided as separate documents.

Annex 3: Datasets, codebooks and programs

All cleaned and labelled datasets are in Stata format. Replication code is provided in the form of Stata .do files to support the replication of key assessment findings.

Annex 5: Research Ethics and Child Protection Plan

Child Protection

The Ethical Protocols described below take as their headings PwC's minimum standards for child safeguarding. The twelve standards set out there are echoed in this section.

Policies and procedures to keep children safe and to prevent harm to children

Save the Children International (SCI) is committed to ensuring that all children with whom the organization works with, or even has contact with, are safeguarded to the maximum possible extent from child abuse and sexual exploitation. This commitment is implemented through the organization's Child Safeguarding Policy. It applies equally to all children irrespective of their gender, disability, ethnicity, sexuality, marital status, or religion.

The project will use the internal Save the Children child safeguarding protocol at all stages to ensure that all research activities (including evaluations and the operational research) are safely conducted in regard to children. The Child Safeguarding protocol is made of a set of external and internal policies, procedures, and practices that we employ to ensure that Save the Children itself is a child-safe organization. It aims at preventing and responding to cases of child abuse and exploitation associated with SCI staff and partner's behaviours/attitudes and SCI activities.

The external enumerator will have a written, comprehensive Child Protection Policy that includes a Code of Conduct that all staff, including temporary staff like enumerators, must review, sign and adhere to. That Policy must link the consequences of breaching the policy to the organisational disciplinary procedures.

Any child protection or child safeguarding concerns brought to the attention of Save the Children or World Vision during the EE's work will be dealt with in line with the respective organisations' policies (shared previously).

Safe recruitment

Save the children will select and recruit the external evaluators and any sub-contractors who can comply to Save the Children's commitment to child safeguarding by implementing checks and procedures to screen through any organization or individual who is considered not suitable to work with children due to past or current convictions, or harmful practices. Successful candidates will be made aware of the binding nature of these policies, procedures, and codes of conduct, and that they are applied equally to their personal and professional life. The agreement contract to be signed with the external evaluators will specifically include a separate agreement document on Child Safeguarding Policy, and it is expected that all evaluation protocols and tools will be child-friendly and gender sensitive.

Potential key risks that could emerge during the monitoring and evaluation activities are when personnel visit a child's home and community, when there is one to one contact, or when the staff has been outsourced by the consultants and strict measures about child safeguarding have not been put in place. If checks and vetting are not carefully carried out, there is a risk of hiring personnel or sub-contractors who can be harmful to children, and damaging the relationship, trust and reputation that the organization has built over the years.

Implementation and training

As part of the training for enumerators, Save the Children will ensure that a specific module on child safeguarding and related risks management is included. This module is designed to ensure that all contracted staff, especially enumerators and field supervisors, are aware and knowledgeable about child-friendly and safe programming and data collection procedures, safety prevention, reporting and response mechanisms that are in place during the research implementation.

Information and Communication

As part of regular programming, children and families will be made aware of their right to be safe from exploitation and abuse at the hands of staff and associates and how to make complaints, including via a child-friendly mechanism, should any issues or incidents arise. As part of evaluation, evaluators will remind children of the mechanism as part of the informed consent procedure.

The external evaluator's policy must reference named staff with a specific responsibility for safeguarding, and everyone in the organisation must be made aware of who they are and how to contact them.

Monitoring and Review

The EE will conduct a Child Protection Self-Audit every two years, under direction from Save the Children.

All concerns, incidents or allegations of abuse and complaints will be taken seriously, responded to appropriately, recorded, followed up and monitored.

Partnership responsibilities

If the EE has any subcontractors, they will ensure the minimum child safeguarding standards are fulfilled in their subcontract, policies and implementation. Overall responsibility accountability for this rests with Save the Children as the lead implementation partner.

Reporting to FM

Any breaches of the minimum standards will be reported to the Fund Manager immediately by Save the Children.

Data protection and security

Electronic data collection tools will be password-protected, and data transfers will be to password-protected data storage services. Data analysis will be on password-protected and encrypted machines. Normal good practice regarding anonymization of data will be followed. Any audio, photos or video will be stored in line with the policy set out in the Child Protection self-audit. All data must be handled in line with Save the Children's data protection policy; the policy details the laws we must comply to. For more information, see sections 8.3 and 9.

Ethics

Save the Children follows strict research ethics, ensuring that we operate through the use of agreed standards, and uphold principles of fairness and respect. We acknowledge the balancing act that research must navigate: ensuring high quality research, whilst protecting and respecting key principles of ethics. Drawing on the Save the Children ethics procedure, the Belmont Report, reviewing the ethical considerations that similar studies have faced, we have considered the practices outlined below. The research design and plan for the project will also be potentially subject to review and approval from Save the Children UK's own research ethics advisory group. Céline Sieu, as a M&E, Accountability and Learning advisor with Save the Children UK, acts as the ethics lead for the project.

The project is committed to taking great care when involving vulnerable individuals, especially children, in the research activities in a manner that is consistent with ethical principles that are widely accepted in the sector. This is to ensure that we are able to protect participants from exploitation and abuse, while building capacity and promote wellbeing. Special attention will be given to the fact that marginalized and most marginalized children participate in the study. All field staff will be sensitized to, and must commit to adhering to Save the Children's Child Safeguarding Policy and ethical principles, which include the following:

- **Free and informed consent** – all members of the treatment and control group must provide informed consent. Not only from parents but also from children, from an early an age as possible.
- **Confidentiality and anonymity** – Save the Children will work with our research partners to ensure that all data is held securely, is confidential and is anonymized. Enumerators will be made aware of the importance of confidentiality and anonymity. Participants will be briefed that we will protect anonymity in all instances unless we feel that the child is in danger or at risk and then we will implement our safeguarding policy. If the safeguarding policy is initiated, then it may be necessary to waive the participant's concerned right to anonymity in order to protect the child in question.
- **Transparency in research** - Understanding that research is 'two-way'[35]. Communities should know what their collective data is. This helps the community to feel a sense of ownership and involvement over the data collection process, and it has been shown that greater two-way feedback processes result in lower attrition rates from programmes. Communities should also have the opportunity to input back to Save the Children through our accountability mechanisms, which enable us to hear concerns and react appropriately to them.

[35] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428382/Beneficiary-Feedback-Feb15a.pdf

- **Safeguarding children through awareness, prevention, reporting and responding**[36] - All enumerators will be trained in the Child Safeguarding policy of Save the Children and provided with the necessary contact details to call if this policy needs to be initiated. In addition, researchers in contact with children will be trained in how to work with children, how to behave respectfully, how to put the child at ease, and how to identify signs of children at risk.
- **Working with local researchers** – We work with local data collectors who speak the local language and avoid using translators which can build suspicion, can lead to translation errors and misunderstanding, and can complicate power dynamics.

Annex 6: External Evaluator declaration

Name of Project: REALISE

Name of External Evaluator: Forcier Consulting

Contact Information for External Evaluator: 301 W Platt Street, Suite 388, Tampa, Florida, 33606, USA; +1 239 297 0771

Names of all members of the evaluation team: Samuel Ha and Jonathan Forney

Samuel Ha and Jonathan Forney certify that the independent evaluation has been conducted in line with the Terms of Reference and other requirements received.

Specifically:

- All of the quantitative data was collected independently ((Initials: SH, JF)
- All data analysis was conducted independently and provides a fair and consistent representation of progress (Initials: SH, JF)
- Data quality assurance and verification mechanisms agreed in the terms of reference with the project have been soundly followed (Initials: SH, JF)
- The recipient has not fundamentally altered or misrepresented the nature of the analysis originally provided by Forcier Consulting (Initials: SH, JF)
- All child protection protocols and guidance have been followed ((initials: SH, JF)
- Data has been anonymised, treated confidentially and stored safely, in line with the GEC data protection and ethics protocols (Initials: SH, JF)

Samuel Ha and Jonathan Forney

[36] https://www.savethechildren.org.uk/sites/default/files/docs/safeguarding-children.pdf

(Name)

Forcier Consulting

(Company)

22 October 2020

(Date)

Annex 7: Additional tables

The following tables summarize the proportion of respondents belonging to a given subgroup who engaged in the two most common learning retention activities, i.e. practicing reading and practicing math.

	Percent of girls practicing reading	Percent of girls practicing math	Number of observations for subgroup
Characteristics:			
All in-school girls	49.2%	32.4%	441
Haut Katanga	70.0%	25.0%	20
Lualaba	37.6%	37.6%	93
Lomami	76.9%	53.8%	39
Kasai Oriental	77.8%	65.1%	63
Tanganyika	50.0%	29.3%	58
Ituri	35.7%	14.3%	168
Severe illness in household	43.0%	18.0%	128
Death in household	32.0%	20.0%	25
Disability			
Vision impairment	100.0%	50.0%	2
Hearing impairment	100.0%	0.0%	1
Mobility impairment	66.7%	33.3%	3
Cognitive impairment	30.0%	22.0%	50
Self-care impairment	70.4%	63.0%	27
Communication impairment	39.1%	26.1%	23
Mental health impairment	38.7%	27.5%	142
Any disability	41.3%	29.1%	179
HOH and Carer Characteristics			

HOH no education	54.5%	54.5%	11
HOH female	63.3%	56.7%	30
Carer no education	45.7%	41.3%	46
Household Assets			
Owns mobile phone	51.4%	34.3%	327
Owns land	49.0%	31.1%	351
Poverty			
Gone to seep hungry many days	48.3%	33.1%	145
Gone without enough clean water many days	36.4%	24.6%	118
Gone without medicines or medical treatment many days	43.9%	32.7%	223
Gone without cash income many days	47.0%	31.9%	251
Migration and Regional Characteristics			
Conflict area	37.8%	14.0%	143
Urban area	74.1%	55.2%	58
Remote area	53.2%	40.3%	216
Other			
High chore burden (whole day spent on chores)	31.8%	22.7%	44
Married	0.0%	0.0%	1

	Percent of girls practicing reading	Percent of girls practicing math	Number of observations for subgroup
Barriers:			
All girls	49.2%	32.4%	441
Agrees she has no choice in schooling decisions	47.0%	29.2%	202
Does not get support from family to stay in school	30.0%	10.0%	30