

# Annex I - TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT



**Title of the assignment:** Baseline and end-line study for Multi-sectoral School Intervention Programme: *Safe Return to Learning*

## 1. Background and Justification:

Indonesia has the highest number of COVID-19 cases and deaths in southeast Asia, with 1.7 million cases and 46,496 deaths have been reported as of 7 May 2021. The pandemic has also resulted in widespread disruption to education and essential services. To reduce transmission, the country's 530,000 schools were closed in early March, affecting over 60 million learners. Millions of children have been grappling with the realities of remote learning since then, many without the basic tools to do so. Rates of out-of-school children will increase due to loss of caregivers and income as well as protracted school closures.

The longer a child remains out of school, the less likely s/he is to return. Prior to COVID-19, Indonesia was home to 4 million out-of-school children. For those in school, learning quality suffered, with just 30% of 15-year-olds achieving minimum reading and math competency. With limited remote learning options during the pandemic, many learners will fall further behind and potentially leave school entirely, eroding the country's long-term development trajectory.

Children who are not in school face additional risks of exploitation alongside physical, emotional and sexual violence. Worrying increases in child marriage and child violence have been documented. Essential school-based services such as immunization, school meals, mental health and psychosocial programming have also been seriously disrupted.

Scarce resources for the prevention, care and treatment of psychosocial and mental health issues limit access to services. Moreover, negative attitudes and perceptions of communities on this issue, often coincide with negative practices, such as hiding or punishing people with psychosocial and mental health problems. According to U-Report Indonesia (here), young victims of sexual violence and other physical punishment and abuse are also at serious risk of worsening mental health.

While a safe return to school is critical, many facilities lack the basic infrastructure and behavior change programs required to prevent COVID-19 recurrence. Over 40% of Indonesia's schools lack functional handwashing stations and soap, and recent surveys suggest handwashing practice in public spaces lags far behind other safe behaviors.

Globally, there is intense social and political pressure to safely re-open schools. This is further amplified in Indonesia given the devastating impact of school closures on children. There is growing recognition that schools can serve as platforms to support integrated programming across the education, health, WASH and child-protection space. Well-coordinated efforts can both protect children from COVID-19 while addressing child-centered vulnerabilities created by the pandemic in a comprehensive way.

The Joint Decision Letter (SKB) issued by four Ministers (Education, Health, Religious Affairs, and Home Affairs) issued in April 2021 announced that the Government will mandate all schools to re-start face-to-face learning by July 2021. Most schools have or will open using a "hybrid" model, combining face-to-face and

distance learning. To promote the reopening of schools, teachers are among the priority groups due to be vaccinated in the national vaccination campaign.

To support Indonesia's efforts to resume face-to-face learning in 2021, urgent and intensive support will be required. UNICEF therefore is launching a comprehensive cross-sectoral intervention in two diverse provinces where its field presence can be most effectively leveraged to support children and communities most in need. The programme has been launched in March 2021 with implementation in schools to begin as of the beginning of the new school year in July 2021 and continue until March 2022. Key components of the intervention include<sup>1</sup>:

**Education:** Address COVID-related learning gaps, reduce drop-out rates and facilitate the return of out-of-school children to formal schools or alternative learning options

**Health:** School-based immunization of school-aged children

**WASH:** Infection prevention and control in schools through improved availability of handwashing facilities and safe behavior programs

**Child protection:** Psychosocial support to address COVID-related vulnerabilities experienced by students and teachers

## 2. Purpose of the assignment:

The purpose of this study is to have a comprehensive multi-sectoral picture of the situation of school children when the schools reopen for the new school year 2021-2022 and compare it with that after the implementation of the *Safe Return to Learning Programme in South Sulawesi and Papua*. The results of the baseline and end-line study will also be used for following purposes:

- To develop an accurate picture of the current situation in targeted schools and areas before the intervention begins including perspectives on gender, equity and marginalized groups and support the design and/or adaptation of programme interventions, strategies and approaches.
- To provide a baseline for a future programme impact assessment. The result of the baseline assessment will be utilized in the end-line study to be conducted at programme completion.
- To measure impact of the programme interventions by comparing the results of the baseline study and the end-line study.
- To provide evidence-based recommendations and best practice/lessons learned to inform policy and programmatic decisions

## 3. Scope of Work:

The table below shows the key tasks and deliverables and payment milestones for this assignment.

Milestone	Payment
i) Submission of the draft inception report including the research protocol and findings from initial desk review.	20%
ii) Submission of the draft final report including the results of data collection and key findings. (Baseline study)	20%
iii) Submission of the final report and power point presentation of key findings. (Baseline study)	20%
iv) Submission of the draft final report including the results of data collection and key findings. (End-line study)	20%
v) Submission of the final report and power point presentation of key findings. (End-line study)	20%

<sup>1</sup> Detailed activity plan is annexed.

Tasks	Deliverable	Timeframe/duration
<ul style="list-style-type: none"> <li>▪ Desk review of available data and studies in the respective fields.</li> <li>• Design research protocol including methodologies, implementation plan, objectives, detailed sampling frameworks, data collection instruments, risk and how to mitigate and handling unintended consequences</li> </ul>	Simple inception report including the research protocol and findings from initial desk review.	2-3 weeks following signing of the contract
<ul style="list-style-type: none"> <li>▪ Obtain ethical clearance from the Government of Indonesia or certified Ethical Review Committee/Institutional Review Board</li> <li>▪ Recruit and train enumerators/research assistants.</li> <li>• Conduct data collection at research sites.</li> </ul>	Contractor may be asked to submit a simple progress report and UNICEF staff may accompany research team to training and project sites.	-2-4 weeks depending on contractor's partnership with academic research institutions in Indonesia. -3 weeks (recruitment of enumerators in-parallel to desk review) -2 weeks
<ul style="list-style-type: none"> <li>▪ Transcribe and analyse finding from the field data collection</li> <li>▪ Prepare Draft Report highlighting the result of field data collection and desk review</li> </ul>	Draft report including the results of data collection and key findings and raw data in Excel or Word format.	3 weeks  2 weeks
<ul style="list-style-type: none"> <li>▪ Incorporate UNICEF comments to the draft report</li> <li>▪ Finalize baseline assessment report</li> <li>▪ Presentation of the key findings</li> </ul>	Final report and power point presentation of key findings.	3 weeks
(End-line study) <ul style="list-style-type: none"> <li>• Conduct data collection at research sites. for the end line</li> </ul>		2 weeks
(End-line study) <ul style="list-style-type: none"> <li>▪ Transcribe and analyse finding from the field data collection</li> <li>▪ Prepare Draft Report highlighting the result of field data collection and desk review</li> </ul>	Draft report including the results of data collection and key findings and raw data in Excel or Word format.	3 weeks  2 weeks
(End-line study) <ul style="list-style-type: none"> <li>▪ Incorporate UNICEF comments to the draft report</li> <li>▪ Finalize endline assessment report</li> <li>▪ Presentation of the key findings</li> </ul>	Final report and power point presentation of key findings.	3 weeks
<b>4. Reporting Requirements:</b>  <p>The following deliverables should be provided in soft copy in a format that can be edited/amended by UNICEF, unless otherwise stated. All documents should be written in English unless otherwise stated.</p> <ul style="list-style-type: none"> <li>▪ Inception report providing full details on survey design and methods, including questionnaires in English and Indonesian.</li> <li>▪ Ethical clearance letter from the Government of Indonesia (scanned copy) and Institutional Review Board/Ethical Review Board</li> <li>▪ Database or excel data tables including raw data/findings from field research and desk review, with all variables clearly labelled and defined in English</li> <li>▪ Powerpoint presentation</li> <li>▪ Final report shall be written in English and be professionally proofread and publishable upon submission to UNICEF. Executive Summary should be written in both English and Bahasa Indonesia.</li> </ul>		

## 5. Ethical Considerations

As part of their research protocol, the successful contractor will identify and outline an approach to addressing potential ethical issues in a study involving children. This includes ensuring that all study participants provide informed consent. If participants are under age 18, parents should also provide consent.

Guidance on research ethics can be obtained from the following UN documents:

- UNICEF PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS”, April 2015 ([http://www.unicef.org/supply/files/ATTACHMENT\\_IV-UNICEF\\_Procedure\\_for\\_Ethical\\_Standards.PDF](http://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)).
- Ethical guidelines for evaluations: <http://www.unevaluation.org/document/download/548>
- Evaluators' code of conduct: [http://www.unicef.org/evaluation/files/Evaluation\\_Principles\\_UNEG\\_Code\\_of\\_Conduct.pdf](http://www.unicef.org/evaluation/files/Evaluation_Principles_UNEG_Code_of_Conduct.pdf)
- Ethical research involving children: <http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf>

## 6. Methodology<sup>2</sup>:

The baseline study is the cornerstone of the programme research and evaluation framework, and it will provide the point of departure for implementation by the programme management and subsequently for the evaluation of the programme's achievement of its objectives.

The study will include a mix of quantitative and qualitative methodologies to provide robust evidence of the situation prior to the intervention. The evidence will be used as a tool for advocacy and evidence-based programming.

The baseline will provide data that is representative of the target group (school children as well as out-of-school/at risk children and their communities, the government at village, district/city and provincial level), enabling to track changes in retention and learning, and evaluate the programme's attributable effects on those outcomes. It will also include the collection of data relevant to factors that could affect the programme's capacity to deliver its outcome, such as barriers to learning for children. Data collection will include relevant available data (at provincial, district, village and school level – where available) relevant to programme objectives and the types of interventions planned; this will include current rates of enrolment, attendance, retention, completion and learning measurements (where these are available).

The baseline study will also include evidence of the specific barriers to education faced by the target communities. These elements will be captured through mixed methods, with questions within the HH survey and separate, well-structured qualitative research (e.g. focus groups, interviews).

It is expected that the use of both quantitative and qualitative methodologies to assess the pre-existing situation will allow project progress to be monitored and final assessments made.

The baseline will be designed in close collaboration with the UNICEF team by the contractor.

**Qualitative methods** - qualitative and participatory in nature, to enable an in-depth understanding and provide key insights from children, families, community, school personnel and education authorities.

Suggestions are welcomed on ways to conduct participatory research, to ensure all voices from the community, especially the most marginalized segments which are the key focus, are captured. UNICEF is also open to the use of projective techniques or other innovative techniques, using visualization, role play etc. This is to avoid obvious and normative answers, discussion and suggestions, and to really capture family and community insights. This would entail identifying the key influencers/influencing groups in the community, and the role they could play.

**Quantitative methods** – quantitative data will capture school records in key indicators, such as enrolment and attendance and learning outcomes (measuring reading and mathematics basic skills). Also household survey will be conducted. The survey will track households during the life of the programme in order to measure changes in

<sup>2</sup> Primary data collection is expected and therefore the institution should plan to follow all protocols related to travel and face-to-face meetings during the COVID-19 pandemic.

learning outcomes and attendance of children living in these households. In addition, the qualitative data will also capture the local budget spending and planning for primary schools education, including the plan for the financing of the safe return to learning.

Findings, conclusions, and recommendations should be based on triangulated evidence. Three types of triangulation methods could be adopted: 1) cross-reference of different data sources (from interviews, FGDs, and review of documents); 2) investigator triangulation through the deployment of multiple field interviewers; and 3) review by participants through the respondents' validation meetings and consultation with government and UNICEF key respondents during the report drafting process. The triangulation efforts will be tested for consistency of results, noting that inconsistencies do not necessarily weaken the credibility of results, but may reflect the sensitivity of different types of data collection methods. This is to ensure validity, establish common threads and trends, and identify divergent views.

### Geographic Area

The baseline and the end-line study will be conducted in four locations: Makassar City and Bone district in South Sulawesi and Nabire and Asmat districts in Papua, where the programme will be implemented in 120 schools:

50 primary schools (in Papua)

70 primary schools (in South Sulawesi)

### Sampling

Sampling framework should be of a sufficient size to reach robust findings about the target population in the 100 schools.

- Education: Study to be conducted in 100 of the target schools. Assessment for early grade students (grade 2 and 3) will be on sampling basis (~25 children per school with a total sample size of 2,500).
- CP: Children in schools: 2,500 (same sample as Education – with specific questions on MHPSS); 8 case studies for out of school children (2 case studies per district) ; 200 parents/caregivers & teachers (100 per province: 80 parents/caregivers and 20 teachers)
- Health: Qualitative assessment to 200 parents (100 parents randomly selected in each province, sampling at 4 focused districts, focus on parents from grade 1,2, or 5)
- WASH: Observation and data analysis for all target schools (50 schools per province) including structure observation to observe handwashing practices in selected schools, Children in schools: 2,500 (same students as Education with selected additional WASH questions), 200 parents/caregivers & teachers (100 per province: 80 parents/caregivers and 20 teachers) (same as Child Protection with selected additional WASH questions)
- SP: observation and data analysis on local budget (APBD) related to primary schools education, comparing the data before and during the pandemic, and some analysis on some potential for fiscal capacity and improvement.

### 7. Timing/duration of contract:

It is anticipated that the assignment will take place over 3 months between approximately May–July 2021 for the baseline study and another 4 months between Dec/Jan-Mar/Apr 2022 for the end-line study. Ideally the data collection phase of the assignment for the baseline study should be completed by the start of the school year in July 2021, when the bulk of programming will start. A broad timeframe is outlined below, however the successful contractor can propose an alternative suitable timeframe.

Research Phase	Suggested Timeframe
Preparation of research protocol and survey instruments.	June 2021
Training of researchers and assistants	June, 2021
Data collection	July, 2021
Data transcription and analysis	July, 2021
Preparation of draft and final report (baseline)	August, 2021
Refresher training for endline survey	Dec 2021/Jan 2022
Data collection for endline survey	Jan/Feb 2022

Data transcription and analysis for endline survey	Feb/Mar 2022
Preparation of draft and final report for endline survey	Mar/Apr 2022

**8. Qualifications Required:**

**Institution**

- The vendor should have permit to operate in Indonesia in accordance with the prevailing regulations
- Minimum 5 years of experience in undertaking cross-sectoral research in Indonesia, including data collection targeting children and adolescents
- Proven track record in training and supporting research teams
- Proven experience/capacity to conduct research in Indonesia

Desirable:

- Experience in conducting baseline and end-line or pre and post-intervention studies to assess the impact of development or humanitarian intervention projects.
- Experience working with UNICEF, especially in rural and remote areas.

**Team**

- The Team Leader should have relevant **post graduate level qualifications** (Master or PhD) in a relevant field
- The Team Leader and key members of the team should have at least **8 years experience** in monitoring and evaluation, including conducting baseline and end line evaluation of multi-sectoral programmes in developing countries
- At least one key member with strong education background
- The Team Leader and key members of the team should meet the following requirements:
  - Sound **knowledge of research and evaluation design**: including designing and planning research and evaluation approaches and methodologies, including quantitative and qualitative research methods;
  - **Relevant subject matter knowledge and experience** in at least one of the programme areas (e.g. education sector, gender, child protection, health, WASH) to ensure that the evaluation design and research methods are as relevant and meaningful as possible given the aims and objectives of the project and the context in which it is being delivered;
  - **Experience of implementing gender responsive, ethical and participatory research studies** is highly valued, including use of technologies and participatory methodologies with children and adolescents.
  - **Evaluation management**: the ability to manage a potentially large-scale and complex evaluation and research process from end-to-end, including conducting and reporting a baseline study and final project evaluation report;
  - **Country experience**: it is particularly important that the team has the appropriate country knowledge /experience and language proficiency required to conduct the research required;
  - **Communication skills**: high level of Bahasa Indonesia and English, including excellent writing and presentation skills
  - **Information management**: design and manage data and information systems capable of handling large datasets for M&E purposes;
  - **Statistical analysis**: a range of statistical modelling and analysis of impact data; highly proficient user of: SPSS or STATA; and qualitative data analysis software e.g. ATLAS.ti, NVivo or equivalent;

**9. Evaluation Criteria:**

CATEGORY	MAX POINT	MIN POINT
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<b>1. ORGANIZATIONAL CAPACITY</b>  <b>1.1</b> Detail of relevant experience and list of clients in the last five years, including contact details (name, email address, and phone numbers that can be used as reference) <b>1.2</b> Financial Statement and Balance Sheet (audited preferably) for the last 3 years.	20	
<b>2. QUALITY OF THE TECHNICAL PROPOSAL</b>  <b>2.1</b> Proposed methodology and approach with reference to objectives in TOR <b>2.2</b> Implementation timeline: identify key tasks and timeline, focal person for each activity/deliverable should be identified. <b>2.3</b> Anticipated project risks and mitigation measures as well as quality assurance	40	
<b>3. KEY PERSONNEL</b>  <b>3.1</b> Names and full CVs of the institution personnel that will be directly involved in the study, including (but not limited to) the designated Team Leader/ Project Manager. The list should include at least one senior staff with good experience on conducting assessments of the situation of children in development and/or humanitarian settings. <b>3.2</b> Adequate and appropriate staff combination in relation to the respective tasks and deliverables (see TOR); and relevant prior experiences of similar scope and complexity.	10	
<b>TOTAL TECHNICAL PROPOSAL</b>  *The bidder has to meet this minimum passing point for the Technical Evaluation in order to be considered further for the Financial Evaluation	70	50
<b>PRICE/FINANCIAL PROPOSAL</b>  Financial proposals should be all-inclusive, including costs for fees, travel, sub-contracts and other necessary expenses.	30	
<b>TOTAL MARKS</b>	100	
<b>Supervisor:</b> Siti Eliza Mufti, Education Specialist, Makassar & Abdullah Modhesh, Education Specialist, Jakarta		



## Annex A – Menu of possible indicators, measures and tools

The below table includes a menu of possible indicators, measures and tools that could be used in the baseline survey. The final baseline methodologies will be designed by the contractor in close collaboration with the UNICEF team.

### Output 1: 5,000 affected children (2,500 girls and 2,500 boys), including out of school children and children at risk of dropping out, will be provided with education assistance for safe return to education

Assessment Criteria	Possible instruments
Learning Gap	<ul style="list-style-type: none"> <li>Early Grade Reading Assessment (Grade 2 and 3 Children)</li> <li>Early Grade Mathematics Assessment (Grade 2 and 3 Children)</li> <li>Situational Learning Analysis (SLA)</li> </ul>
Distance teaching and learning practices	<ul style="list-style-type: none"> <li>SSME (Questionnaire: Teacher, School principal, parent, students, School /Classroom inventory)</li> <li>In depth interview</li> </ul>
Out of school children	<ul style="list-style-type: none"> <li>FGD /In depth interview school principal, head of village, government officials</li> <li>School participation rates</li> </ul>
Children at risk of dropping out	<ul style="list-style-type: none"> <li>Enrolment / retention rates?</li> </ul>

### Output 2: 10,000 children and teachers benefit from mental health messaging and direct support.

Assessment Criteria	Possible instruments
Student's Psychological condition	<ul style="list-style-type: none"> <li>Emotional and Behavioural Problems – Strength and Difficulties Questionnaire (SDQ)</li> <li>Global school health survey (Q 29 - 31 GSHS 2017 on bullying and Q 38 - 44 GSHS 2017 (mental health</li> <li>Observation</li> <li>Interviews to KII (teachers, selected parents)</li> </ul>
Digital Health Content	<ul style="list-style-type: none"> <li>Self-rated questionnaire asking the students whether they have seen, understand a number of messages/IEC on mental health</li> <li>FGD</li> <li>Interview</li> <li>Social media listening and analytics tools to measure reach and engagements of mental health messaging (only if the vendor has the capacity)</li> </ul>

### Output 3: 2,500 Children benefit from school-based immunization services

Assessment Criteria	Possible instruments
School based immunization (BIAS) data coverage from 4 focused districts in 2019-2020	<ul style="list-style-type: none"> <li>BIAS data in 2019-2020 from 4 focused districts (Bone and Makassar in South Sulawesi; Asmat and Nabire in Papua)</li> <li>Indicators: DT (Diphtheria), Td (Tetanus), and Measles for children in grade 1,2,5</li> </ul>
Parent's/caregiver's knowledge on child immunization and recording	<ul style="list-style-type: none"> <li>Questionnaire both in online and offline platform (total 200 parents/caregivers targeted for interview)</li> <li>Indicators: proportion of parents and caregivers who are fully immunized their children; proportion of parents and caregivers who kept their MCH handbook (buku KIA) or any other recording form of child immunization.</li> </ul>

### Output 4: 10,000 children have access to essential WASH services (i.e. handwashing facilities) and adopt appropriate hygiene practices in schools and communities.

Assessment Criteria	Possible instruments
Access to WASH in schools	<ul style="list-style-type: none"> <li>WASH in Schools Profile 2020 (<a href="http://publikasi.data.kemdikbud.go.id/uploadDir/isi_FD54325B-2BC7-476F-8EDD-615705C2D5DE_.pdf">http://publikasi.data.kemdikbud.go.id/uploadDir/isi_FD54325B-2BC7-476F-8EDD-615705C2D5DE_.pdf</a> )</li> <li>WASH in Schools question on Dapodik</li> </ul>



**Annex B – Planned activities and expected results**

<b>Outputs and Activities</b>		<b>Expected Results</b>
<b>Output 1/ Education</b>	<b>5,000 affected children (2,500 girls and 2,500 boys), including out of school children and children at risk of dropping out, will be provided with education assistance for safe return to education</b>	
Activity 1.1.	Evidence-based education planning for addressing Out of school children (OOSC) issues due to the COVID-19 pandemic through local government planning and budgeting.	500 district and village government stakeholders (30% female) are provided with adequate knowledge and skills to develop child-centered planning and budgeting to address barriers to education and learning for the most marginalized
Activity 1.2.	Establishment of relevant local strategies to support continuous learning for OOSC and children at risk of dropping out.	Relevant strategies established with local governments' resources in at least 40 villages to support the identified OOSC and children at risk of dropping out (minimum 2,500 children; 50% female) to continue learning
Activity 1.3	Conduct an assessment of learning to determine the extent of learning loss and disseminate findings	Learning assessment results disseminated from at least 100 schools reaching 2,500 students (50% female) directly with specialized assessment as well as 7,500 students indirectly
Activity 1.4	Improving teaching practices for remedial education through training, mentoring and provision of reading materials	700 teachers and principals (60% female) trained and provided with ongoing mentoring to provide remedial support to children
<b>Output 2/ Child Protection</b>	<b>10,000 children and teachers benefit from mental health messaging and direct support</b>	
Activity 2.1	Development and dissemination of mental health and psychosocial support materials and programming	Mental health and psychosocial information, education and communication (IEC) packages distributed in 100 schools supporting 10,000 children
Activity 2.2.	Training of social workers, teachers/school frontliners and students in facilitating peer-support on mental health and psychosocial awareness and supports	<ul style="list-style-type: none"> <li>40 (20 female) social workers and 250 (150 female) teachers trained on mental health awareness and provisions of support</li> <li>500 (50% female) peer-support students trained on mental health awareness</li> </ul>
Activity 2.3.	Establishment of referral pathways and provision of mental health and psychosocial support from schools and social welfare and health centers	<ul style="list-style-type: none"> <li>4 (2 in South Sulawesi, 2 in Papua) district level referral pathways on mental health and psychosocial support adopted.</li> <li>50 severe cases handled in a timely manner by social workers</li> </ul>
Activity 2.4.	Assessment of the situation and evaluation of outcome interventions on mental health and psychosocial status	<ul style="list-style-type: none"> <li>Two mental health and psychosocial well-being assessments in Papua and S.Sulawesi</li> <li>One evaluation conducted and lessons learned document prepared based on mental health and psychosocial interventions in schools in Papua and in South Sulawesi</li> </ul>
<b>Output 3/ Health</b>	<b>2,500 Children benefit from school-based immunization services</b>	

Activity 3.1	Establishment of coordination mechanisms between teachers, school authorities, volunteers and health care workers to implement the school-based immunization programme (BIAS)	Relevant coordination mechanisms established
Activity 3.2	Development of tailored communication campaigns targeted at local communities to increase demand for school immunization schedule services	10,700 caregivers, teachers and school authorities receiving information on school-based immunization services
Activity 3.3	In schools that are open, capacity-building of health care workers to screen and vaccinate children	2,000 children screened and receiving school-based immunization (diphtheria, tetanus, measles rubella)
Activity 3.4	In areas where schools remain closed, support to health care workers for the implementation of school vaccination schedule for identified students through pre-appointment, maintaining all health protocols	500 children identified and receiving school immunization
<b>Output 4/ WASH</b>	<b>10,000 children have access to essential WASH services (i.e. handwashing facilities) and adopt appropriate hygiene practices in schools and communities.</b>	
Activity 4.1	Provide locally made low-cost handwashing facilities together with hygiene promotion in selected schools as a (climate resilient) model for scaling-up, while supporting local government for planning, accessing and effective spending of existing national government fund to support school re-opening	Beneficiaries: 100 students per school x 100 schools (50 schools per province) = 10,000
Activity 4.2	Strengthen community approaches to sanitation and its monitoring via hygiene training module implementation, ensuring coherence of services and behaviors between the environments where children live, learn and play	Beneficiaries: 100 students + 100 caregivers per school x 100 schools (50 schools per province) = 20,000 700 teachers and school authorities trained on a hygiene behaviour change programme
Activity 4.3	Improve gender responsive WASH planning and programming with girls being particularly targeted	Beneficiaries: 700 teachers and school authorities trained on gender responsive WASH planning/programming
Activity 4.4	Strengthen WASH Cluster and local government through capacity building, improved enabling environment (e.g. coordination, monitoring, budgeting etc.) for sustained WASH services (e.g. WASH in Emergency/Disaster Risk Reduction training, a benchmarking tool and systematic cross-learning)	WASH cluster members and local government have strengthened their capacities