

FOSTER CROSS-SECTOR COLLABORATIONS FOR CHILD-FRIENDLY LEARNING ENVIRONMENTS IN BARMM



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CONTEXT

BACKGROUND

- BARMM education hit the hardest during COVID-19 pandemic
- At least 774,455 learners in 2,424 schools were affected
- These learners had never been back to school since the pandemic in March 2020 resulting to learning loss until the reopening of classes in October 2022

CHALLENGES

- Uncertain policies, structures, and development directions during the transition period (i.e., the transition of now-defunct Autonomous Region in Muslim Mindanao into BARMM according to Bangsamoro Organic Law or Republic Act No. 11054).
- Worsening poverty led to lack of internet connectivity, poor access to digital devices and platforms, and lack of materials for learning especially among children with disabilities, internally displaced persons, and people in geographically isolated and disadvantaged areas (GIDAs).

ACTIVITY IMPACT

Improved capacity to mitigate the pandemic and manage the safe reopening of classes.

- 28 school contingency plans crafted on COVID-19 response
- 239 school and division nurses trained on rapid antigen testing and infection prevention and control (IPC)
- 11 schools' divisions received rapid antigen testing kits, PPEs and BIDA Kid materials
- 1 regional memorandum issued to support the rollout of pediatric vaccination in BARMM schools to ensure IPC of face-to-face classes

EVIDENCE

In Maguindanao, the pediatric vaccination rate among 5–11-year-olds climbed from 2.51% in May 2022 to 43% in January 2023.

From 28 pilot schools for face-to-face classes, MBHTE expanded to 110 schools then all schools across BARMM in November 2022.

Increased immunity in Cotabato City and Lanao del Sur were achieved at 89.00 percent and 89.59 percent respectively as of May 4, 2023.

Increase in BARMM vaccination rate at 65.21 percent by May 2023 compared to a 34 percent rate in May 2022.

ACTIVITY DESCRIPTION

In BARMM, the Inter-ministry Memorandum Circular (IMMC) was signed in January 2022 to provide interim operation guidelines on the implementation of limited face-to-face learning modality. The resumption of face-to-face classes was implemented initially in participating schools in minimal-risk areas based on the Department of Health (DOH) risk classification in the following phases: (a) Pilot Implementation, (b) Expanded Implementation, and (c) Full Implementation.

a) Pilot Implementation

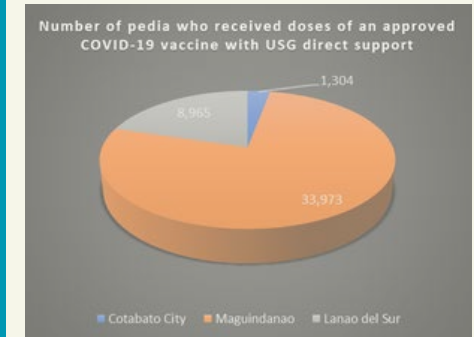
- Conducted school readiness assessment and school safety assessments to evaluate the schools participating for pilot face-to-face classes.
- Training in the regional and school levels on formulating school contingency plans for COVID-19 pandemic for all 28 pilot schools including infection prevention and control (IPC), rapid antigen testing
- Provision of personal protective equipment (PPEs) and hygiene kits.

b) Expanded Implementation –

- Expanded the face-to-face classes into 110 schools following the success of its pilot implementation.
- Conducted promotion of COVID-19 vaccination in school-settings in response to DOH Pinaslakas campaign in Maguindanao, Lanao del Sur and Basilan to strengthen school immunity against COVID-19 transmission.

c) Full Implementation

- Initiated the regional competition for COVID-19 vaccination that turned into memorandum to encourage learners and school personnel to promote COVID-19 vaccination.
- Capacitated the school health personnel on Usapang Bakuna or Communicating COVID-19 Vaccination in the Communities to sustain the initiative.
- Regional launching of BIDA (wearing masks, sanitizing, distancing and knowing the correct information) solutions materials for the use of school health personnel in all schools across the region.



FACILITATORS

Shared Responsibility – relevant ministries in BARMM instigated the technical working group to monitor the implementation of safe return to schools such as Ministry of Basic, Higher and Technical Education (MBHTE), Ministry of Health (MOH), Ministry of Interior and Local Government (MILG), Ministry of Social Services and Development (MSSD), Bangsamoro Planning and Development Agency (BPDA), and BARMM Interagency Task Force for COVID-19.

Localization of Policies. Issuance of IMMC Policy on Interim Operational Guidelines on the Implementation of Limited Face-to-Face Learning Modality

Availability of Tools - school readiness assessments (SRA) and school safety assessments (SSA) helped evaluate the gaps and challenges of pilot schools to identify the resources needed from partner members in the IMMC.

Mobile Vaccination Services – USAID ReachHealth in collaboration with rural health units deployed mobile vaccinators in Maguindanao and Lanao del Sur with complementary social mobilizers and data managers to vaccinate the school learners and personnel.

CHALLENGES

- Difficulty of conducting face-to-face training for the island provinces of Basilan, Sulu and Tawi-Tawi due to distance and lack of training facilities in those areas.
- Security issues in far-flung provinces and schools
- Limited resources to renovate the water, sanitation and hygiene facilities
- School health personnel are untrained to perform rapid antigen test
- High vaccine hesitancy due to fake news on social media.

LESSONS LEARNED

- It takes a village to raise a child! Engage multi-stakeholders from beginning to mobilize and complement resources.
- Tap school health personnel and parents as emerging champions of COVID-19 vaccination. They paved the way to the success of COVID-19 roll-out in schools once they are oriented and trained correctly.
- Schools are competitive and proud of their accomplishments. It helped to recognize their accomplishments to do more during the regional COVID-19 vaccination contest led by MBHTE.
- Regionalize policy supportive of face-to-face classes and a product of multi-sectoral collaborative, learning and adaptive meetings through IMMC.

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