The Impact of IRC’s Healing Classrooms Tutoring on Children’s Learning and Social-Emotional Outcomes in Niger

SUMMARY
During school year 2016-2017, the International Rescue Committee (IRC) delivered Healing Classrooms remedial tutoring programming and additional low-cost, targeted social-emotional learning (SEL) interventions to children in Diffa, a region in Niger affected by recurrent Boko Haram attacks. We found that, after twenty-two weeks of program implementation, access to Healing Classrooms tutoring significantly improved students’ reading and math skills, and adding targeted SEL interventions to Healing Classrooms tutoring improved children’s overall school grades. However, we found little evidence of direct impacts of the additional targeted SEL strategies on children’s social-emotional outcomes.
The international community made a promise to children in the Sustainable Development Goals: that all will have the opportunity not only to attend school, but also to learn. In crisis contexts, however, children face particular barriers to accessing, completing and learning in school. In turn, stakeholders face challenges in knowing how to address these barriers given a dearth of evidence. A more robust evidence base for education in emergencies is essential to inform sound decisions about how to invest scarce time and resources to ensure conflict-affected children receive support that we know enables them to build holistic skills they need to survive and thrive.

With the support of Dubai Cares, ELMA Philanthropies and the UK Department for International Development’s Economic and Social Research Council, the International Rescue Committee (IRC) and New York University’s Global TIES for Children (TIES/NYU) are undertaking an ambitious multi-country initiative, Education in Emergencies: Evidence to Action (3EA). 3EA involves program implementation and rigorous research on what works—as well as how, where, for whom and at what cost—to support academic and social-emotional outcomes for children in crisis. In Niger, the IRC delivered Healing Classrooms remedial tutoring programming during the 2016-2017 school year to bolster learning outcomes and support public school retention of second through fourth grade students within the departments of Diffa and Maïné-Soroa, both within the Diffa region. The remedial tutoring program served both refugee Nigerian children and local and internally-displaced Nigerien children.

TIES/NYU conducted an experimental evaluation of the program in order to provide the first rigorous evidence of whether and how non-formal, “complementary” education programs can support conflict-affected children’s academic and social-emotional outcomes.

Data collected by 3EA in fall 2016 showed that, for Nigerian and Nigerien 2nd through 4th graders in participating schools:

- 62% could not identify numbers
- 50% could not read a full sentence or solve simple subtraction problems
- 90% could not read the alphabet in French

N = 5,684

Key Findings

**22 weeks of Healing Classrooms tutoring (vs. no tutoring)**

Children who had access to 22 weeks of Healing Classrooms tutoring improved their literacy and math skills, when compared to children that did not receive any tutoring.

**22 weeks of Healing Classrooms tutoring + targeted SEL (vs. Healing Classrooms tutoring only)**

Children who had access to 22 weeks of Healing Classrooms tutoring and targeted SEL interventions (Mindfulness and Brain Games) obtained higher school grades, but did not show differences in social-emotional functioning, compared to children who only received Healing Classrooms tutoring.
THE BACKGROUND

Children living in crisis contexts are at a double disadvantage. They often experience multiple adversities, ranging from trauma of going through armed conflict and forced displacement to daily struggles living in low-resource conditions. Such adversities can lead to a physiological “toxic stress” response that disrupts healthy brain development and affects short- and long-term behavior, health, relationships and the ability to learn. International and local stakeholders have failed to provide children with effective education opportunities that have been proven to promote recovery, resilience and learning. Despite a global trend towards the evaluation of education programs via randomized controlled trials, education interventions in conflict-affected contexts are rarely evaluated using this method, which is considered the gold standard of program impact evaluation.

The limited research that does exist assumes an “either/or” approach to formal and non-formal education strategies in conflict-affected contexts. That is, the existing research either (a) exclusively focuses on how to improve children’s access to, or quality of, formal school systems without considering non-formal education programs often provided by humanitarian organizations in crisis settings; or (b) asks if the non-formal, community-based education programs can support crisis-affected children’s learning in the absence of formal schooling opportunities. However, we are not aware of any rigorous research to date that examines whether and how non-formal education strategies—like remedial tutoring support or accelerated learning programs—can support children’s retention and complement learning in formal school systems in crisis settings. Given the significant social, economic and political barriers to children’s access to and learning in formal education—in Diffa, only 60% of primary school-aged children are enrolled in school—research on how supplementary, non-formal education programs can support both retention and academic outcomes is imperative for informing policies in conflict-affected contexts.

Furthermore, conflict-affected children may struggle with social-emotional and mental health challenges that prevent them from attending, remaining and learning in school. Research from high-income countries indicates that social-emotional learning (SEL) programs that teach children to understand and manage their emotions, establish and maintain positive relationships, and make responsible decisions can significantly improve school-aged children’s foundational social-emotional skills, as well as longer term outcomes such as emotional distress, conduct problems and academic performance.

Further, research in OECD contexts indicates that childhood social-emotional skills predict lifetime health, well-being and prosperity. Over and above income and IQ, children with better social-emotional skills in childhood, as rated by their preschool teachers, have: greater academic achievement in high school and college; higher earnings and financial stability in adulthood; and lower rates of obesity, substance use, incarceration and mental health disorders as adults. Yet we know very little about whether this holds true for—or how to implement successful SEL programs in—conflict and crisis settings.

What are social-emotional skills?

Social-emotional skills are the skills, attitudes, and behaviors that help children effectively and positively manage daily responsibilities and challenges. Also referred to as non-cognitive or 21st century skills, social-emotional skills fall along three inter-related and dynamic domains of child development:

- **Emotional/behavioral processes**, such as stress coping, emotion regulation, behavioral regulation
- **Social and interpersonal processes**, such as perspective taking, interpreting others’ behavior, communicating clearly, respecting others
- **Cognitive processes**, such as working memory, inhibiting inappropriate responses, attention control, and higher-level executive functioning skills
**HEALING CLASSROOMS REMEDIAL TUTORING PROGRAMMING**

During the 2016-2017 school year, the IRC delivered *Healing Classrooms* remedial tutoring program to 1,800 Nigerian refugee children and Nigerien local and internally-displaced children in Diffa, a region affected by recurrent Boko Haram attacks. IRC’s *Healing Classrooms* tutoring infuses SEL principles into positive classroom management and pedagogic strategies to promote students’ learning and well-being. As part of back-to-school campaigns coordinated with Direction Régionale de l’Enseignement Primaire (DREP), the IRC informed parents and caregivers about the tutoring program. All children enrolled in grades two through four were administered the ASER® assessment in literacy and math in order to identify those who are eligible for remedial tutoring program. Due to limitations in the number of tutoring classes a lottery system identified and enrolled eligible girls and boys in approximately equal numbers (53%) into the program. Ninety tutoring classes, enrolling 20 children each, offered six hours per week of French reading and math instruction designed to build the competencies needed to succeed in Nigerien public schools. Programming was delivered in two 11-week cycles, during which time two different versions of *Healing Classrooms* tutoring were tested—1) *Healing Classrooms* tutoring as a standalone (hereafter referred to as HCT) and 2) *Healing Classrooms* tutoring + targeted SEL interventions, Brain Games and Mindfulness (hereafter referred to as HCT + Targeted SEL).

**HCT** tutors received a six-day training on IRC’s *Healing Classrooms* reading and math curricula infused with five social emotional learning principles and practiced concrete techniques to promote students’ learning and well-being, such as the use of games and group work. Teachers also practiced implementing scripted lesson plans with high-impact teaching strategies for improving children’s French literacy and numeracy skills. To provide ongoing support, all teachers received regular mentoring visits and attended monthly peer-support Teacher Learning Circles.

| Table 1. Treatment contrast between HCT schools and HCT + Targeted SEL schools |
|-----------------------------------------------|------------------------|
| *Healing Classrooms* teacher training         | HCT | HCT + Targeted SEL |
| • Positive classroom management               | ✔   | ✔                   |
| • Differentiated learning strategies          |     |                     |
| 6 hours per week of after school tutoring     | ✔   | ✔                   |
| 22-weeks of scripted lessons plans and student workbooks for reading and math | ✔ | ✔ |
| *Learning to Read and Learning Math in a Healing Classroom* teacher training | ✔ | ✔ |
| Mentoring visits and teaching learning circles facilitated by MoE pedagogical advisors including classroom observation | ✔ | ✔ |
| 22 weeks of targeted SEL programming, with 11 weeks of only Mindfulness exercises and 11 weeks of Mindfulness and Brain Games |     | ✔                   |
| Mindfulness and Brain Games teacher training  |     | ✔                   |
| • 22 mindfulness activities for the teacher to choose from |       |                     |
| • 20 Brain Games activities for the teacher to choose from |       |                     |
MINDFULNESS In high-income countries, mindfulness-based practices—such as deep breathing exercises and attention to present sensations, thoughts and sounds—have been shown to help adults and children to better cope with stress, and better regulate physiological, cognitive, and emotional responses to stress. No research to date, however, has tested the impact of mindfulness practices in crisis contexts.11

BRAIN GAMES are designed to target core executive functioning skills—working memory (the ability to hold in mind goal-relevant information) inhibitory control (the ability to stop oneself from performing a pre-potent or “automatic” response), and attention control. Research conducted in high income countries and stable societies suggest that executive functioning skills closely link to ability to control one’s behavior and emotion and provide the foundation for long-term social competence and achievement.12

THE PRESENT STUDY

The present study aims to test the effects that HCT (an SEL-infused remedial tutoring program) and HCT + Targeted SEL (the remedial tutoring program plus targeted SEL activities) have on students’ academic and social-emotional outcomes, and examine the degree to which the interventions contribute to reduce baseline equity gaps. Specifically, we ask:

1. Do Healing Classrooms tutoring programs (HCT and HCT + Targeted SEL) improve children’s academic learning, compared to attending public schools only?

2. Does HCT + Targeted SEL tutoring program improve children’s academic outcomes, compared to HCT alone?

3. Does HCT + Targeted SEL tutoring program (11 and 22 weeks) improve children’s social-emotional outcomes, compared to HCT alone?

4. Do impacts of the HCT + Targeted SEL program (11 and 22 weeks) on children’s social-emotional outcomes differ by children’s gender, refugee status, or being older than their grade level?
RESEARCH DESIGN

To evaluate the impact of HCT and targeted SEL interventions, we needed scientifically sound comparison groups. Thus, we used a multi-level, match-pair randomized design. We first paired 30 participating schools in Diffa based on school and child characteristics. We then randomly assigned one school in each pair to the HCT group (15 schools) and the other to the HCT + Targeted SEL group (15 schools). Second, children in eligible grades (two through four) in all participating schools were assessed on academic math and French literacy competence. Children who scored in the lowest-performing categories were eligible for tutoring services. Because there were more eligible children than the IRC program had funds to support, eligible children were randomly selected to have access to tutoring programs or not through a lottery. Eligible children who were randomly selected for the HCT programs attended 65% of the HCT classes on average. Eligible children who attended public school but did not have access to Healing Classrooms tutoring programming were waitlisted and included in the study as a control group.

MEASURING ACADEMIC AND SOCIAL-EMOTIONAL OUTCOMES

We used three measures to test the impact of the intervention on academic functioning: (1) ASER French Reading and Math assessment, (2) overall public school grade averages, and (3) Early Grade Reading Assessment13 and Early Grade Math Assessment14 (EGRA/EGMA). In addition, TIES/NYU worked to develop, adapt, and pilot a suite of measurement tools designed to capture information about the cognitive, social, and emotional processes that enable learning and mental health. Psychometric analysis indicated that the majority of these cognitive and social-emotional measures demonstrated evidence of reliability, construct validity, and measurement invariance15 across intervention groups and time points.
RESULT: IMPACTS OF HCT AND HCT + TARGETED SEL

This section summarizes preliminary findings evaluating the impact of HCT and HCT + Targeted SEL programs.

1. Do HCT and HCT + Targeted SEL improve children’s academic outcomes compared to no tutoring?

First, we tested the impact of HCT programs on academic outcomes after 22 weeks program implementation, between December 2016 and June 2017. We compare children who were selected by lottery to receive either type of Healing Classrooms tutoring to children who were eligible but not selected by lottery to receive tutoring.

The results of the experimental evaluation show that:

- Children with access to either type of Healing Classrooms tutoring (HCT and HCT + Targeted SEL) demonstrated significantly greater improvement in reading and math performance compared to peers without any Healing Classrooms tutoring support.
  - Children with access to HCT demonstrated significantly greater improvement in reading and math, compared to classmates in the same school without access to tutoring.
  - Children with access to HCT + Targeted SEL demonstrated significantly greater improvement in reading and math, as well as overall higher school grade average compared to classmates in the same school without access to tutoring.

2. Does HCT + Targeted SEL improve children’s academic outcomes over and above the effect of HCT?

The impacts of targeted SEL interventions (Mindfulness and Brain Games) were tested by comparing children who were assigned to HCT + Targeted SEL to those who were assigned to HCT.

We found that:

- The addition of Mindfulness and Brain Games above and beyond HCT had a positive impact on children’s school grade average.
- However, there was no statistically meaningful difference between children who had access to HCT + Targeted SEL compared to HCT on reading and math performance measures.

3. Does HCT + Targeted SEL improve children’s social-emotional outcomes over and above the effect of HCT?

We tested impacts of the HCT + Targeted SEL on various social-emotional outcomes theorized to be benefiting from Mindfulness and Brain Games activities. These included 1) emotional and behavioral processes such as school-related stress and stress response, emotional and behavioral challenges, and students’ ability to regulate their emotions 2) social, and interpersonal processes such as hostile attribution bias, anger and sadness dysregulation, aggression and social functioning, and 3) cognitive processes such as working memory and inhibitory control.

We found that:

- After 11 weeks of HCT + Targeted SEL (Mindfulness only), access to the Mindfulness activities significantly reduced sadness dysregulation compared to children receiving HCT. That is, children in HCT + Targeted SEL were less likely to express sadness in a social situation where such display of emotion may not be appropriate. However, we did not find statistically significant differences in any of the other measures of social-emotional functioning.
- After 22 weeks of HCT + Targeted SEL (Mindfulness + Brain Games), we found no significant difference, on average, in social-emotional outcomes among children in HCT + Targeted SEL versus HCT.
4. Do impacts of the HCT + Targeted SEL program (11 and 22 weeks) on children’s social-outcomes differ by children’s gender, refugee status, or being older than their grade level?

Testing average effects of programs may not be the best way to understand the benefits of the program given the research indicating (1) programs vary in their effectiveness, (2) a program that works for one group may not work for another, and (3) a program that is effective under certain conditions may not be effective under other conditions. We tested whether HCT + Targeted SEL impacts on children’s social-emotional outcomes differed by gender, refugee status and being older than expected for their grade level (age for grade).

Gender:
• The first 11-week implementation of HCT + Targeted SEL had larger impacts on girls in some of the social-emotional outcomes. Girls in the HCT + Targeted SEL program reported less dysregulated sadness, and aggression than boys in the program in response to ambiguous social situations.
• However, the full 22-week implementation of HCT + Targeted SEL program made no difference in any of the social-emotional outcomes for both boys and girls.

Refugee status:
• We found no difference in impacts by refugee status, between refugee and non-refugee either after the first 11-week nor after 22-week implementation of HCT + Targeted SEL programming.

Age for grade:
• We found no differences in impacts by age-for-grade.

SUMMARY AND RECOMMENDATIONS

This policy brief presents the first set of findings from a rigorous evaluation of the impact of remedial tutoring programs on the academic and social-emotional learning of children in Niger. We provide recommendations for policy makers and donors working in crisis-affected contexts on the areas that need support and resources.

FINDING 1: HCT Impacts
• Both the HCT and HCT + Targeted SEL programs led to improvement in children’s reading and math skills.

Recommendation:
• Identify education programs that are based on the best available evidence, and support such quality non-formal learning opportunities, such as remedial tutoring programs, that can complement the formal system and support children’s learning outcomes.

FINDINGS 2 & 3: SEL Impacts
• SEL Program Improve School Grades: Adding targeted SEL programming to HCT led to an improvement on children’s average public school grades. But targeted SEL activities did not make a statistically significant difference in improving children’s measured reading and math skills over the effect obtained by HCT.
• Little Evidence of SEL Program Impacts on SEL: The findings to date indicate that only Mindfulness activities have positive impacts on any social-emotional skill tested (specifically, decreased sadness dysregulation); no impacts on any other social-emotional skills were detected for either Mindfulness or Brain Games. These provide weak support for the hypothesis that targeted SEL programs have beneficial impacts on social-emotional outcomes over and above the impacts of HCT. It is important to highlight that this is the first attempt at implementing and rigorously evaluating targeted SEL programs. This limited evidence of SEL intervention impacts may suggest that Mindfulness and Brain Games may not be appropriate for the context, culture, and population. Alternatively, these findings may reflect the challenges of implementing programs with quality in crisis contexts, such as low student attendance rates (in the current study, 65% on average). Front-line service providers, teachers, and children face numerous barriers which may compromise how these programs are delivered and taken up.
Dubai Cares is a flagship partner of the 3EA initiative, a five-year program enabling global education actors to ensure that children in crisis-affected settings attend safe and predictable schools and gain the reading, math and social-emotional skills they need to thrive and succeed in school and life.

**Recommendation:**
- Support the development and adaptation of context-appropriate and culturally-sensitive programs that fit the needs of the specific population to support social-emotional learning for children;
- Provide resources for high-quality program implementation through contextualization of program delivery, systematic support of service providers, and monitoring of implementation barriers and remediation.

**LESSONS LEARNED:**
- Identifying children’s needs and adapting programming to support their development takes time, rigorous research support, and iterative designs.
- Practitioners want to know more than whether or not a program works: More evidence on where, how, for whom, and under what conditions is needed to help improve program and delivery.
- Rigorous research demands high-quality data collection and processing, which is time-consuming and challenging to achieve in the unpredictable contexts of conflict-affected settings. In addition, the results and limitations of such research are often complex and nuanced, making it difficult to translate into practice-relevant information for policy makers and field-practitioners.

**Recommendation:**
- Support programs and research over multiple years, not only to evaluate which programs achieve social-emotional learning and academic outcomes for children, but also to identify how to improve the program and its delivery;
- Invest in high-quality data collection, enumerator training, and data processing to ensure that the quality of the data collected meets standards for rigorous scientific research and timely dissemination;
- Ensure that research findings are disseminated in meaningful ways with different stakeholders so they can be used to inform policy and practice.

**WHAT’S TO COME:**
- Please note the findings reported here are provisional and subject to revision based on further analysis with a more rigorous analytic approach. Final results are to be disseminated in future academic publications.
- Impact findings of the HCT and Brain Games implemented in the second academic year (2017-2018) will be available later in 2019.
- Final reports of the two years of implementation will be available in future academic publications.

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