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KEEP KENYA LEARNING

Keep Kenya Learning: Helping Caregivers Support Learning at Home

Authors   **Faith Mbithe Mbatha, Dignitas**
                Rebecca Crook, METIS
                Daniel Plaut

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EdTech Hub Sandboxes and Sprint Reviews

A Sandbox fast-tracks promising EdTech interventions by providing funding, tools, and access to evidence. It provides a space for partners to test and grow ideas in conditions of uncertainty. We break Sandboxes up into short sprints, learning and iterating as we go. Each sprint informs changes and new ideas for the next.

Sprint Reviews (like this one) allow Sandbox partners to share their insights by capturing what was tested, what was learned, and how it might inform their intervention moving forward. In doing so, these documents also serve as case studies for the broader EdTech community. For more information, please visit https://edtechhub.org/innovation/.

Contents

1. The Keep Kenya Learning story so far

Keep Kenya Learning (KKL) is a joint effort of education organisations across Kenya to support caregivers with the information and resources they need to support learning at home. Originally formed in the midst of school shutdowns in 2020, the KKL team envisioned sharing learning materials from its national network of partners through print, digital, and in-person approaches. We were lucky to gain the support of EdTech Hub in October 2020. This prompted us to dedicate more time to listening and designing for the needs and desires of the people we hope to serve: Kenyan caregivers. We plan to incorporate what we learned into the design, testing, and scaling phases to come.

The objective of our first sprint was to learn more about the barriers and facilitators of learning at home (LAH). We did this through two activities: directly consulting caregivers and conducting a rapid literature review and learning session with experts in caregiver engagement. To directly consult caregivers, we partnered with Busara (a research and advisory organisation in the field of behavioural sciences), to map the behavioural journeys of caregivers as they support their children's learning at home. We worked through our community partners to conduct focus groups with 30 caregivers from 3 segments: rural caregivers, urban, low-income caregivers, and urban, lower-middle-income caregivers (⬆Busara, 2020). Our second activity was a rapid literature scan and learning session to understand the evidence around effective approaches to engage with and ethically persuade caregivers.

Our initial hypothesis

We began this journey a few months ago with the following hypothesis:

> *"If we provide guidance and resources (through multiple dissemination sources) to caregivers, then they will be more likely to be aware of the importance of learning at home and engage with it more meaningfully."*

Our key takeaways

Our research indicates that guidance and resources are necessary but insufficient in equipping caregivers to support their children's learning. In Sprint 1, caregiver confidence and community emerged as important enablers of home learning. In our interviews, caregivers communicated how they felt

limited by their lack of or outdated education. Global interventions indicate that reinforcing a sense of community for caregivers and enabling them to learn from modelling by trusted messengers are pathways to building greater engagement. Caregivers in both rural and urban communities expressed a willingness to engage with SMS (short message service) and online educational resources. However, it is clear that resource design must be:

1. Accessible and understandable
2. Credible and trusted
3. Relevant and actionable.

2. Activity 1: Consulting caregivers

What was the plan?

Keep Kenya Learning aimed to understand the level of awareness that caregivers have with regard to the importance of their engagement with learning and digital literacy.

What did we do?

In partnership with Busara, the KKL team planned to conduct qualitative research with Kenyan caregivers. Busara segmented 30 caregivers into 3 groups of 10, namely:

- rural caregivers
- urban low-income caregivers
- urban lower-middle-income caregivers.

Busara coordinated the data collection process across the three KKL partners (community-based organisations):

- Lwala (Migori County)
- Tunapenda (Nairobi County)
- SHOFCO (Nairobi County).

Busara conducted in-depth interviews and then transcribed and analysed the complete recordings using a thematic analysis approach that allowed them to identify patterns and trends based on the pre-existent themes of the research.

For each of the three caregiver personas, the Busara team provided summaries of their qualitative insights, including the following details:

- **An empathy profile:** a visual overview of the segments of different caregivers that is intended to create a profile of empathy with the caregivers, in order to understand and uncover the underlying needs and emotions of the people for whom we are designing KKL messaging, tools, and resources. Key to this is understanding their demographic details, their level of awareness about education, and the extent to which they engage with children at home.
- **Communication preferences:** a summary of communication channels and languages that different segments of caregivers prefer. This information will allow KKL to prioritise their communications outputs accordingly.

- **A journey map:** a visualisation of the barriers and levers caregivers in different segments face at different stages of supporting children to learn at home. This is intended to provide clear insights into how KKL should encourage different caregiver personas.

Examples of each of these outputs can be found in (⬆Busara, 2020).

What did we learn?

From this caregiver consultation research, a number of key principles emerged as particularly salient to the development and dissemination of future KKL resources and tools.

Building caregiver confidence is crucial

There is a need to build confidence among caregivers and affirm the importance of their engagement in their children's learning, whether it involves learning at home or in a school setup. One of the insights from the research showed that the majority of the rural and urban, low-income caregivers who were consulted had dropped out of school at primary and secondary levels. This limited education experience has led these caregivers to find it difficult to answer questions from their children and has led to a general lack of confidence in supporting their children with learning at home. Urban, lower-middle-income caregivers also expressed a lack of confidence in supporting children learning at home as a result of changes in the curriculum and a lack of knowledge on what educational resources to trust. From these findings, it became clear that instilling in these caregivers the confidence to engage in learning at home will be crucial in order to improve their attitude towards learning and increasing their involvement.

Fostering community support will lead to more engagement

The community at large is a key player in ensuring that learning continues. This not only involves the direct caregivers but also siblings, relatives, and even neighbours. Our research showed that the majority of parents got support from other parents. They formed networks to share their challenges and offer advice on how to overcome barriers related to learning at home. Children also engage in discussion groups with other children and get encouragement to learn from their neighbours, aunties, uncles, and the wider community. The power of community support and action illustrates that, in order to successfully encourage learning at home, all of these actors need to be connected and engaged with one another.

Caregivers often have limited awareness of what 'learning at home' can look like

According to our research, rural caregivers have a narrow vision of what learning at home means, limiting it to reading books and doing basic educational exercises. This has caused them to limit their role to providing suitable learning conditions by buying books and encouraging their children to learn. Although the urban, low-income caregivers are more aware of activities and resources for learning at home, they too feel that their role is limited to providing resources and encouraging children to learn, especially because of their busy work schedules. Urban, lower-middle-income caregivers are more aware and involved in learning at home as they understand that it involves various activities that they can be a part of. However, they too are limited by busy working schedules and the differences in curriculum. Overall, there is a need to create awareness of learning-at-home activities and to also provide resources that are internet-free, written in Swahili, vernacular languages, or simple English with clear and straightforward instructions.

How does this affect what we do next?

Based on this research, it is clear that caregivers require support to help them improve their confidence and their perceptions of the value of their role in their children's learning at home. This will be a top priority for KKL going forward. Activities such as in-person community meetings to kick-off engagement could be held to improve this.

Outreach messages sent out by KKL will also need to be tailored to the different caregiver segments and the specific barriers that they face. These can be worded to give nudges and positive encouragement to caregivers, reinforcing positive behaviours to support learning at home. Content can also be shared on WhatsApp and over SMS to ensure that resources are accessible to all.

Lastly, the importance of broader support illustrated in the data, shows how vital it is to involve community leaders in sharing resources and offering support. With this in mind, KKL intends to explore the use of role models to exemplify positive learning-at-home behaviour in the community (either in-person or through videos), to encourage caregivers to feel confident and effectively engage in learning at home.

3. Activity 2: Caregiver engagement deep-dive

What was the plan?

In order to design and test strategies for caregiver engagement in Sprint 2, we wanted to consult existing evidence and best practices. To complement our caregiver interviews, we conducted a literature review and an expert 'learning session' in December 2020.

What did we do?

Our team reviewed 10 articles and journals curated by EdTech Hub and discussed findings and implications for our own work. We also convened experts from Project Literacy, Kenya Institute of Curriculum Development (KICD), and Brink to present their insights from years of successful (and at times unsuccessful) caregiver engagement. Our rapid literature and learning session presentations highlighted the following themes.

What did we learn?

Trust is a key mechanism for caregiver engagement
Parental involvement programmes rely on the formation of successful social ties between parents and teachers (or other 'messengers') to collectively support the needs of children. This was evident both in the reviewed literature and the experiences of practitioners from KICD and Project Literacy.

Interventions must incorporate principles of behaviour change
We can increase caregiver engagement in learning at home by incorporating behavioural science in order to shift caregiver habits. Brink offers us a helpful acronym of MASTER (for Messenger, Attractive, Social, Timely, Easy, Regular) to support meaningful behaviour change. Interventions should consider the Messenger (who caregivers receive information from), and be Attractive, Social, Timely, Easy, and Regular. Firstly, our interventions must leverage effective messengers — people who caregivers perceive as credible, such as teachers or trusted peers. People are generally influenced by experts they believe are knowledgeable authorities. Secondly, our intervention must be attractive and feel joyful and rewarding for caregivers. Thirdly, interventions should leverage existing social and community structures to accelerate positive shifts in caregiver behaviour. In Mexico, for example, group-based

interventions to involve parents in their children's education were particularly successful because parents were supported and influenced by others around them (⬆Barrera-Osorio et al., 2020). Finally, interventions should be timely, easy, and regular, meaning that as many barriers to participation as possible are removed through frequent feedback loops and designing for caregiver convenience. It should be easier to stay engaged with our intervention than to opt-out.

Similar campaigns have improved learning in other contexts

We can learn from others around the world who have used TV, apps, and in-person approaches to shape caregiver beliefs and behaviour for the benefit of learners. Literature shows that caregiver mindsets around learning at home impact student outcomes and may be particularly transformational for refugee and otherwise marginalised learners.

Partner with parents to co-create messaging and materials

Successful interventions require proximate leadership. "Parents should not only be part of defining the problem, but they should also be part of developing the solution." (⬆Project Literacy et al., 2020).

How does this affect what we do next?

As a result of this research, our team wants to explore the roles of trust, confidence-building, and community in our interventions. Instead of swiftly rolling out access to materials, we realised that bolstering the confidence and the community of support around caregivers is essential for them to one day be able to use those resources. Guided by our learnings in behavioural science and by the successes of other interventions, we aim to create and test experiences that are social in nature, and build a sense of community with other caregivers. We will also leverage trusted and credible peers and teachers to model caregiver engagement in learning at home. Finally, we will co-create these experiences and the messaging around them with caregivers from both urban and rural communities.

4. Next Steps

Based on the findings above, the KKL team will work alongside Kenyan caregivers during Sprint 2 to develop a number of learning-at-home outreach messages and tools, to be later tested on a larger scale. This will include:

- Developing parental engagement, confidence, and a learning-at-home, habit-building messaging campaign (to be disseminated via SMS).

- Developing a learning-at-home 'role model' video with each caregiver persona in mind for dissemination through community meetings.

- Designing in-person community meetings for dissemination of KKL messaging and resources.

As part of this sprint, KKL will also partner with Busara to design a Sprint 3 dissemination and evaluation methodology, seeking to assess the extent to which its messaging and tools are effective in improving caregiver learning-at-home confidence and engagement.

5. References

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