

# Maintaining learning continuity during school closure: Community Health Volunteer support for marginalised girls in Kenya

Donvan Amenya, Rachael Fitzpatrick, Ella Page,  
Ruth Naylor, Charlotte Jones and Tony McAleavy



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# Foreword

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I am delighted to provide a few words of introduction to this report which presents findings from our research into the work of Community Health Volunteers (CHVs) supporting girls' education in Kenya during the period of school closure in 2020. With funding from the British government, Education Development Trust is working to ensure that over 70,000 girls in some particularly disadvantaged communities in Kenya get a good education and make good transitions from school. Like most other school students worldwide, these girls have had their education disrupted through school closure caused by the Covid pandemic. Our research indicates that CHVs made a significant, positive contribution to the maintenance of learning continuity for many girls with 90% of households surveyed reporting that girls were learning through the paper-based resources delivered by CHVs. This is a great credit both to the CHVs and the wider team who manage and deliver these interventions. There are lessons here for other countries and for other interventions beyond the current health emergency. While CHVs are a distinctive feature of the Kenyan health system, other countries may have a cadre of well-organised, respected community development officers with similar characteristics to the CHVs in Kenya.

The report documents a case study in agile, adaptive management. It also illustrates the importance of careful monitoring of educational programmes; without systematic research, such as this study, it is impossible to speak with any confidence about the impact of action on beneficiaries.

Education Development Trust is committed to an evidence-informed approach to education policy. In the context of the global pandemic, we are undertaking a programme of research and commentary which we call collectively Learning Renewed. Through a series of investigations, evidence reviews and 'thinkpieces', we are seeking to document promising practice in the management of the crisis and to identify approaches that can endure beyond the crisis. This study of the work of CHVs in Kenya constitutes an important component of Learning Renewed.

**Tony McAleavy**  
Research Director  
Education Development Trust

# 1. Summary

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The scale of the global learning crisis caused by the Covid-19 pandemic has been enormous. At the peak of school closures in March 2020, 89% of the global population of students were out of school.<sup>1</sup> School closures have arguably had the biggest impact on girls, with 111 million girls living in countries where they already have limited access to schooling, even before school closures.<sup>2</sup> Covid-19 has presented global challenges on a scale not witnessed in recent generations, but it is unlikely to be a unique, one-off threat. Crises such as Covid-19 require solutions that go beyond the resources of the 'traditional' education workforce, with local communities and inputs from other sectors playing a potentially important role in ensuring continuity of learning in a world of disrupted school education.<sup>3</sup> This report explores the solutions adopted by the Girls Education Challenge Transitions (GEC-T) team in Kenya in response to Covid-19 related school closures, particularly focusing on the role of community health volunteers (CHVs) in supporting continuity of learning for vulnerable girls.

CHVs have been part of the Kenyan healthcare system since the 1970s. They are individuals nominated by their local community and tasked with improving the health of the community through referring and linking local people to health care services. They operate all over the country.

CHVs played an important part in the GEC-T programme before the pandemic. They were responsible for collecting data at a household level on vulnerable girls' attendance at school. This role expanded during the period of school closures to include the delivery of learning materials to girls, monitoring girls' engagement with learning activities and encouraging parents and caregivers to support learning at home. To understand the significance of the role CHVs have played since schools closed, Education Development Trust commissioned a research study to

explore, in detail, CHV activities during school closure. Data was collected remotely through surveys, diaries written by CHVs and interviews with stakeholders. The research covered CHVs operating in both rural Arid and Semi-Arid Lands (ASAL) and urban areas. The key findings from this research are outlined below:

- 1. The deployment of CHVs has led to an impressive level of learning continuity for many disadvantaged girls.** Parents report that a majority of girls were engaged with learning during school closure and that most intended to return to school. CHVs were the only education point of contact for the majority of girls in our sample during school closures, with only 3% households in our survey indicating that teachers were in contact with them during this period.
- 2. CHV delivery of 'no tech' paper-based resources was an essential feature in continuity of learning for girls.** There has been much discussion worldwide of the role of technology in ensuring academic engagement during the pandemic. Our research found that the majority of girls did not have access to radio, phone or television to engage with learning. Paper-based resources, created by the GEC-T programme team and delivered to households by CHVs, were used by all girls who received them.
- 3. There were important variations from place to place with girls in ASAL regions spending more time learning than girls in urban areas.** While a majority of girls remained engaged in learning across all regions, engagement rates were higher in rural areas than in urban areas. Households responding to our survey indicated that 90% of girls in ASAL areas were spending more than two hours per day on learning, compared to 79% of girls in urban areas.
- 4. CHVs have played an important role in encouraging parental support for girls' learning.** CHV diary entries suggest that success in maintaining learning continuity was often related to changes in parental attitudes in relation to girls' education.

1 Giannini, S. (2020)

2 Ibid

3 Education Commission (2020)

**5. Peer learning groups have supported girls to stay engaged during school closures in ASAL and coastal areas.** Reading camps, consisting of five girls meeting multiple times a week to engage in schoolwork together, helped keep girls motivated to continue learning during prolonged school closures.

**6. Cross-sectoral working between education and health has the potential to enhance learning beyond Covid-19.** Health workers providing educational support provide important links between social protection and education, particularly linking the risks girls are exposed to out of school with their attendance and learning at school.

**7. There is overall optimism about girls returning to schools when they reopen, amid concerns over early marriage and pregnancy affecting re-enrolment.** Parents and caregivers in the great majority of households indicated girls would return to schools once they reopened, though CHVs, coaches and parents all raised concerns over the continued risks girls are exposed to the longer schools remain closed. The need to mitigate these risks reinforces further

the importance of CHVs in ensuring continuity. With schools recently reopened in Kenya, the proportion of girls who have returned to school is still unknown.

The research highlighted both many positive outcomes for girls and significant challenges. CHVs reported barriers to reaching some girls as a result of various factors: families relocating, environmental problems such as flooding, and family resistance to engage with outsiders through fear of contracting Covid-19. Some CHVs also noted that they were required to travel long distances between certain households which limited their ability to reach the required number of girls each day. The absence of support from teachers was also highlighted. With many private schools closing, and government school teachers not being provided with guidance on how to continue to support learners during school closures, teachers were, for the most part, not able to assist girls' learning. The Wasichana Wetu Wafaulu ('let our girls succeed') (WWW) programme team worked to bring teachers back into the picture, alongside coaches, to ensure that cross-sectoral working can be maintained whilst schools reopen.

## Key actors in this report

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**COACHES:** in the Wasichana Wetu Wafaulu ("let our girls succeed") (WWW) programme, coaches are teachers who have been identified as exemplary teachers and have been assigned the role of literacy and numeracy specialists. They are responsible for supporting and developing teachers in their cluster.

**VOLUNTEER TEACHERS:** the WWW programme asked participating schools to nominate at least two teachers per school to volunteer in their local communities to support learners. The support they provide is usually on specific tasks rather than teaching activities, as the working hours of volunteers are limited by Kenyan law.

**COMMUNITY HEALTH ASSISTANTS (CHA):** CHAs are responsible for managing CHVs and play a similar role to CHVs but with longer working hours. Their role includes visiting homes to determine the health of household members, informing communities on health interventions, collection health data, distribution of information and resources (such as mosquito nets), making referrals and ensuring health registers are up to date.

**COMMUNITY HEALTH VOLUNTEERS (CHV):** CHVs are individuals nominated by their local community and tasked with improving the health of the community through referring and linking local people to health care services.

## 2. Background, methods and about the intervention

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### 2.1 Wasichana Wetu Wafula (“let our girls succeed”)

Education Development Trust has collaborated closely with the Ministry of Education to implement the Girls Education Challenge Transition (GEC-T) project Wasichana Wetu Wafaulu (‘let our girls succeed’) in Arid and Semi-Arid Lands (ASALs) of Turkana, Samburu, Marsabit, Tana River, Kwale and Kilifi as well as urban slums of Nairobi and Mombasa. The project works with community health volunteers (CHVs) under the Ministry of Health, on health messaging, referrals and awareness creation. The project is funded by the UK government.

A key aspect of the Education Development Trust delivery model centres around instructional coaches who support teachers in implementing gender-friendly pedagogy and provide support in literacy and numeracy. There are 26 coaches in Nairobi, 14 in Turkana and eight in Samburu. Coaches are responsible for visiting schools, observing teaching and providing instructional support for teachers via training sessions and 1:1 feedback. One headteacher in a participating school explained the work of the coaches:

*‘Our teachers have been trained in numeracy and literacy and are being supported by instructional coaches on a regular basis. This has made our teachers gain mastery of the content. Training and coaching has improved the relationship between pupils and teachers, which has made the school one of the most child-friendly schools around. This has led to the increase of the number of girls to the school.’ – Headteacher, WWW project school<sup>1</sup>*

1 Education Development Trust (2018)

In addition to the work of instructional coaches, a key component of the WWW delivery model has involved CHVs visiting households to collect data on girls. CHVs are deployed to households to gather data about the location of out-of-school girls, and to engage with families about the importance of school enrolment, retention and wider health needs. Between 2013 and 2017, the programme set a target of 12,000 visits by CHVs to households with marginalised girls. This target was exceeded, with 15,767 visits taking place. These visits led to increased enrolment and also additional health and social support for girls that might facilitate continued attendance. CHVs also reported many boys benefited from these visits in terms of access to health and social support.

When schools closed in mid-March 2020, more than 70,000 marginalised girls supported through Education Development Trust’s WWW programme faced the prospect of home learning in a challenging environment. The wider policy and local context posed dramatic challenges for the continuity of their learning. Given that the project beneficiaries come from predominantly impoverished backgrounds, very few learners could access home-based, technology-driven online learning. While Teachers Service Commission teachers were kept on payroll, there was lack of clarity on how they should support the continuation of learning from home during this period. Alternative Provision of Basic Education and Training (APBET) teachers (private school teachers) had their pay terminated within three months of school closures, and were thus not in a position to support learning for a prolonged period. Partly as a consequence of the government’s policy of posting teachers to schools outside of their home areas, many teachers moved back to their homes during Covid-19 and no longer lived in the communities where they taught. In ASAL regions, WWW works with government schools, and after school closure many girls supported by the programme were no longer receiving support from their class teachers. In the urban areas where WWW

supports girls, the programme typically works with girls in low-cost private schools. Many of the teachers in these schools are no longer being paid, and many have left their schools. The Kenya Private School Association reported that 1,400 teachers lost their jobs in private schools as a result of school closures, with thousands of other low-cost private school teachers at risk. Private schools are also subject to licensing fees as they are considered to be private businesses subject to the same regulations as other institutions.<sup>2</sup> Reports have raised concerns that more than 300,000 students could drop out of school due to private school closures in the next academic year.<sup>3</sup> The consequences of this will be briefly explored in the key findings section below.

The initiatives described in this report were a response to this challenge, rapidly devised by Education Development Trust and consortium partners (Kesho Kenya, Concern Worldwide, Pastoralist Girls Initiative and AMURT) to ensure learning continuity for girls in the most challenging of circumstances.

## 2.2 Study aims and methodology

This report explores lessons learned from WWW’s innovative health-education workforce partnership. The report examines how the role of the CHV was adapted during school closures resulting from Covid-19, with the following core research questions:

- What kind of impact are CHVs having on the most vulnerable and hard to reach learners, and how are those learners being identified?
- What interaction with other actors do the CHVs have, including teachers, school leaders, district

people, health sector people, other agencies/ partners who are working with them?

- What challenges and risks are they facing?
- What lessons are there in terms of delivery?
- How can the use of CHVs be even more effective going forward? For example, what support might be needed?

The study adopted a mixed methods approach that involved desk analysis and primary data gathering methods. Data was collected from a mixture of urban and ASAL locations (urban areas of Nairobi, and ASAL areas of Tana River, Kilifi and Turkana). Due to Covid-19 restrictions all data collection was carried out remotely. Key informant interviews targeted programme staff, CHVs, community health assistants (CHAs), parents and instructional coaches. CHVs were interviewed using an adapted diary technique. Phone interviews were conducted at the beginning and end of the research period and enumerators exchanged SMS or WhatsApp messages with CHVs to explore their work in more depth.

A survey was conducted in May 2020 with parents and CHVs who were randomly sampled. The survey was conducted via mobile phone and was therefore limited to parents and CHVs with access to a phone. This was a fundamental limitation to the sampling, as it meant the most marginalised groups without access to phones were not included in the sampling. A total of 77 CHVs and 79 parents responded to the survey. The data collection also took place relatively early on in the period of school closures, and it is likely that the level of girls’ engagement identified in our study lessened over time.

<sup>2</sup> Nation Team (2020)

<sup>3</sup> Marete, G. (2020)

**Table 1: Survey sampling by participant type, method and region**

Participant	Urban/ASAL	Sample size
Parent	Urban	32
	ASAL	45
CHV	Urban	34
	ASAL	45



# 3. The role of CHVs during school closures

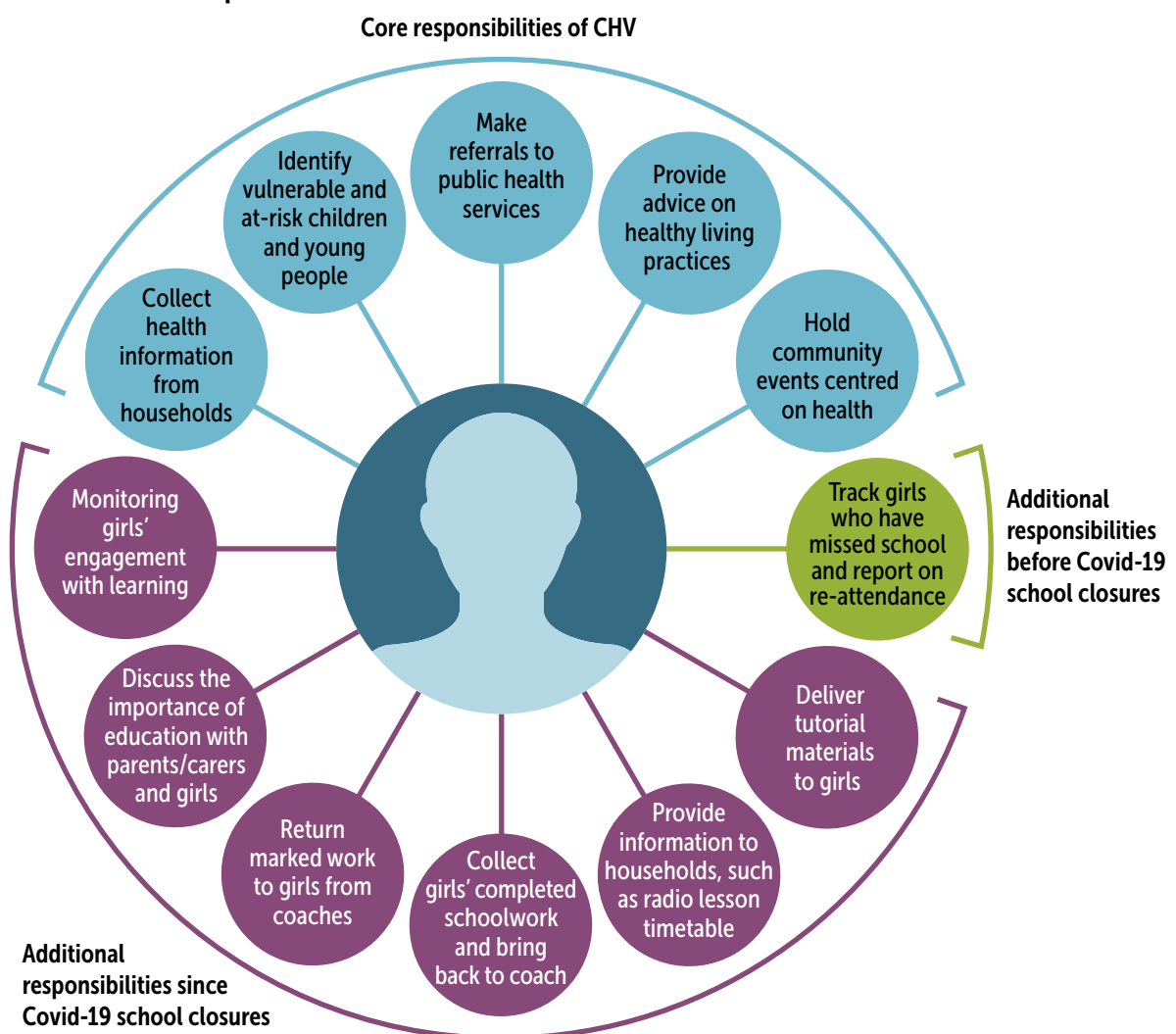
## 3.1 How did the role of CHVs change during school closures?

The role of the CHV within the Kenyan health system began in the 1970s. Individuals are nominated as CHVs by their local community, and tasked with improving the health of the community through referring and linking community members to health care services.<sup>1</sup> They are typically responsible for catchment areas of 20 households in rural areas and up to 100 households in urban areas. CHVs also visit children and young

people at schools. During household and school visits, they collect basic health information and identify health problems that require engagement from the formal health sector. They are also tasked with other responsibilities, such as 'community dialogue days' where participatory approaches to improving wellbeing are explored, and they promote healthy lifestyle practices. CHVs do not normally receive any financial stipends in their regular roles though CHVs in the WWWW programme are provided with a small stipend. The Ministry of Health recommends that CHVs be given a

<sup>1</sup> Aseyo et al (2018)

**Figure 1: CHVs' core responsibilities and added workload since Covid-19**





stipend, but this is not provided by the community or the government.

Prior to the pandemic, the role of CHVs in the WWW project was to encourage and support families to enable girls in their household to attend school, follow up wellbeing and safeguarding issues and refer girls for additional support where necessary. This was done during their regular home visits conducted as part of their health work in addition to visiting girls at schools. CHVs delivered printed, tailored tutorials to the girls, collected written exercises marked by a literate member of the household, advised girls and parents on the timetable for radio lessons, discussed the importance of education with parents and occasionally monitored learning taking place at home. Coaches and available teachers marked samples of the tutorials to check quality and identify gaps. CHVs then conveyed personalised feedback from teachers and coaches, besides providing girls with sanitary pads during school closures, which girls would normally receive when attending school.

In response to school closures due to Covid-19, the WWW team pivoted the role of CHVs from encouraging and enabling school attendance for girls to one of encouraging and enabling continuity of learning at home. CHVs delivered printed, tailored tutorials to the girls, collected written exercises for teachers and coaches to mark, advised girls and parents on the timetable for radio lessons, discussed the importance of education with parents and occasionally monitored learning taking place at home. CHVs delivered printed, tailored tutorials to the girls, collected written exercises marked by a literate member of the household, advised girls and parents on the timetable for radio lessons, discussed the importance of education with parents and occasionally monitored learning taking place at home. Coaches and available teachers marked samples of the tutorials to check quality and identify gaps. CHVs then conveyed personalised feedback from teachers and coaches, besides providing girls with sanitary pads during school closures, which girls would normally receive when attending school.

The decision to give CHVs an expanded role during the period of school closure was proposed by the WWW project team. There was an important discussion of the health risks to the CHVs as result of the expanded role.

Programme staff noted they 'needed a team that has authority' and was able to adhere to Covid-19 health protocols. One of the programme team explained the careful planning that was required to organise the new arrangements and ensure the safety of the CHVs:

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*'Use of CHVs was also informed by the need to have some confidence on safe delivery of materials at households – this informed the decision to equip them with gloves and sanitisers. It took about three months from the time of school closures to have the CHVs on board with the new plans. The first two weeks were used in sensitisation activities and additional two weeks on working out implementation plans with the CHVs.'*

WWW programme staff

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### **3.2 What training and support did they receive for the additional workload?**

Training sessions were held with CHVs to prepare them for their enhanced role in supporting girls' continuation of learning. The sessions were focused on Covid-19 protocols, the types of additional information to be collected from households and the remedial materials to be provided to girls. CHVs were also provided with leaflets in English and Kiswahili that outlined their new role.

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*'We organised a meeting to guide them on how they will be visiting households. They were also guided on distribution of learning materials to each WWW households and how to collect the materials. The team also showed them what kind of information to collect from households, like girls experiencing challenges in completion of exercises.'* – Nairobi, CHA

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In addition to training, some CHVs received support through WhatsApp groups with coaches, though not all CHVs were able to access these groups due to not having smartphones. Those who were able to access the social media groups indicated they were beneficial to them.

Diary entries for CHVs (typical days for CHVs in different regions):

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### **CHV Tana River, 21 July 2020**

I managed to visit five households and this made me happy, that they can use their own timetable to study. The parents who used to engage their girls in hawking now understand the need for the girls to study. I encouraged the girls to continue studying. I also talked to our coach earlier today to give updates on my work.

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### **CHV Nairobi, 7 July 2020**

Hello. I visited households to deliver remedial exercises. I was able to get 20 girls. The parents were happy that the girls had something to keep them busy. The day has been good, though hectic because some parents were not ready to allow me into their houses for fear of getting Corona.

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### **CHV Turkana, 10 July 2020**

I visited five households to collect remedial exercises. Parents are really strict and they keep the girls busy in order to protect them from the risks they may get into. The main challenge I have is that I use a lot of credit because sometimes, for example, you get to a house and you fail to get anybody, you are forced to call. Most parents ask for food and cash for sustaining them. My girls are doing well, I am continuing with follow-up to see girls in class 7 and 8 are getting engaged in learning.

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### **CHV Nairobi, 20 July 2020**

Today I have gone to six households to follow up on www girls. I sensitised them on the importance of learning during this time. I returned the remedial exercises and gave feedback. I've had a very busy day giving feedback and talking to girls on life skills. I also talked to parents and caregivers to ensure the girls are given enough time to study and to allow them have access to radio and TV lessons. The girls I talked to are having access to radio lessons.

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### **CHV Nairobi, 23 July 2020**

I went to a women group meeting where I got parents whose daughters are in the programme. I talked to them on issues of WWW girls and challenges they face. We agreed that they would give the girls ample time to study at home. I also visited some few homes to distribute sanitary pads to WWW girls. I encouraged parents to remind the girls about radio lessons.



### 3.3 How has Covid-19 exacerbated challenges faced by girls?

School closures due to Covid-19 have exacerbated the challenges already faced by vulnerable girls supported by the programme. WWW routinely collects information on the vulnerability of girls supported; box 1 provides an overview of the households supported by the programme. It is important to note that the level of data detail collected on the girls in the programme depends heavily on the role of the CHV. Possessing this data is vital for programme staff so they can understand the needs of the girls and the identity of those most at risk.

Programme staff noted that, before the school closures, many girls were not at the expected levels set by the project, though were still ahead of their peers in comparison schools according to the WWW midline evaluation. Covid-19 created even bigger challenges for these girls to work towards their expected learning levels.

*'Before school closures, our girls were behind, now with school closures we are talking about lagging by two years or so... Content recall, application... it is a major problem.... How do you bring the levels up? We already had teacher deficits; what manpower will we need to help learners catch up.... Huge challenge even with reopening...'* – Programme staff

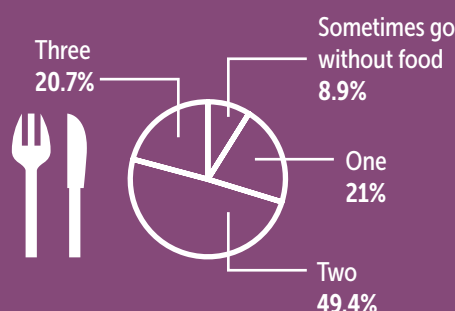
From the perspectives of programme staff, CHVs and parents, some of the biggest challenges facing girls relate to loss of learning, early marriage, pregnancy, poverty and getting sick due to Covid-19. The below chart notes parents' top areas for concern for school-aged girls.

Falling behind in their education is the main concern in both ASAL and urban areas, but the concern appears greater among ASAL parents, with 93% highlighting it, compared to 75% of urban parents. After the concern of falling behind in their education, for parents in urban areas the next biggest concern is having

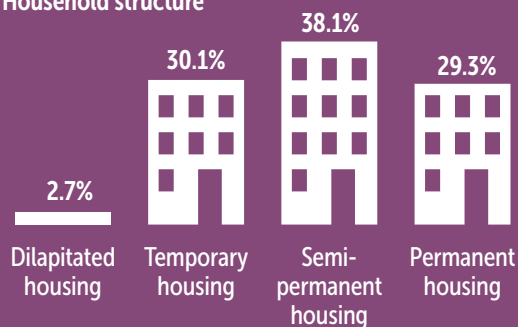
#### Box 1: Data on households supported by GEC-T

The following household data was collected in June 2020 and accounts for one third of girls supported by the programme.

##### Household meals eaten per day



##### Household structure



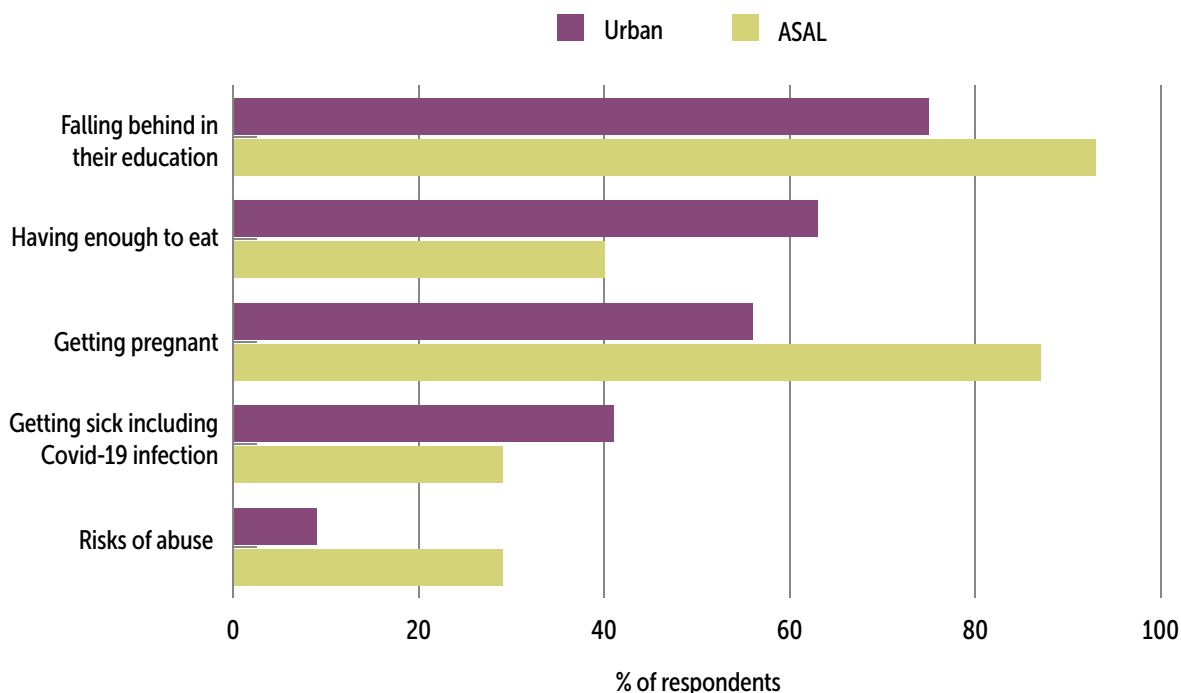
**32%** of girls reported feeling pressured to financially support the household

**10%** of households reported girls missing school in the previous three months (prior to Covid-19 school closures). Reasons given for missing school include:

- marriage
- pregnancy
- poverty
- poor health
- drought
- death in the household
- dangers encountered travelling to school (such as wild animals)
- school fees

**348** out of 27,009 girls have been pregnant before

**Figure 2: Areas of most concern for parent of school-aged girls**



Q: In the past 7 days what have you been most concerned about for school-aged girls. Multiple choice  
 Source: Education Development Trust

enough food: 63% of urban parents highlight this, compared to 40% of ASAL parents. The next biggest concern in ASAL areas is pregnancy, with 87% of ASAL parents highlighting it compared 56% urban. Worries about contracting Covid-19 were more apparent among urban parents (41% compared to 29%), while risk of abuse is more of a concern for ASAL parents (29% compared to 9%).

Some of these concerns have also been highlighted in the media. In June 2020, multiple news stories reported thousands of schoolgirls becoming pregnant since schools closed due to Covid-19. A study by AMREF revealed a disturbing trend with about 850 girls getting pregnant each day in Kenya, though the extent to which Covid-19 has impacted this rate is still

largely unknown.<sup>2</sup> The media in Kenya have reported incredibly high increases in pregnancy rates during school closures, though these figures are currently unverified.

The risk of early marriage is highlighted by 51% of parents overall (62% in ASAL areas, 34% in urban). Key informant interviews suggest that early marriage presents a greater risk for girls not returning to education than pregnancy, as once girls are married, they are typically not permitted to attend school. All of the above risks are contextual factors that existed prior to Covid-19 school closures, but have become increased causes for concern among parents, educators and healthcare professionals during the health emergency.

<sup>2</sup> AMREF (2020)

# 4. Key insights and findings

## 4.1 CHVs were essential to the provision of a no-tech safety net for learners, enabling learning continuity in households with little or no technology.

This section will explore the role CHVs have played in supporting disadvantaged girls to continue learning during school closures in Kenya.

### 4.1.1 CHVs played a key role in enabling girls to access learning resources.

In response to school closures, the WWW programme team developed a set of paper-based learning resources for students with no access to technology to continue study throughout school closures. These paper-based resources were delivered by the programme team to the nearest schools within the community. The materials were then picked up by CHVs from the schools and taken to the households. CHVs later collected written exercises from households and took them back to the schools for marking by coaches. The last cycle involved CHVs picking up marked exercises/feedback from the schools and taking them back to the households. This process proved to be extremely successful in ensuring girls continued to engage in learning. Of the 90% of households surveyed who reported receiving the paper-based resources, all reported engaging with them (see figure 3).

**16,076**

Number of learners CHVs have reached directly through HH visits during school closures

**31,384**

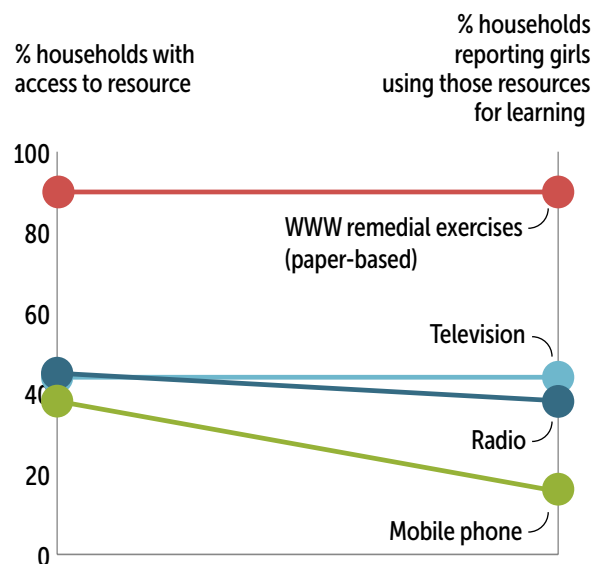
Number of learners reached by CHVs in total including indirectly through calls and texts

**11,543**

Number of parents/HHs visited

Source: Programme monitoring data April – August 2020

Figure 3: Access and usage of learning resources

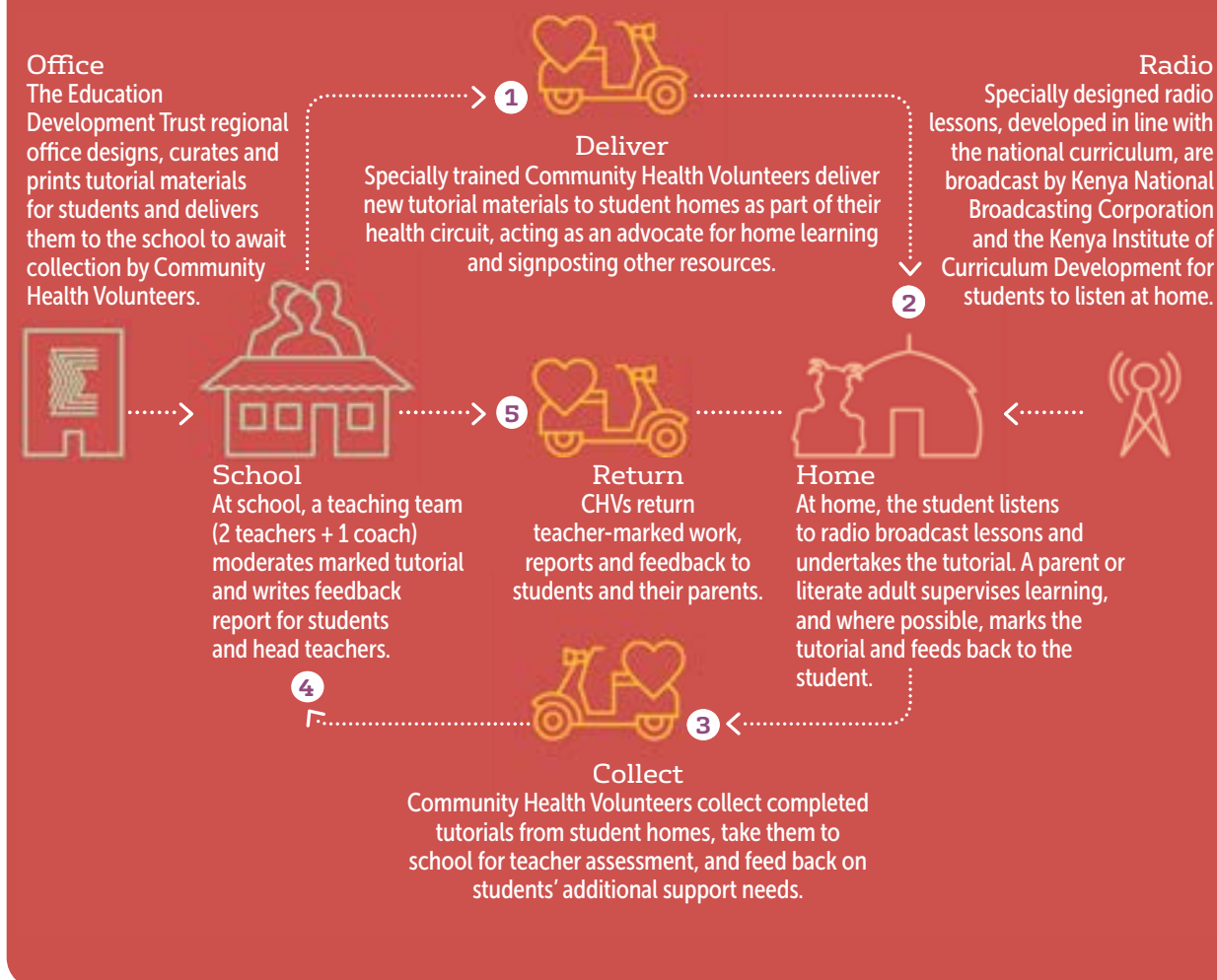


Many CHVs noted that girls have minimal access to any technology to assist with their learning. CHVs also described how many girls initially lacked even paper-based support, with schools closing too abruptly for girls to bring home textbooks and other learning materials. Resources provided by the WWW project were therefore considered vital in ensuring girls continued to learn during school closures.

‘For those not able to study at home, access to learning materials could be the main challenge. School closure was very abrupt – children did not get opportunity to collect their books and this could be impeding their ability to continue learning at home. For some, the only materials they have are those provided by the programme.’ – Nairobi field officer

Even when households did have low-tech resources such as radios, learners did not always have access to them. In some settings, radios are considered symbols of social status or seen as the possession of the head of the household/males, so parents/guardians may carry radios with them and not allow girls to access them. 45% of households surveyed reported having a radio, but only 38% of households reported that girls in the household were listening to radio lessons.

## Box 2: Reaching vulnerable girls amid school closure: a mixed team delivery model



*'You know in our area here TV and radio is a big problem – fewer have them. Also fewer households have electricity. In some homes, fathers have radio but they keep going around with the radios – in the farms, social places etc.'* – CHV, Kilifi county

In many diary entries, CHVs noted the approaches they had personally undertaken to try to overcome barriers faced by girls in accessing learning materials, including access to radio at the community and household level. Some CHVs also noted that not all radios had batteries, which was a further barrier to girls accessing low tech options. One CHV provided girls with batteries to enable

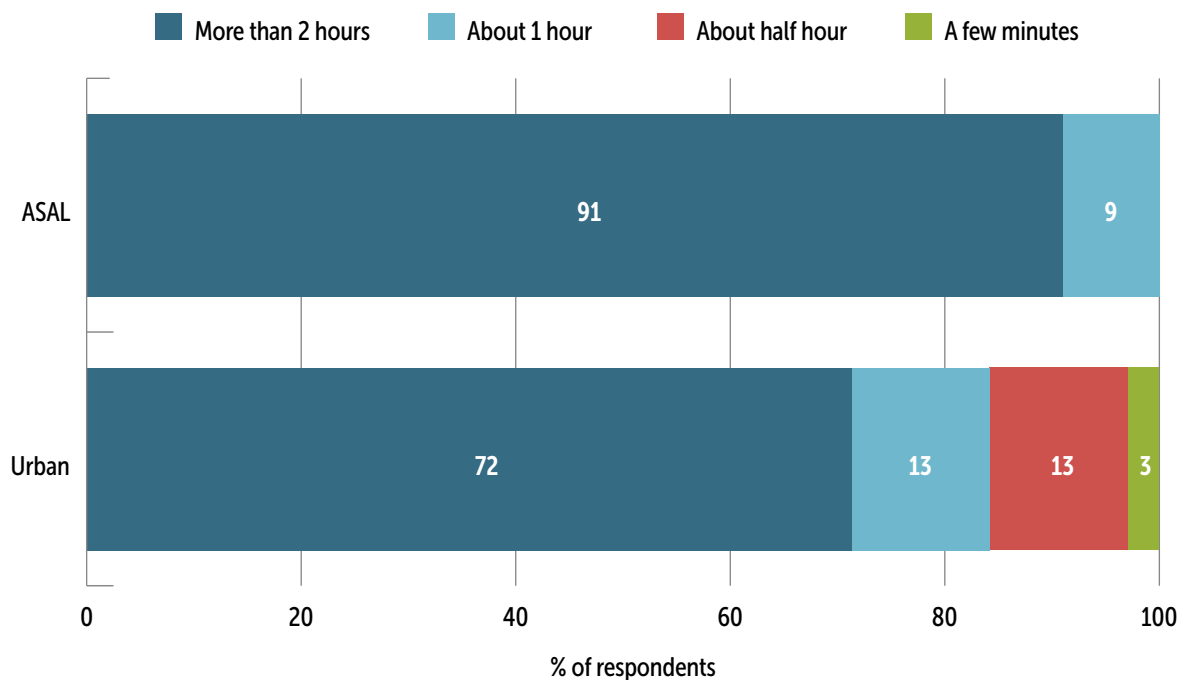
them to use their radio. Another CHV in Tana River personally provided a radio in one village enabling five girls listen to radio lessons together.

### 4.1.2 Time spent learning

The majority of girls maintained a level of some learning during the period of school closure. The level of participation varied from place to place. Overall, more girls from ASAL regions (91%) reported spending more than two hours per day in private studying compared to 72% of their counterparts in urban areas. CHVs often reported girls' engagement in learning exercises as the highlights of their days in diary entries, with the majority noting most girls were completing exercises each time they visited.



**Figure 4: Time spent on education each day**



Q: Over the past week, roughly how much time each day do WWW girls in your household spend on education since schools have been closed?  
Source: Education Development Trust

*'All the girls did the exercises, even the ones who were not available at the time of distribution came back and did them.'*

*'Many girls collected the remedial exercises, especially in the first week. Most of the girls did the exercises and have returned them.'*

*'There was 90% participation. Parents were supportive. Girls were eager to do more of the exercises.'*

Among the households where girls were unable to spend time studying, parents were asked to report on the reasons why girls did not spend more time on learning activities. 43% of parents reported household chores as being an inhibiting factor, with 35% stating that lack of access to a radio prevented girls from engaging in learning.

### **4.3 CHVs support parents to encourage girls' learning**

Parents of girls who have the support of an older person educated to secondary level or above are more likely to report that their girls do more than two hours studying per day.

In addition to the support received by CHVs, familial and community support were considered to be important factors in girls' continuation of learning. Among the 63% of households who noted that girls have someone to support with learning at home, 43% said that parents provided support, and 32% said that siblings did. In CHV diary entries, there were many references to CHVs working closely with parents to encourage their engagement and support for their child's learning activities. CHVs would talk to parents on a one to one basis during household visits. In addition, CHVs would also include a discussion on parental support for their children's studying during community meetings.

CHVs generally reported an improvement in attitudes of parents towards learning with support from CHVs. As



noted by one CHV, 'parents are becoming enlightened and are able to ensure the girls study every day'. In addition to direct support from CHVs, parents were also provided with leaflets on girls' learning from the WWW project. Some CHVs also noted that parents liked girls in their households to be occupied with learning activities to keep them safe and away from perceived risks. Nearly all parents reported supporting their children's continuity of learning by encouraging them to do private studying and helping with homework. Interviews with parents revealed that, besides encouraging learners to continue studying, some parents were concerned to ensure that children studied when they were away from the household.

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*'When I leave, I give them assignment which I later check when I am back home... So they get engaged with the homework when I am away.'* – Parent, Kilifi

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### **4.3 The work of instructional coaches has been enhanced through improved cross-sectoral and community relationships with the potential to enhance learning and protection of girls beyond the Covid-19 emergency.**

The enhanced role of CHVs has greatly assisted the instructional coaches. During school closures they interacted directly with CHVs whereas they previously only interacted with local teachers. In Kilifi, coaches, CHVs and field officers reported meeting regularly to distribute resources and undertake mapping of local territories to determine which households were to be visited. Together, they would create a schedule and plan how to undertake spot checks on each house to reach as many girls as possible and collect data on their learning activities.

Coaches commented on their new, close working relationship with CHVs, emphasising the power of the CHV link to the children and households. One coach in Kilifi noted that 'before school closures, our interaction was very minimal. But right now, the children are at home and we can only reach them through the CHVs.' Coaches in Nairobi and Tana River also noted that communications with CHVs had increased substantially since school

closures. CHVs are able to provide a holistic picture of girls' learning, safety and protection issues, and the interplay between learning and safeguarding.

## **4.4 There is overall positivity about girls returning to school but concerns remain about the risks of continued closure.**

### **4.4.1 Increased exposure to potential risks**

CHVs noted that many girls and their families were positive overall about returning to school, with 94% of parents surveyed responding that their girls will 'definitely' return to school when they reopen. However, the prospect of prolonged closures caused some concerns that girls may have been exposed to more risks over time that might have prevented return to school. Coaches and CHVs noted increases in child protection issues, the risk of girls getting married at any early age, and the long period of school closures making girls lose their motivation for engagement with learning. Some CHVs noted that some girls were already pregnant but were still determined to return to schools when they reopened, with support from parents.

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*'The time of school closures is long. From the girls we have interacted with, we have some who might be expectant. Some (few) are already mothers. However, they have not lost learning. In fact we have one in grade 8 (who got a child) but is very determined. We gave her solar radio (to follow up lessons) and the parent is determined to take care of her child to ensure she returns to school on reopening.'*

– Kilifi coach

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### **4.4.2 Impact of closure of private schools putting pressure on the public-school system**

Programme staff expressed concern that public schools would be overwhelmed on reopening, which could marginalise more girls and prevent them from returning successfully. Girls who attended low-cost private schools often did so because they had minimal access to public schools. There is a risk that insufficient

schooling provision will be available, but the extent to which this has been an issue with schools reopened in Kenya is still unclear.

#### **4.5 The power of disaggregated data to help decision making.**

The health emergency reinforced the importance of granular data. At the same time, school closures created additional challenges for those tracking girls' learning. CHVs have played a vital role throughout school closure in gathering information about the most at-risk girls in their communities. As the working relationship between coaches and CHVs has developed during this period, coaches are receiving more individualised and holistic feedback on the challenges faced by girls and the progress they are making with learning. These insights play an important role in programme delivery and ensuring girls are receiving the required support.

#### **4.6 Key challenges**

##### **4.6.1 Challenges faced by CHVs and programme staff**

Some barriers to effective working have been noted by CHVs in all regions. One major problem concerned the frequent relocation of the girls' families, which makes it difficult to locate them. Girls relocating was noted as being due in some cases to poverty and sometimes the result of environmental factors such as flooding in the coastal region of Kenya. Both CHVs and coaches noted that many families from cities have relocated to rural areas. Girls in pastoralist communities in ASAL regions will often move with their entire community. 99% of parents reported being in the same location as before Covid-19. However, it is likely, due to surveys being conducted via mobile devices, that parents who typically change phone numbers when relocating (i.e. those in urban areas who are avoiding rent and other debts) would not have been reached.

Programme-level challenges encountered by CHVs often related to a shortage of resources, particularly in relation to lack of smartphones and insufficient credit to enable them to connect with parents by phone. As one coach said:

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*'Their workload has not significantly changed. However, due to Covid, they have to work harder to reach parents at times through phone. The only challenge is that in doing calls, they end up incurring airtime costs. This does not have reimbursement as they all work on voluntary basis without a salary. Before Covid, it was easy to get more information from schools without necessarily going to the households.'* – Nairobi, CHA

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A further challenge noted was the long distance travelled between households, particularly where CHVs had previously been able to visit multiple children during single visits to schools or other community-based locations. These additional challenges in reaching girls came amidst increased expectations regarding the number of girls that CHVs should be reaching.

'The facilitation is not adequate. The CHVs have to report to field officers and coaches how many households they have visited per day. The facilitation they receive cannot cover 30 days. Before school closures, they only used to follow up those learners that missed three days consecutively and report to coaches. Now they have to visit as many households as possible and make many calls.' – Kilifi senior coach

##### **4.6.2 Challenges faced due to the absence of teachers**

One major problem revealed by the research was the absence of teachers from the picture. Only 3% of households who responded to the survey indicated that teachers contacted them about their child's learning since schools closed. When teachers were involved in learning continuity, it was typically through paid private tuition to students rather than in their role as public school teachers. 6% of respondents noted that they paid for private tutors during school closures, with qualitative data suggesting these are often teachers from the local community. The only external support that the majority of girls received was from CHVs. In the absence of teachers, some CHVs reported engaging in learning activities, such as marking girls' homework, which are properly the work of teachers and problematic given that CHVs are not trained educators.

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## READINGS CAMPS: peer learning during school closures

### What are reading camps?

Reading camps formed in ASAL counties as a form of peer learning among learners. Camps typically consist of about five girls coming together to engage in learning activities. These activities could include reading, listening to the lessons broadcast on radio or engaging in learning exercises provided by WWW.

### How were the camps formed?

Reading camps emerged as a response to school closures. The camps were initially meant to facilitate distribution of study packs to girls in ASAL counties. CHVs mapped adjacent households who could come together for girls to receive materials. The WWW team used this as an opportunity to explore peer learning among girls.

The approach was initially piloted with girls connected to nine schools where some form of peer studying was already taking place but was later rolled out much more widely based on encouraging levels of engagement with learners. When the reading camps started, CHVs identified that some grade 8 girls were already meeting on their own initiative in empty school buildings to learn in each other's company, although there was little collaborative learning. The CHV, with the support of mentors, helped bring these girls together to engage in purposeful peer learning.

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*'The idea of reading camp came after the project decided to distribute printed learning materials to the children... We thought...how could a child be motivated to sit alone and study without support system at home? We explored opportunity of exploring learners live adjacent to each other. Encouraged*

*them to meet in one of the households, sit down and study... for grade 6, 7 and 8. ... We started with a pilot of nine schools... the idea of reading camp has really picked it up... We discovered some parents had already taken up this idea – bringing learners together and hiring a teacher to support them... Learners in grade 8 had also initiated this idea – meeting in schools but learning alone. After distribution of materials, they started gathering together to support each other.' – Programme staff*

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The paper-based learning resources therefore served as an initial catalyst, enabling the groups to form. The project supported the continuation of these groups through prolonged school closures.

### How are reading camps organised?

Parents and girls agreed a time and location for girls to meet. Each group of learners was allocated a mentor from the local community who is responsible for convening the group and supporting learning activities. Mentors act as group leaders and assist learners in tasks, or support girls to access radio lessons. Mentors are typically literate members of the community, with some mentors of primary school groups being secondary school students and/or older siblings. For some camps, the mornings were allocated for primary school-aged learners with afternoons dedicated to secondary school learners. Groups met for one hour, three times a week, often at a particular household or other locations in the community such as school buildings or other communal locations. Social distancing measures were put in place to ensure the safety of the girls.

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*'There are seven older girls who help them... The girls are in secondary school... they help our children. The older secondary school girls come from around the neighbourhood. As parents we also pass by the schools to confirm if indeed the girls are studying. When I am not able to go, we ask parents from around the school to make spot checks to confirm if the girls are learning and are observing distancing.'* Parent

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CHVs provided mentors with learning materials supplied by the WWW programme coaches. The CHV played a supervisory role in ensuring sessions took place at the allocated times and covered intended learning content. Volunteer community teachers also played a role in some of the camps, either through monitoring or through helping girls gain access to different learning materials. Parents were positive overall about the groups, often highlighting the importance of hygiene and safety.

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*'...my neighbours' three children meet in my household. My two girls are in class 8. When they come together, they challenge each other and create competition to study... they meet for about one hour. I am grateful that the other parents allowed their girls to meet in my home for studying. When they meet, I encourage them to wash hands and use a sanitiser... We constantly remind our children of the need to meet and study and observe agreed time for meeting.'* Parent

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## **Barriers to girls attending the camps**

Some of the barriers for engagement in reading camps were similar to those that hindered girls from attending schools, though Covid-19 added further complications. For example, girls reported being questioned about why they were outside the house during school closures, with some girls returning home as they felt threatened. CHVs followed up with all girls who did not attend camps as expected. Some CHVs noted there was initial resistance from parents, but they became more supportive when it became clear that schools would be closed for an extended period. CHVs worked with parents to overcome barriers to attendance.

## **Why have camps been a success in ASAL but not urban areas?**

Programme staff suggested multiple factors behind the reading camps being a greater success in rural compared to urban areas. Firstly, children in urban areas have typically been more difficult to track down since schools closed. In some cases, families relocated to their rural homes owing to disruption of livelihoods, especially those who were dependent on day wage employment. This situation made problematic the identification of children to engage in the reading camps in urban areas. Secondly, programme staff noted there had been greater suspicions around meeting in groups and fear of spreading Covid-19 in urban areas, with less trust in neighbours. Thirdly, there are very few learning spaces available in urban areas. Programme staff noted that many low-cost private schools that were in informal buildings and rooms had closed, and might now be occupied by another business or for living accommodation, so finding a space for learning in urban areas is much more challenging than in ASAL regions.

# 5. Conclusions and recommendations

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The expanded role of CHVs within the WWW project during the period of school closures has had a profound and positive impact. 90% of households reported girls were learning through the paper-based resources delivered by CHVs. They were able to monitor the increased risks faced by vulnerable girls during school closures and were able to make connections between these risks and engagement in learning activities. The data provided by CHVs on the most vulnerable girls has enabled the WWW programme team to adapt the programme and ensure girls continue to be supported in an effective way. The recommendations below have been identified to help ensure CHVs can continue to provide effective support beyond school closures, and to ensure girls are receiving the support they need to continue learning.

## **Putting teachers back in the frame**

With schools now reopening in Kenya after prolonged closures, an important consideration relates to how teachers can be brought back into professional action without displacing CHVs, who are playing a vital role in connecting child protection with education.

## **Keeping CHVs engaged and supported**

CHVs who have expanded their role were under a great deal of pressure, with many using their own limited resources to support girls by, for example, using credit on their phones and purchasing batteries for radios. CHVs were also required to walk long distances

between households. These challenges make their jobs more difficult and were not sustainable long term. It is important to consider how the role of the CHV can be adapted with schools reopening.

## **Motivation for learners returning to school**

Although CHVs reported impressive levels of engagement from learners, they also highlighted difficulties in keeping them engaged for prolonged periods of time. This will become increasingly difficult for older girls who may have been close to leaving school prior to closures due to Covid-19. The paper-based learning exercises provided by the programme to girls appear to have been a significant factor in their continued engagement in learning, and will probably remain important in their engagement going forwards.

Data is positive overall regarding the likelihood of girls transitioning back to school, though there are some concerns about the capacity of schools to support girls now they have returned. One approach that shows a lot of promise in transitioning girls back to school is the reading camps. This form of peer learning has kept girls engaged, provided them with support from their local communities and ensured they are spending time studying each week. Girls may find the transition to teacher-led learning in classrooms difficult as they return, therefore consideration of how peer learning could be used both inside and outside of classrooms is an important lesson.

# 6. References

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AMREF. (2020). Launch of report on teenage pregnancies in the eyes of adolescents and youth in Kenya. AMREF. [online resource] <https://newsroom.amref.org/news/2020/07/launch-of-report-on-teenage-pregnancies-in-the-eyes-of-adolescents-and-youth-in-kenya-by-sauti-sasa/>

---

Aseyo, R. E., Mumma, J., Scott, K., Nelima, D., Davis, E., Baker, K.K., Cumming, O. and Dreibelbis. (2018). Realities and experiences of community health volunteers as agents for behaviour change: evidence from an informal urban settlement in Kisumu, Kenya. Human Resources for Health. Vol. 16. No. 53

---

The Education Commission. (2020). Responding to Covid-19: harness the education workforce. Education Commission. [Available online: <https://educationcommission.org/updates/responding-to-covid-19-harness-the-education-workforce/>]

---

Education Development Trust. (2018). Let all girls learn: a case study in successful educational reform at scale in Kenya. Education Development Trust. [Available online: <https://www.educationdevelopmenttrust.com/EducationDevelopmentTrust/files/7c/7c7da2ef-ddd4-4ecb-a2c9-5bd9f3c6adcf.pdf>]

---

Giannini, S. (2020). Covid-19 school closures around the world will hit girls hardest. UNESCO [Available online: <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>]

---

Marete, G. (2020). Kenya: 300,000 may drop out as private institutions risk closure. Daily Nation. [Available online: <https://allafrica.com/stories/202007170168.html>]

---

Nation Team. (2020). Broke private schools face total shut down. Nation. [Available online: <https://nation.africa/kenya/news/education/broke-private-schools-face-total-shut-down-1498926>]

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Education Development Trust Highbridge House, 16–18 Duke Street, Reading, Berkshire RG1 4RU  
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