#### CIES | APRIL 2021

IMPACT OF E-LEARNING TECHNOLOGY AND ACTIVITY-BASED LEARNING ON LEARNING OUTCOMES: EXPERIMENTAL EVIDENCE FROM COMMUNITY SCHOOLS IN RURAL ZAMBIA

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M A K I N G R E S E A R C H R E L E V A N T

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## Context – Challenging Education Landscape in Rural Zambia

- Zambia: Ages 15–24 literacy rates 58.5% for females and 70.3% for males, despite an average of 7.7 years and 7.9 years of education (Central Statistical Office, Ministry of Health, & ICF International, 2014; UNICEF, 2015).
- Large, autonomous community schooling system number of community schools increased from 100 schools in 1996 to ~2,325 schools with 473,458 children in 2017 (Ministry of General Education, Republic of Zambia, 2017)
- Community schools often staffed by untrained, underpaid teachers who teach a substandard curriculum and who may lack management skills and school supplies
- Experimental evidence **technology integration into education** may improve quality of education and learning outcomes but **very limited evidence in rural sub-Saharan Africa**

# Impact Network eSchool 360 Model – A Technology in Education Program with Wraparound Services

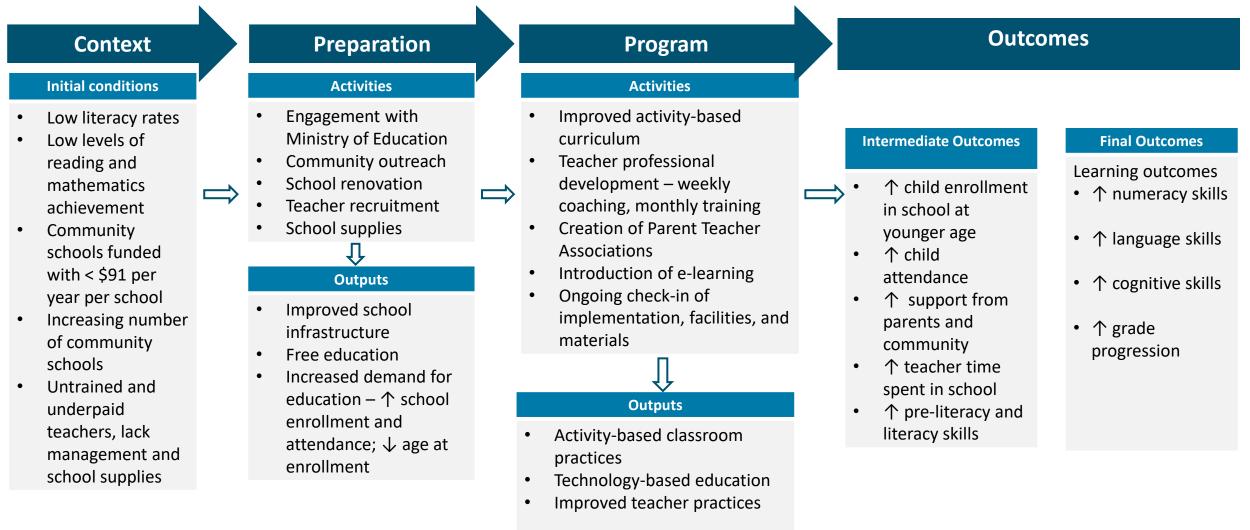


Joel Impact Network School

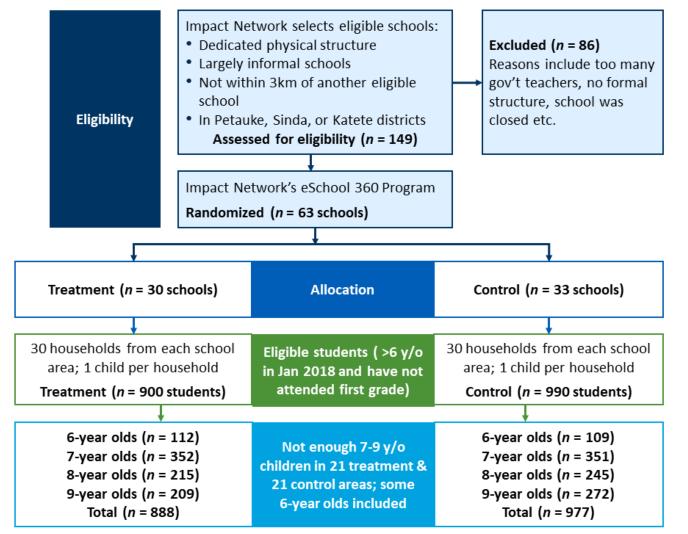




## eSchool 360 Model: Mechanisms to Improve Learning Outcomes



# Randomized Controlled Trial Stratified by Region and Age





# Mixed-Methods Design to Determine Impacts on Literacy and Mathematics Outcomes



### **Qualitative Data**

Schools for qualitative data were selected based on school size, distance from district center, and distribution of high/low performing schools based on student learning outcomes from prior years

> Key informant interviews with teachers, teacher supervisors, and Impact Network staff

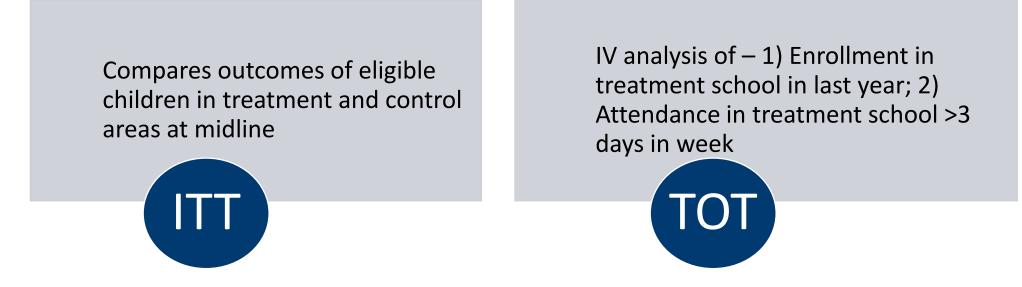
Focus group discussions with parents, PTA members, and students

Classroom observations

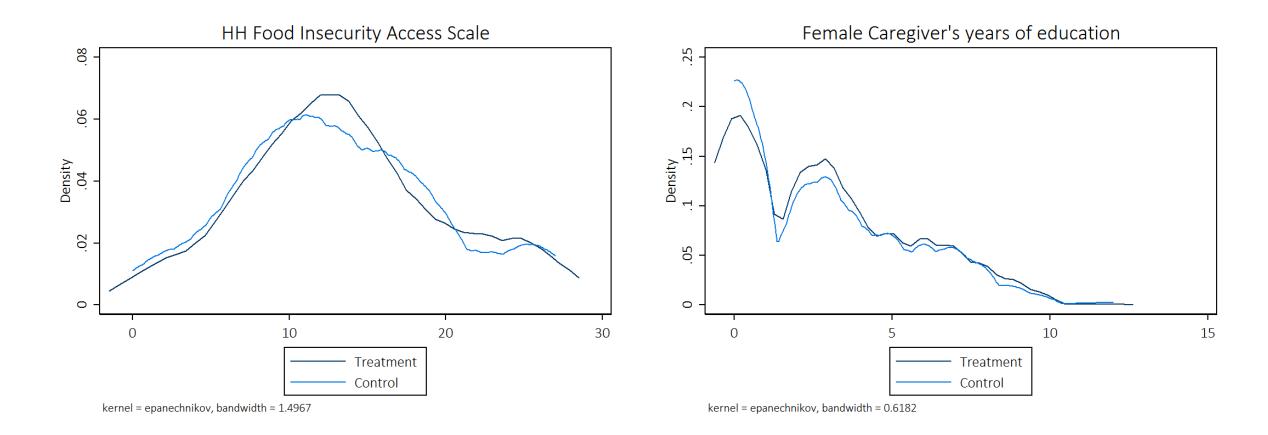
# Mixed-Methods Design to Determine Impacts on Literacy and Mathematics Outcomes

### **Quantitative Data**

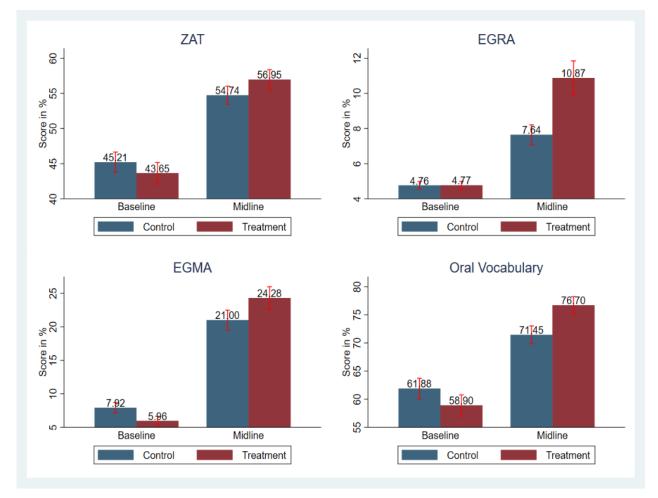
- Cluster-RCT: Child assessments at baseline (2018) and midline (2019) EGRA, EGMA, ZAT, and Oral Vocabulary administered in Nyanja
- Baseline N=1,865. Midline N=1,700. No differential attrition



# Context: High Levels of Food Insecurity and Low Levels of Parental Education



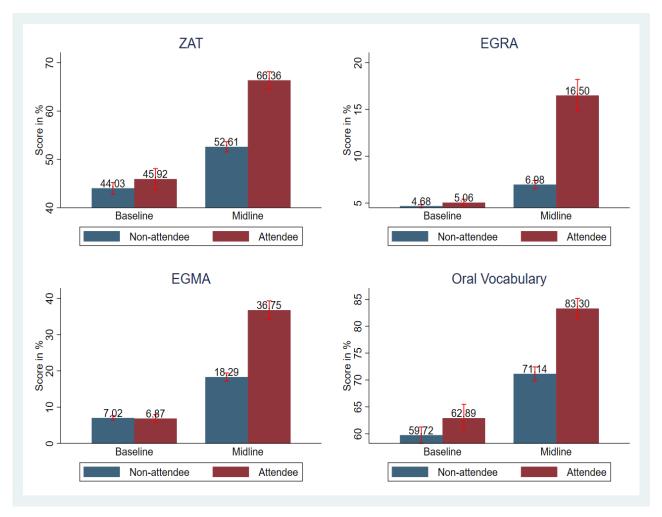
# ITT Effects – Improved scores on all primary tests after 14 months. Estimates range from 0.16 SD to 0.40 SD.



		EGRA-	EGMA-	
	ZAT- SMD	SMD	SMD	OV-SMD
Treatment	0.158***	0.404***	0.219***	0.251***
	(0.056)	(0.083)	(0.065)	(0.053)
Observations	1,688	1,688	1,688	1,688

Standard errors clustered at school level and reported in parentheses. \* *p* < 0.1; \*\* *p* < 0.05; \*\*\* *p* < 0.01.

## TOT Effects – Significant increase in test scores for children who were ever enrolled in IN school. Estimates range from 0.26 SD to 0.68 SD.



	1st Stage	ZAT- SMD	EGRA- SMD	EGMA- SMD	OV-SMD
Trootroopt	0.597***				
Treatment	(0.030)				
Enrolled in IN		0.264***	0.677***	0.366***	0.420***
school		(0.088)	(0.131)	(0.100)	(0.087)
Observations	1,688	1,688	1,688	1,688	1,688
Standard arrans ductors	بامينوا اممطوم فمام	محرمة المماسم مرمع الممر			*** ~ < 0.01

Standard errors clustered at school level and reported in parentheses. \* p < 0.1; \*\* p < 0.05; \*\*\* p < 0.01.

## Mechanisms to Explain Findings – Improvement in enrollment, attendance; Teacher Professional Development

	Enrolled (yes/no)	Weekly attendance (days)	Age at enrolment (for enrollees)	
Treatment	0.079**	0.358**	-0.096**	
incutinent	(0.038)	(0.158)	(0.038)	
Observations	1,688	1,688	979	
R-squared	0.021	0.024	0.800	
Control mean	0.545	1.915	9.044	

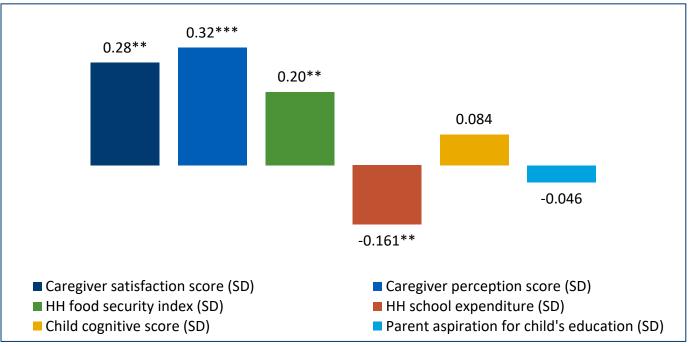
Standard errors clustered at school level and reported in parentheses. \* p < 0.1; \*\* p < 0.05; \*\*\* p < 0.01.

#### **Process evaluation findings:**

- Use of tablets and technology motivates students to attend class
- Well-trained and knowledgeable teachers use innovative teaching methods, attend school consistently, and follow up when students are absent → these teacher characteristics were perceived to lead to improvements in student performance

"The teacher is very good. Any time the children come to school there is no time they come back [and say] that the teacher is not there. When the child is absent from school the teacher makes a follow-up to us parents to get the reason the child is absent." -Parent

## Mechanisms to Explain Findings – Improvements in Perceived Quality of Education



\* p < 0.1; \*\* p < 0.05; \*\*\* p < 0.01.

**Process evaluation findings:** 

- Parents, teacher supervisors, students, and program staff believe Impact Network teachers provide students with highquality education
- Observations confirm teachers' use of active, participatory pedagogical approaches as they were trained to do, such as putting students into small groups and inviting them to actively participate in the lesson

"The children at this school learned how to read from Grade 1; but you find a child who is in Grade 4 there [in a government school] but does not know how to read." -Parent

## **Conclusion & Next Steps**

- Midline results are promising –multifaceted, integrated technology-aided instruction program can improve literacy and mathematics outcomes in poorest areas of sub-Saharan Africa
- Increase in school enrollment and attendance, improvements in the quality of education, and increases in teacher attendance were likely the main drivers of the positive effects
- Despite the positive effects, treatment children scored an average of only 11% correct on EGRA and 24% correct on EGMA assessments
- Endline study will assess the ability of the program to exponentially increase learning outcomes after 4 years of programming as well as program cost-effectiveness
- Endline qualitative study will examine the ability of the program to cope with learning loss after COVID-19

M A K I N G R E S E A R C H R E L <u>E V A N T</u>

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#### THANK YOU

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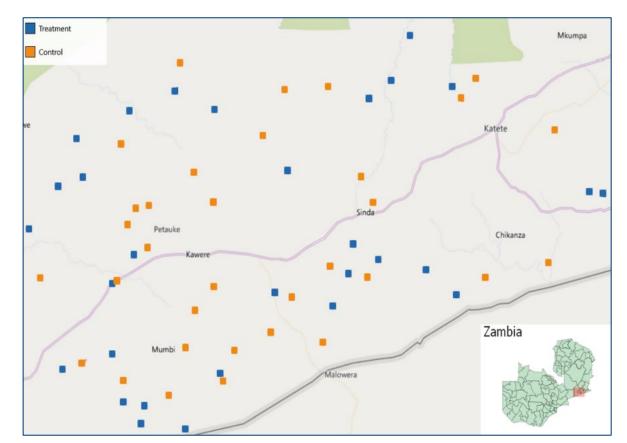


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## **Appendix slides**

## Sampling Approach

- Program randomly assigned across schools meeting Impact Network's eligibility criteria
- ✓ Three districts in Zambia's Eastern Province Petauke, Sinda and Katete
- Excluded pairs of eligible schools within 3 kms of one another
- Randomization done in May 2017 across 30 treatment and 33 control schools, in consultation with Impact Network and Zambian Government
- ✓ Study sample: 1,865 children eligible to enroll in first grade and who live near the 64 schools
- Longitudinal panel design following each student for 4 years

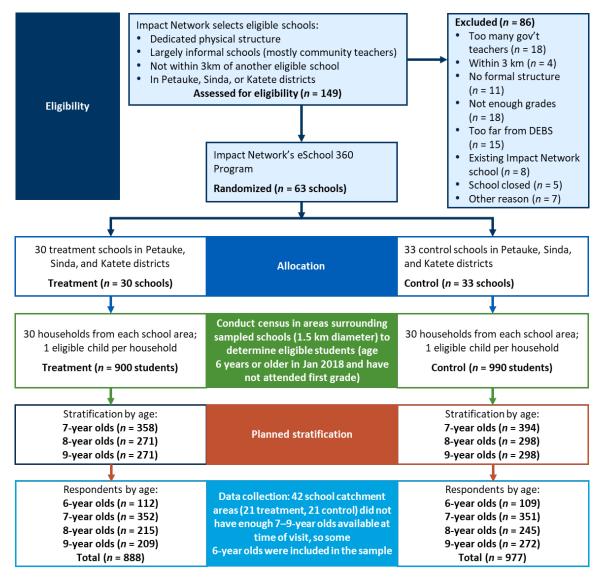


Map of Treatment & Control Schools

## Study Sample

- *Eligible sample*: Children eligible to enroll in first grade and who live near the 64 schools: eSchool 360 model designed to expand to an additional grade each year –only the first-grade cohort will receive the full package in year 1, which will expand to grades 1 and 2 in the year 2, and so on.
- *Study sample*: Randomly sampled 30 households from census-generated sample frame for each of the sample schools
  - For households with more than one eligible child, we selected the oldest child for inclusion in the sample.
  - Initially planned to have a sample of 30 children from the area surrounding each of the 30 treatment and 33 control schools. Eventual sample: 1,865 children (not enough eligible children within area).
- Study design: Longitudinal panel design that follows each sampled child for 3 years
- Study outcomes: School attendance and enrollment; preliteracy, literacy, and numeracy outcomes; parent expectations and perceptions about school and education quality; parent aspirations about child's education, marriage and labor market outcomes

# Randomized Controlled Trial Stratified by Region and Age





## **Empirical Strategy**

- Cluster Randomized Controlled Trial
- Child assessments at baseline (2018) and midline (2019) EGRA, EGMA, ZAT, and Oral Vocabulary administered in Nyanja
- Baseline equivalence: Control and treatment groups were comparable at baseline
- ITT analysis to compare outcomes of eligible children in treatment and control areas at midline (2019)

 $Y_{i2019} = \alpha + \beta IN_i + \delta S_i + \sigma Y_{i2018} + \mu C_i + \epsilon_i$ 

 $IN_i$  is an indicator variable for residing in a treatment area;  $S_i$  is a vector of district FEs;  $Y_{i2018}$  is the baseline value of the outcome of interest;  $C_i$  is a vector of other control variables

- TOT analysis with treatment assignment to instrument for 1) self-reported enrollment in treatment school in last year; 2) self-reported attendance in treatment school more than 3 days in week prior to survey
- SEs clustered at school level; post-stratification weights applied
- Baseline N=1,865. Midline N=1,700. No differentiated attrition observed on primary outcomes

# Control and treatment groups were comparable at baseline on almost all indicators

		Treatment		Difference	
	<b>Control Mean</b>	Mean	Difference	SE	p-Value
Child was female	0.48	0.44	-0.04	0.02	0.08
Child was 8 years old or older at baseline	0.53	0.48	-0.06	0.03	0.04
Caregiver had attended school	0.60	0.66	0.06	0.03	0.06
Resided in Katete District	0.15	0.17	0.02	0.09	0.87
Resided in Petauke District	0.60	0.54	-0.06	0.13	0.66
Resided in Sinda District	0.25	0.29	0.04	0.11	0.72
Household considered itself nonpoor	0.02	0.01	-0.00	0.01	0.61
Household considered itself moderately poor	0.49	0.51	0.02	0.03	0.44
Household considered itself very poor	0.49	0.47	-0.02	0.03	0.53
Household distance from school (km)	0.68	0.88	0.20	0.10	0.06
Zambian Achievement Test (% correct)	0.45	0.44	-0.02	0.02	0.48
Early Grade Reading Assessment (% correct)	0.05	0.05	0.00	0.00	0.99
Early Grade Mathematics Assessment (% correct)	0.08	0.06	-0.02	0.01	0.03
Oral vocabulary (% correct)	0.62	0.59	-0.03	0.02	0.20

#### **Baseline equivalence on select characteristics**

## Mixed-Methods Design to Determine Impacts on Literacy and Mathematics Outcomes

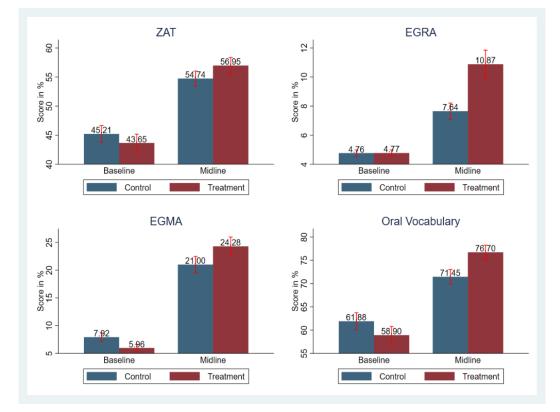
- Cluster-RCT: Child assessments at baseline (2018) and midline (2019) EGRA, EGMA, ZAT, and Oral Vocabulary administered in Nyanja
- ITT analysis to compare outcomes of eligible children in treatment and control areas at midline (2019)
- TOT analysis with treatment assignment to instrument for 1) self-reported enrollment in treatment school in last year; 2) self-reported attendance in treatment school >3 days in week prior to survey
- Baseline N=1,865. Midline N=1,700. No differential attrition
- Qualitative data collection approaches in treatment schools in each of the three districts:
  - Key informant interviews (KIIs) with teachers, teacher supervisors, and Impact Network staff
  - Focus group discussions (FGDs) with parents, PTA members, and students
  - $\circ$  Classroom observations
- Schools for qualitative data were selected based on school size, distance from district center, and distribution of high/low performing schools based on student learning outcomes from prior years

## Attrition at Midline

- Challenges during midline data collection 1) limited access to areas due to poor road conditions and heavy rains; 2) poor network connectivity; and 3) some households migrated after the baseline.
- **No differentiated attrition** observed on primary outcomes:

Variables	Nonattrited		Attri	Attrited		fference	Std. Mean Difference	
	Mean	<b>N</b> 1	Mean	N2	Diff	SE	<i>p-</i> Value	Difference
Treatment	0.48	1,700	0.46	165	-0.02	0.07	0.81	-0.03
ZAT (% correct)	0.44	1,700	0.46	165	0.01	0.02	0.53	0.05
EGRA (% correct)	0.05	1,700	0.05	165	0.00	0.00	0.75	0.02
EGMA (% correct)	0.07	1,700	0.07	165	0.00	0.01	0.83	0.02
Oral Vocabulary (% correct)	0.60	1,700	0.64	165	0.03	0.03	0.29	0.11

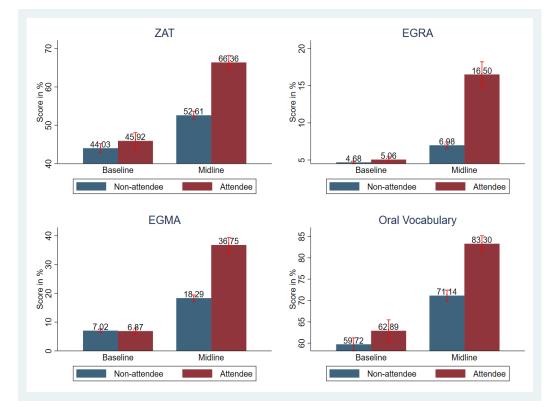
# ITT Effects – Improved scores on all primary tests after 14 months. Estimates range from 0.16 SD to 0.40 SD.



	ZAT- %		EGRA- %	EGRA-	EGMA- %	EGMA-	OV- %	
	Score	ZAT- SMD	Score	SMD	Score	SMD	Score	OV-SMD
Treatment	0.031***	0.158***	0.035***	0.404***	0.049***	0.219***	0.060***	0.251***
	(0.011)	(0.056)	(0.007)	(0.083)	(0.049	(0.065)	(0.013)	(0.053)
Unadjusted <i>p</i> - value	0.006	0.006	0.000	0.000	0.001	0.001	0.000	0.000
Adjusted <i>p</i> - value (RI)	0.007	0.007	0.000	0.000	0.001	0.001	0.000	0.000
Observations	1,688	1,688	1,688	1,688	1,688	1,688	1,688	1,688
R-squared	0.054	0.054	0.056	0.056	0.068	0.068	0.047	0.047
Control mean	0.548		0.0766		0.210		0.714	

Standard errors clustered at school level and reported in parentheses. \* p < 0.1; \*\* p < 0.05; \*\*\* p < 0.01.

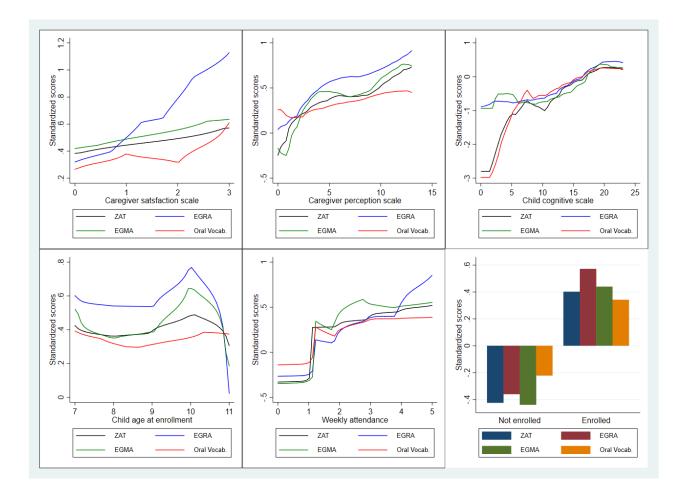
## TOT Effects – Significant increase in test scores for children who were ever enrolled in IN school. Estimates range from 0.26 SD to 0.68 SD.



	1st Stage	ZAT- % Score	ZAT- SMD	EGRA- % Score	EGRA- SMD	EGMA- % Score	EGMA- SMD	OV- % Score	OV-SMD
Treatment	0.597*** (0.030)								
	(0.050)								
Enrolled in IN		0.052***	0.264***	* 0.058***	0.677***	0.082***	0.366***	0.101***	0.420***
school		(0.017)	(0.088)	(0.011)	(0.131)	(0.022)	(0.100)	(0.021)	(0.087)
Observations	1,688	1,688	1,688	1,688	1,688	1,688	1,688	1,688	1,688
R-squared	0.435	0.095	0.095	0.122	0.122	0.130	0.130	0.079	0.079
Control mean		0.526		0.0689		0.181		0.707	

Standard errors clustered at school level and reported in parentheses. \* *p* < 0.1; \*\* *p* < 0.05; \*\*\* *p* < 0.01.

### ITT Impacts on Intermediate Outcomes: Channels



## Impact on School Enrollment & Attendance

	(1)	(2)	(3)	(4)	(5)	(6)
VARIABLES	VARIABLES Enrolled (yes/no)		Number of Days Attended	Number of Days Attended (SMD)	Age at Enrollment	Age at Enrollment (SMD)
Treatment	0.079**	0.159**	0.358**	0.162**	-0.096**	-0.094**
	(0.038)		(0.158)	(0.071)	(0.038)	(0.037)
Observations	1,688	1,688	1,688	1,688	979	979
<i>R</i> -squared	0.021	0.021	0.024	0.024	0.800	0.800
Control group mean	0.545		1.915		9.044	

## Impact on Other Intermediate Outcomes

VARIABLES	(1) Child Development Scale	(2) Child Development Scale (SMD)	(3) Caregiver Satisfaction Scale	(4) Caregiver Satisfaction Scale (SMD)	(5) Caregiver Perception/ Engagement Scale	(6) Caregiver Perception/ Engagement Scale (SMD)
Treatment	0.242 (0.174)	0.084 (0.061)	0.299** (0.121)	0.284** (0.114)	0.845*** (0.239)	0.316*** (0.089)
Observations	1,688	1,688	878	878	878	878
<i>R</i> -squared	0.037	0.037	0.047	0.047	0.033	0.033
Control group mean	17.94		1.189		7.729	

## Impact on Other Intermediate Outcomes

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Ideal Age for Marriage		Child Aspired to rriage beyond 12th G				Household Food Security		Household School- Related Expenditure	
VARIABLES	Years	SMD	Yes/No	SMD	Zambian Kwacha	SMD	Index scale	SMD	Zambian Kwacha	SMD
Treatment	-0.081	-0.019	-0.023	-0.046	-490.963	-0.105	1.129**	0.201**	-13.878**	-0.161**
	(0.249)	(0.059)	(0.038)	(0.077)	(346.806)	(0.074)	(0.479)	(0.085)	(6.160)	(0.072)
Observations	1,625	1,625	1,619	1,619	696	696	1,109	1,109	1,109	1,109
<i>R</i> -squared	0.042	0.042	0.026	0.026	0.033	0.033	0.048	0.048	0.026	0.026

## **Process Evaluation (Qualitative)**

- Qualitative data collection approaches in treatment schools in each of the three districts of Katete, Petauke, and Sinda:
  - Key informant interviews (KIIs) with teachers, teacher supervisors, and Impact Network staff
  - Focus group discussions (FGDs) with parents, PTA members, and students
  - $\odot$  Classroom observations
- Schools were selected based on observable characteristics including school size, distance from district center, and distribution of high/low performing schools based on student learning outcomes from prior years
- Qualitative data coded and analyzed in NVivo



# Context: Potential for Floor Effects because of Low Baseline Learning Outcomes

