INCLUSIVE INNOVATIONS

Educating Children and Adults at the Bottom of the Pyramid through Learning Centers

HIGHLIGHTS
• Learning centers providing new spaces and modes of learning for children and adults, including new types of education, such as preschool or computer literacy classes.
• Self-directed, computer-assisted, and peer-to-peer learning approaches for older children and adults keep costs down.
• Centers keep costs low by working out of rented or donated facilities and recruiting and training community members to teach.

Development Challenge
More than half the children in developing countries lack access to preschool (UNESCO 2013b), leaving millions of them ill-equipped to learn when they enter primary school (World Bank 2014a). More often than not, these children also come from families where adults are low literate, particularly the women. Adult illiteracy, along with a number of factors like lack of livelihoods, unemployment, gender-disparity and agricultural distress compound poverty at the bottom of the pyramid (BoP), which in turn means that education is relegated to a lower priority. Schools, in such contexts, are set up and operated because they are required to as per Government stipulation, but they lack larger community ownership and engagement.

Business Model
Learning centers extend education to the bottom of the pyramid by providing new spaces and modes of learning for children and adults. Some substitute for or supplement traditional schools; others introduce new types of education, such as preschool or computer literacy classes. Most center providers target remote and marginalized communities.

Learning centers keep costs low by offering educational programs taught by para-teachers—people recruited from the community who are trained to teach standardized educational programs with little supervision. End-users sometimes contribute to course fees, in cash or in kind. Some models intertwine education and community development, teaching marketable skills and supporting microenterprises or social initiatives. Models for learning centers take several forms: (i) Public-private partnerships: receiving per-student subsidies from the government as outsourced education providers (ii) Joint ventures with community organizations: for establishing and operating centers (iii) Donor-funded models: supported by donors and development agencies (iv) Market-based models: they charge end-user fees to cover operating expenses, while investors and donors fund capital expenditures.

Features of the Learning Center Business Model

LIMITED ACCESS TO EDUCATION
Formal education often fails to reach base-of-the-pyramid populations. Over half of children in developing countries cannot access pre-school.

LOW-COST IMPLEMENTATION
Centers use existing facilities as centers and train local people to deliver standardized learning to children and adults. Some use peer-to-peer, computer-based, and self-directed approaches.

CUSTOMIZED FOR COMMUNITY
Programs are flexible and tailored to local demands, needs, and schedules.

MULTI-SECTOR PARTNERSHIPS
Partnerships are forged between centers, governments, and civil society. Donors provide financing.

INFORMAL LEARNING CENTERS
Networks of learning centers provide education for children and adults. Centers are adapted facilities or new ones created with the community.
Word-of-mouth advocacy is the prime driver, facilitated by high community engagement. IIMPACT enlists women’s self-help groups to promote its centers for girls. In India, the Barefoot College convenes community committees to identify out-of-school children and potential teachers for its night schools. Hippocampus conducts demonstration classes and hosts festival-day events. Several centers engage directly with public schools. Agastya and Avanti teach public school students, AIL and Gyan Shala train public school teachers, and Enova promotes its computer centers in schools. CDI’s outreach extends to requiring students to apply their learning to local social improvement projects.

Centers are embedded within the communities they serve, and tailor their programs to the communities’ needs. Providers typically partner or consult with local organizations and employ local people. DAM conducts needs assessments and household surveys before establishing its centers. AIL starts up centers only by community request. Each Enova center adapts its course schedule to local demand. Several providers offer out-of-school children a route back to school, a key community concern.

Learning centers’ low costs and partnerships enable them to scale up in their target communities. Gyan Shala operates 500 one-room centers which are located within the low income areas that they serve. CDI trains its customers to become center managers. Hippocampus franchises its program to private schools. Enova and CDI leverage broadband to distribute content that would otherwise be unavailable. TARA Akshar uses computers to deliver a unique Hindi literacy program for women in 112 hours over 56 days. Centers tailor their schedules to suit target communities. Examples include evening classes for pastoralist children; short days for students, to reduce opportunity costs for parents; and mobile services such as Agastya’s science labs in vans and BRAC’s mobile libraries.

Learning centers keep capital and operational expenditures low by using existing facilities, hiring para-teachers, and obtaining contributions from partners. They leverage small, centralized design and management teams to create programs that realize economies of scale. Centers reduce teaching time while expanding self-directed or technology-enabled learning. Enova estimates that its e-learning courses cost 70 percent less than paper-based alternatives. Some providers tailor fees to circumstances. Hippocampus uses a sliding scale based on the size of the community and the income of the household; Enova sets its charges based on age. Centers established through community joint ventures determine fees together with community representatives.

**Results and Effectiveness**

**Scale and Reach:** Several programs have achieved large scale, with some (AIL, BRAC, DAM) adopted nationally. Agastya has 5 million students and 200,000 teachers. BRAC’s 2,800 centers have more than 1 million members. CDI operates in 15 countries, where 88,000 students have completed its ICT courses. About half a million people used Enova’s centers between 2009 and 2013. Hippocampus expanded from 7 preschool centers in 2010 to 220 centers serving more than 10,000 children in 2015.

**Improving outcomes:** Several centers have achieved impressive results. Gyan Shala reports that its students outperform peers in public (DFID 2013) and private (Educational Initiatives 2015) schools. External assessment of Hippocampus centers shows consistent improvement in all classes (Evaldesign 2015). Avanti reports that its students performed better than their more affluent peers, with more than 90 percent passing the Indian Institutes of Technology Joint Entrance Examination in 2013/14.

Centers have been of particular benefit to women and girls, either by targeting female education or by employing large numbers of women as para-teachers, a defining feature of many providers. The TARA Akshar program achieved around 95 percent success rate across eight Indian states, making 130,000 women literate. Enova reports that attending its centers increases women’s employment chances by a factor of almost four. Its centers helped more than 9,000 people find jobs, with every $1 invested generating $1.74 in output.

An external impact evaluation of CDI showed that 47 percent of its learners found new jobs, with 34 percent increasing their income and 12 percent opening their own business. International Institute of Rural Reconstruction reports that more than 2,800 girls in its programs had started microenterprises by end-2013. An evaluation of DAM centers showed monthly income gains of 60 percent for regular users, many of whom had taken livelihood training (Rahman 2003).

This series on Inclusive Innovations explores business models that improve the lives of those living in extreme poverty. Editors are Elaine Tinsley and Natalia Agapitova. Researched and developed by Endeva with additional contribution by Niharika Hanglem.