Ins and Outs of Rolling Out Teaching at the Right Level (TaRl) in Pakistan

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In several low and middle income countries, an unacceptably large number of children are not learning. The context in Pakistan is no different where recent evidence from data like the Annual Status of Education Report (ASER) shows that even after five years of schooling, more than half the children enrolled in grade 5 in Pakistan cannot read a sentence in Urdu/English fluently. The state legislations, policy and sector reforms have provided impetus, however, the focus on quality and equity in education as anchored strongly within SDG 4 remains compromised and fragmented.

This paper focuses on one such innovative programme (Learning for Access) supported by Dubai Cares and implemented by a local civil society implementer[1] in Pakistan that employs effective partnership approach between government, schools and communities, to enable highly marginalized out of school children gain basic literacy and numeracy skills in a short period of time. Following Pratham India's widely tested pedagogy "Teaching at the Right Level" (TaRl) approach which puts out of school children (OOSC) in a learning camp of 45-60 days, 20,800 OOSC were provided intensive bursts of remedial education across 530 schools in 3 provinces of Pakistan. This paper employs a quantitative research design that entails probit analysis and household fixed-effect estimates to explore the impact of Learning for Access Program on learning levels of children across targeted four rural districts in Pakistan. The study found out that 'teaching at the right level' helped children improve their learning outcomes. Recipients of the program (treatment school children) outperformed control group children across all three competencies (English, Urdu and Maths). The paper aims to provide useful data to understand the factors on how TaRl pedagogy works for promoting quality learning for the marginalized OOSC-as an intervention that is grounded in partnerships and linked to both demand and supply side realities helping us set ground for policy and action frameworks in this area. The paper will conclude with optimism on leveraging success to a next phase and scale up of the learning intervention in Pakistan.

[1] Idara-e-Taleem-o-Aagahi (ITA) or center for education and consciousness was established in 2000 ; it spearheads ASER Pakistan, ECE, Whole School Improvement, the Children's Literature Festival as social movements in education reforms through evidence based advocacy. www.itacec.org

Introduction

Education lies at the heart of the SDGs. For education to achieve desired aims of economic growth, social development and poverty reduction, it must be of sufficient quantity and quality to lead to meaningful learning for all children (regardless of their background). The state continues to be the most critical player in any education system: whilst increasingly evident that there is a need for diverse players, it is clear that educational goals require large-scale system based reform, with the state mandated to play a central role. Eight years have passed since the formalization of the constitutional commitment that 'the State shall provide free and compulsory education to all children aged five to sixteen years in such a manner as may be determined by law' (Article 25-A: Right to Education), however the impact on the lives of millions of children and generations to come, is yet to be seen.

The World Development Report 2018 emphasizes that "schooling is not the same as learning." Indeed, the 262 million children who are attending primary school and yet are unable to read proficiently is strong evidence of this learning crisis. The context in Pakistan is no different, where recent evidence from the citizen-led Annual Status of Education Report (ASER) and government-led initiatives reveals that nearly a quarter of children aged between 7 and 16 have no education at all. Many children who are in school fail to learn, with almost two thirds of rural school children unable to read a story (ASER Pakistan, 2008-16). Nearly one forth of grade 5 children, assessed by ASER 2016 could not read a sentence in Urdu pitched at grade 2 level competency or in their own language. Overall, 46 and 40% of the surveyed government primary schools were found to be with missing/non-functional toilet and water facilities respectively in 2016.

Private schooling is recognized as an unabated and growing phenomenon in the country. Whilst private schools show better learning outcomes than state schools (Andrabi et. al, 2007; Aslam 2009), many children are not learning regardless of the type of school they are attending, suggesting that problems of quality are endemic (Alcott and Rose, 2015). Dismal outcomes in state schools must also be contextualized. These schools cater to children from the poorest households, and are more likely to provide access to a more complex mix of learning abilities and ages, including over-age children, and those with disabilities.

Some of these problems do stem from system level incoherence, input shortages and poor quality of teaching: a shortage of teachers results in a high number of children in resource-poor state schools are in multi-grade environments, taught by teachers lacking appropriate support to cope with the particular challenges they face (Aslam, Jamil and Rawal, 2011). Beyond resources, political economy factors often make policies and governance structures unresponsive to the challenges faced in improving learning in classrooms and schools. There is often a mismatch between needs and resource allocation at the district level: districts with lower learning outcomes in more challenging environments receive lower provincial budgets and allocations (Malik and Rose, 2015) and fewer teachers (Bari, Aslam, Raza, Khan and Maqsood, 2013).

Government of Pakistan (federal and provincial) recognises the seriousness of the situation and has introduced several reforms in major areas of education in the past few years. The School Education Department (SED) and its counterparts in all provinces also acknowledge the need to go beyond the routines, if essential developmental and constitutional targets are to be achieved early. Thus, it is not surprising that in recent years, we have seen the systems moving towards revisiting the non-formal schooling/learning options within proximity of formal premises as a solution to address the educational

needs of marginalized children and adults for the 21st century and beyond. This kind of learning has become a strategic arm to support countries in accelerating the process through targeting out of school children and adult illiteracy to meet the targets of SDG 4.

About the Intervention: TaRl Pedagogy

Learning for Access (L4A) was conceptualized and implemented to provide intensive bursts of remedial education in reading and mathematics through learning camps called "**Chalo Parho Barho** (CPB)" /"let's learn and grow" to out of school children and primary school children (grades 3–5) who are behind in basic literacy and numeracy skills. These camps were spread over the course of 8-10 weeks (approximately 45-60 days) per cycle, depending on the child's baseline learning level. The program formally began in January 2014 for a duration of three years.

Target Audience/Target Group

- Out of school children (Aged 6-12) and In-school children at risk of dropping out (Grades 3-5)
- Local community; parents, management committee, teachers/head teachers and para teachers

Geographical Coverage: 530 government schools across 9 districts and 3 provinces

Target Beneficiaries: This accelerated learning program reached out to 20,800 out of school and 13,327 in-school children at risk of dropout with an equal proportion of males and females.

Implementation Strategy

The program was rolled out in 530 schools and began with the testing of children (aged 6-12) in the village at household level. Based on this assessment, children were selected for the CPB learning camp to be set up at the identified schools during regular school timings. The camps ran for 45-60 days ideally, with three cycles of baseline, midline and endline assessment held every 15 days.

Children were grouped by ability rather than by age and grade, and the camps used Pratham's rigorously evaluated methodology, "***Teaching at the Right Level***" (TaRl), and pedagogy, "Combined Activities for Maximized Learning" (CAMaL). Teaching and learning activities and materials were tailored to each group, were interactive and group based, and designed to help children move to the next learning level. Para teachers from the local community were hired for the entire duration of the project and were trained vigorously on accelerated learning methodology to lead the learning camps. Upon successful completion of the camp and acquiring basic literacy and numeracy skills, children were mainstreamed in regular schools, with stabilisation support inputs to ensure that children may persist in the schools.

This support component was a well thought through supported by a school improvement (SI) strand which helped to address the supply side constraints by upgrading the conditions of the school to sustain new intakes. The inputs resonated with the government's large scale reforms. Each selected school underwent minor repair work (as per need) to compensate for missing facilities such as, classrooms, drinking water facility, toilets, main gate, whitewash and electricity. SI strand also focused on school enrichment programs that were child-centred, giving them agency through an active engagement as reading, sports, student clubs and health clubs across classrooms fostering a culture of active learning.

Research Design

Sampling Framework

For the purpose of this research, a two-staged sampling process was adopted:

- First stage: Out of the 9 districts where the intervention is currently running, the research was undertaken in four districts selected on the basis of number of schools within each district in the overall project.
- Second stage: Number of schools to be included within the sample was determined using probability proportional to size (PPS) method such that the schools selected from each district are in the same proportion as for the entire project.

This process resulted in a sample of 165 schools that were selected on the basis of simple random sampling in order to produce reliable estimates with 5% margin of errors at 95% level of confidence. The treatment group includes those schools, teachers, and children that were administered the various program interventions. The control group was made up of schools, teachers, and children that did not have the program available to them but were otherwise as similar as possible to the treatment group. Table 1 and 2 provide a description of the sample in terms of number of children, schools and teachers.

Table 1 Research sample – schools and teachers

Province	District	Group	Children (Grade 1 to 5)		
			Girls	Boys	Total
Sindh	Sukkur	Treatment	584 (43.9)	746 (56.1)	1330 (100.0)
	Sukkur	Control	354 (30.6)	801 (69.4)	1155 (100.0)
	Shikarpur	Treatment	237 (40.9)	342 (59.1)	579 (100.0)
	Shikarpur	Control	203 (35.8)	364 (64.2)	567 (100.0)
Punjab	RahimYarKhan	Treatment	308 (60.7)	199 (39.3)	507 (100.0)
	RahimYarKhan	Control	226 (46.0)	265 (54.0)	491 (100.)
Balochistan	Lasbela	Treatment	200 (65.6)	105 (34.4)	305 (100.0)
	Lasbela	Control	165 (49.5)	168 (50.5)	333 (100.0)
Overall		**Treatment**	**1329 (48.8)**	**1392 (51.2)**	**2721 (100.0)**
		Control	**948 (37.2)**	**1598 (62.8)**	**2546 (100.0)**
		Total	**2277 (43)**	**2990 (57)**	**5267 (100.0)**

Table 2 No. (%) children in treatment and control schools (grades 1-5) in final sample, by gender, district & province

			No. of Schools (%)				No. of Teachers (%)		
			Girls	Boys	Mixed	Total	Government Regular	Para teachers	Total
Sindh	Sukkur	Treatment	3 (8.6)	1 (2.9)	31 (88.6)	35 (100.0)	189 (78.8)	51 (21.2)	240 (100.0)
	Sukkur	Control	1 (2.5)	3 (7.5)	36 (90.0)	40 (100.0)	132 (90.4)	14 (9.6)	146 (100.0)
	Shikarpur	Treatment	3 (17.6)	2 (11.8)	12 (70.6)	17 (100.0)	83 (78.3)	23 (21.7)	106 (100.0)
	Shikarpur	Control	0 (0.0)	4 (20.0)	16 (80.0)	20 (100.0)	91 (91.0)	9 (9.0)	100 (100.0)
Punjab	RahimyarKhan	Treatment	8 (66.7)	4 (33.3)	0 (0.0)	12 (100.0)	60 (96.8)	2 (3.2)	62 (100.0)
	RahimyarKhan	Control	5 (45.5)	6 (54.5)	0 (0.0)	11 (100.0)	68 (93.1)	5 (6.9)	73 (100.0)
Balochistan	Lasbela	Treatment	8 (72.7)	3 (27.3)	0 (0.0)	11 (100.0)	39 (68.4)	18 (31.6)	57 (100.0)
	Lasbela	Control	6 (31.6)	13 (68.4)	0 (0.0)	19 (100.0)	48 (78.7)	13 (21.3)	61 (100.0)
Overall		**Treatment**	**22 (29.3)**	**10 (13.3)**	**43 (57.3)**	**75 (100.0)**	**371 (79.8)**	**94 (20.2)**	**465 (100.0)**
		Control	**12 (13.3)**	**26 (28.9)**	**52 (57.8)**	**90 (100.0)**	**339 (89.2)**	**41 (10.8)**	**380 (100.0)**

Table 2 illustrates the final sample from the treatment and control schools. The sample consists of a total of 5267 children of whom 2721 (52%) children belong to treatment schools and 2546 (48%) belong to control schools.

Survey Instruments

A variety of evaluation tools were created to guide the research process and help answer specific research questions. These tools included a school questionnaire, a teacher questionnaire, a child questionnaire and child assessment tools aimed at assessing student learning outcomes. Each of these tools are described in detail below:

School questionnaire: This form captures basic school characteristics such as the level to which the schools goes up to, the type of school, year of establishment, number of teachers in the school, the availability of school facilities (both available and functioning) etc.

Teacher questionnaire: This questionnaire was composed of a series of questions aimed at gathering detailed information about the teachers' education, appointment, training, their compensation etc. and was completed by every head teacher, teacher and para teacher present in the school (from katchi-grade 5).

Child questionnaire: This survey instrument was administered on an individual basis to 10 randomly selected children each from Grade 1 to Grade 5 and aimed to gather detailed information on child characteristics including but not limited to their age, number of siblings, year child started school, assets owned by the household, whether child took private tuition, number of hours spent on paid work (if any) etc.

Child assessment tools: In addition, we also aimed to arrive at a direct measure of the children's learning levels across three domains: English, Mathematics and Urdu/Sindhi. In order to gauge the children's learning levels, the following assessment tools were used:

- **CPB tool**: This tool captures a child's basic competencies across all three domains up to classes 2 and 3 defined by the National Curriculum of Pakistan (2006) and is identical for all grade levels. This same tool is used in CPB camp to track child's performance every 15 days.
- **National Curriculum tool:** This tool is designed to test a child on selective student learning outcomes appropriate for his/her grade as defined by the National Curriculum of Pakistan (2006). This means that this is not identical for all grades; rather a separate tool was designed by tool development teams at ITA and reviewed by tool development experts from Punjab Examination Commission (PEC) for each grade level from 1-5. In addition to testing learning outcomes across three domains of Urdu/Sindhi, English and Mathematics, the tool also used a sub-set of Raven's Progressive Matrices to measure abstract reasoning skill of a child. Due to its non-verbal nature (presumably resulting in independence from reading, writing and language skills) and its simplicity of use and interpretation has resulted in it being a very common and popular test administered in educational settings as a proxy to assess a child's innate ability.

All survey tools were administered individually to children among the randomly selected children in grades 1-5 in both intervention/treatment and control schools and were identical in nature. Table 3 shows the descriptive statistics for child and household characteristics from the sample of children in both treatment and control schools.

Table 3 Descriptive Statistics

Sr. No	Variable	Mean	Median	Max	Min	Standard Deviation	No. of Observations
1	Gender	0.567	1	1	0	0.495	5267
2	Age	8.264	8	14	4	2.045	5267
3	Meals per day	2.841	3	4	1	0.401	5267
4	Two or more meals per day	0.997	1	1	0	0.045	5267
5	No health problem	0.029	0	1	0	0.170	5267
6	School distance minutes	10.80	10	45	4	6.843	5267
7	Family resource level	3.844	4	10	0	1.954	5267
8	Type of house	0.664	1	1	0	0.472	5267
9	Attended pre-school	0.913	1	1	0	0.280	5267
10	Dropped out	0.022	2	1	0	0.149	5267
11	Time on private tuition	0.227	0	1	0	0.419	5267
12	Urdu Score-CPB	3.569	4	5	1	1.007	5267
13	Urdu Score- NC	8.355	7	15	0	4.399	5267
14	Enlishg reading words-CPB	3.004	3	5	1	1.214	5267
15	English Score- NC	7.008	7	20	0	4.498	5267
16	Mathematics Score- CPB	4.143	4	7	1	1.745	5267
17	Mathematics Score- NC	7.812	7	20	0	5.179	5267

Data Collection

Data collection was outsourced to an independent organization for maintaining transparency and reliability. Within each province, a Focal Point within ITA was identified from the internal team to manage the logistics, process and liaison with the sub-consultant. The ITA team conducted intensive "training of trainers" with the Focal Point and Master Trainers (identified by the sub-consultant) prior to data collection. The data collectors were then trained by MTs regarding correct procedures.

An Instruction Manual was developed and provided to each enumerator. This manual detailed how to implement each instrument and the various data collection techniques that enumerators would be using throughout the exercise. Parts of the manual also laid out steps to critical matters relating to the ethics of data collection when working with young children such as introducing the study and gaining informed consent, building rapport with young children, maintaining participant confidentiality, and maximizing the ease of data collection and validity of data. A paper-based approach was used to collect the data. Data collection process was regularly monitored by ITA district team through spots checks.

Excel-based data entry templates were developed by the ITA team for all instruments. To minimize data entry errors, the templates were set up to only allow the entry of valid values.

Does TaRI helps to improve learning levels: Evidence of Success

A two-pronged analytical approach has been used to analyze the resultant data. In the first instance we present simple descriptive statistics to compare outcomes of interest in the treatment and control groups. Also, given the characteristics of the intervention and the varied components covered under the intervention, we have used paired-sample t-tests to examine statistically significant differences in impact between treatment and control groups across various factors of interest. In the second instance, a more stringent modeling approach is used. This involves the comparison of learning outcomes in treatment versus control schools at a given point in time. The empirical specification to be used in this is a discrete choice probit (probability unit) regression model. Doing so, we control for a wide range of variables including child characteristics, teacher characteristics and school related variables that may directly or indirectly influence a child's experience and hence learning outcomes. This specification aims to measure the relationship between the intervention variable and the outcomes of interest whilst controlling for as many factors as possible to ensure that the estimation contains as little bias as possible. However, we are mindful that differences in unobserved characteristics across the treatment and control groups will still bias estimates in this particular specification.

Key Findings

This section presents the key findings in relation to schools, teachers and children and also focuses on analyzing the relationship between the interventions and student outcomes in Mathematics, English and Urdu. However, it is important to note that at this point there was no initial baseline data collected prior to the interventions. Therefore, only limited analysis can be conducted that allows for correlational relationships to be established through the use of control groups.

Child Characteristics

Table 4 describes the characteristics of the 2721 participating treatment group children and 2546 control group children at the time of study

Table 4 Child and household characteristics

Child characteristics	Treatment	Control	t value
Gender of participating child (% female)	49%	37%	8.55***
Health Problems (% no reported health problems)	53%	47%	-0.38
Family resource level (% low)[2]	31%	34%	-1.82
Type of house (% living in mud house)	41%	59%	-11.8***
Attended pre-school (% yes)	51%	49%	2.10**
Dropped-out of school (% yes)	57%	43%	-1.11
Paid work (% no)	51%	49%	-1.57

*t-value and corresponding significance levels with *** denoting significance at the 1% level, ** significant at the 5% level and, * denoting significance at the 10% level respectively.

[2] Calculated using the definition given by UNICEF (2010): Low resource level is based on the presence of three or fewer of the following items in the household: telephone, radio, television, bicycle, animal cart, motorcycle, car truck, fridge/refrigerator, bed, electricity

It is worth noting that, on balance, child characteristics across the treatment and control sample are not significantly different from each other. In an ideal scenario, we would not want there to be any significant differences between the characteristics of children across treatment and control schools i.e. we would want the samples to be as 'similar' as possible across the two groups of schools. However, we do observe some significant differences particularly with respect to gender and type of household (proxy for wealth), and whether the child has attended pre-school.

Teacher Characteristics:

Table 5 describes the characteristics of the 465 participating treatment group teachers and 380 control group teachers at the time of data collection. There are no significant differences between treatment and control groups with respect to teacher characteristics.

Table 5 Teacher characteristics

Teacher characteristics	Treatment	Control	t value
Gender of participating teacher (% female)	46%	43%	-0.86
Years teaching (mean years)	19	21	1.61
Education (% Graduate and above)	77%	74%	-0.50
Training(s) obtained (% yes)	44%	42%	-0.59

Differences in learning outcomes

As stated above, the learning outcomes of children have been tested using two assessment tools: CPB and NC. The CPB tools were identical for all grades and tested basic competency against reading and numeracy whilst NC tools[3] were designed according to child grade levels and were different for each class. The table 6, figure 1 and figure 2 show the differences in learning levels of students (Grade 5 and Grade 3) in both assessment tools.

Table 6 Learning levels for Grade 3 and Grade 5

Variable	Grade 3			Grade 5		
	Treatment	Control	Significance (t value)*	Treatment	Control	Significance (t value)*
English reading (CPB tool)	59%	41%	-2.34**	52%	48%	1.02
NC Eng (60%)	52%	48%	0.35	61%	39%	-1.75
Urdu Reading (CPB tool)	54%	46%	-0.29	51%	49%	1.24
NC Urdu (60%)	51%	49%	1.16	52%	48%	0.83
Mathematics (CPB tool)	56%	44%	-0.59	55%	45%	-2.60***
NC Mathematics	51%	49%	0.81	56%	44%	0.49

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[3] The benchmark for NC tools has been kept at 60% as it is a standard criteria being used by national examination systems across the country to obtain first division.

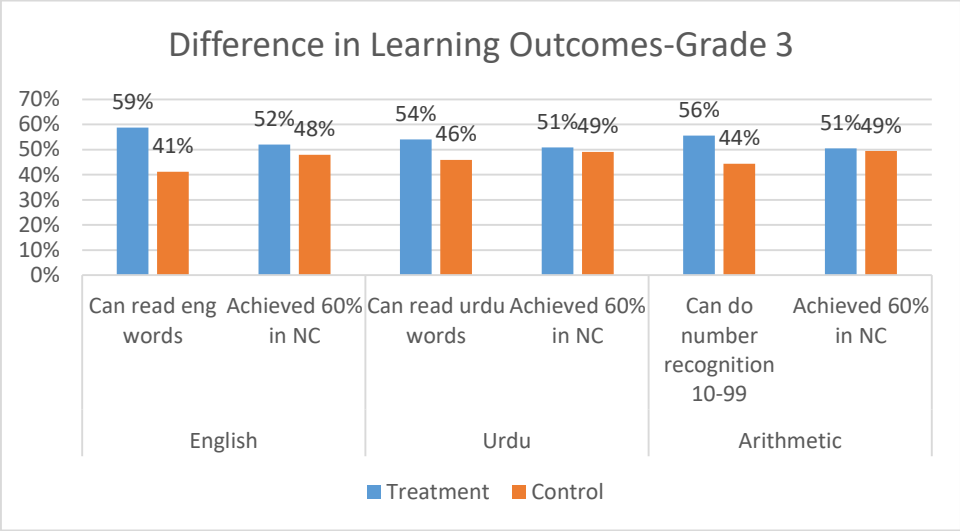

Figure 1 Difference in learning outcomes-Grade 3

Figure 1 shows the difference in learning outcomes between children from treatment and control schools across both assessment tools (CPB and NC) and all three learning domains: English, Urdu and arithmetic. The findings show that treatment group children outperform control group children across all three competencies. Results from NC test show a similar trend

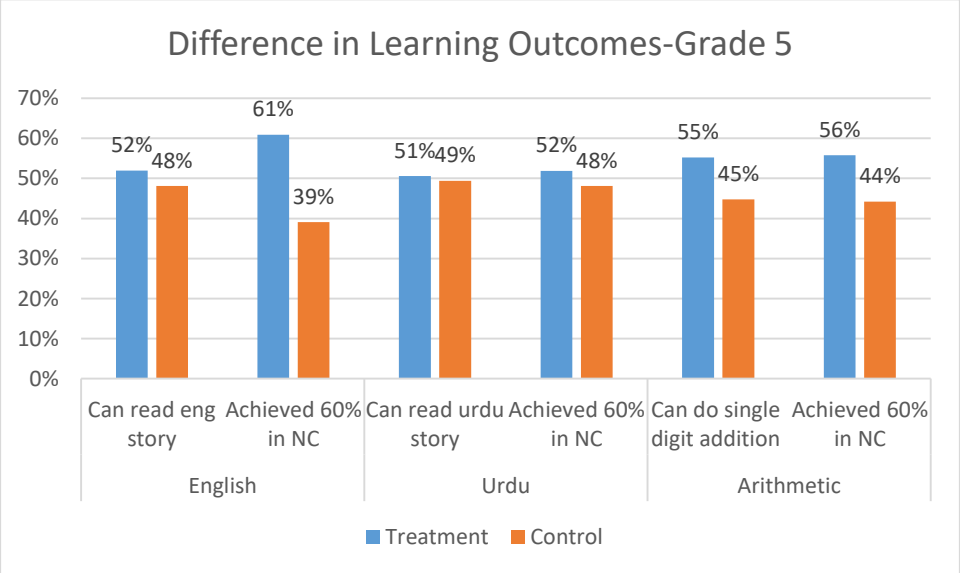

Figure 2 Difference in learning outcomes-Grade 5

Figure 2 shows that similar to Grade 3, treatment group children from Grade 5 outperform control group children across all three competencies. Results from NC test show a similar trend. However, the results depicted so far as simple descriptive statistics that do not control for any observed (and

unobserved) differences and, therefore, are not very robust. The next sub-section aims to undertake more rigorous analysis that aims to overcome some of these constraints.

Regression Analysis

The following equation (1) is estimated for identifying the association of different interventions on student learning outcomes:

$$\Pr(Aijk = 1 \mid X) = \Phi(\beta Xi) \qquad (1)$$

Where Pr denotes probability, and Φ is the Cumulative Distribution Function (CDF) of the standard normal distribution. Aijk is the achievement of the ith child in the jth subject in the kth school. This achievement is determined by a vector of the student's personal and family characteristics (X). The specific intervention is captured by I.

Dependent Variables

The dependent variables of interest in this analysis are the binary scores (1,0) of the children in specially administered tests in Mathematics, English and Urdu/Sindhi. For CPB assessment in language (Urdu/Sindhi and English), the variable takes the value 1 if a child was able to read words, and 0 otherwise. For NC assessment in language, the variable takes the value 1 if a child was able to obtain 60% or above marks and 0 otherwise. For CPB assessment in mathematics, the variable takes the value 1 if a child was able to recognize numbers (10-99), and 0 otherwise. For NC assessment in mathematics, the variable takes the value 1 if a child was able to obtain 60% or above marks and 0 otherwise.

Independent Variable

The mobilization of **Chalo Parho Barho** (CPB) in schools that helped children with basic numeracy and literacy skills.

Table 7 below presents results from binary probit model estimated separately for Mathematics, Urdu/Sindhi and English outcomes for both of the assessment tools (CPB/NC). In this specification reported in the tables, the probit regression is estimated using a rich vector of individual and household level variables. The vector of individual variables includes the standard variables such as child age, gender, the age at which the child started school and richer variables aiming to capture more nuanced aspects such as those relating to nutrition (number of meals a child eats in a day), parental education (mother's literacy), and family educational inputs (private tuition and help with homework) etc. The regression also controls for household socio-economic status (SES) through a wealth index that has been computed as weighted average based on self-reported assets held by the household.

Table 7: Probit estimates for English, Mathematics and Urdu Scores

	CPB TOOL	NC TOOL
Dependent Variables	**Treatment Effect**	**Treatment Effect**
ENGLISH	0.176***	0.246***
	(0.041)	(0.052)
URDU	-0.053	-0.057
	(0.042)	(0.038)
MATHEMATICS	0.125***	0.176***
	(0.043)	(0.043)

(Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1)

Using the CPB tool as the dependent variable - which measures the child's ability to read English words (1), or not (0), there appears to be a positive and significantly large association of the 'treatment' (CPB camp/TARI methodology) on the ability to read English. Consistent with the CPB tool, we find a large positive association of the 'treatment' on scores in English as measured by the NC tool.

As we noted for learning outcomes in English, there is a strong positive association of 'treatment' on Mathematics scores using both CPB tools and NC tools. Interestingly, we do not find any positive associations of treatment on learning outcomes in Urdu/Sindhi. Teaching mother tongue has been a challenge in learning camps as children would often migrate from Balochistan to Sindh and vice versa and would find it hard to understand and learn mother tongue of the province they had migrated to.

The key takeaways from the regressions on English, Mathematics and Urdu outcomes are: belonging to a school that receives intervention in the form of CPB camp from ITA is positively associated with pupil learning. However, whilst we find these associations in English and Mathematics outcomes, this is not the case for Urdu/Sindhi. Many a times the group of students would constitute of children from other provinces due to migration etc. This would hinder the understanding of children from other provinces in mother tongue of that area. Broadly speaking, we also find a consistently positive association of socio-economic status (albeit proxied by wealth index in some instances and by presence of piped water and/or house type in others) with child learning in English and Maths (though not so with Urdu).

Conclusion and Lessons Learnt

Teaching at the right level has been widely tested and rigorously evaluated in India, Africa and beyond. Consistent with the evidence from a series of rigorous, randomized evaluations conducted externally by J-PAL of a varierty of other models of TaRl interventions (Banerjee, Banerji, and Kannan 2015), the findings of this study indicate that the philosophy of TaRl supports gains in learning, especially for low performing students. The intensive bursts of remedial learning over the course of 45 days make possible large improvements in children's literacy and numeracy skills. Rather than having a rigid structured curriculum followed by a 'routine' teaching approach, the flexibility of restricting classroom instruction to the level of a child ensure that the children who had been left behind are able to continue learning.

The core challenge that the program faced was finding adequate time and space within the existing public schools for the camps to take place. When the component was implemented after the regular school day within the school premises, local teachers (especially females) were not comfortable with evening shifts. Additionally, the take up was low as we observed children missing the sessions frequently. We decided to implement the component during dedicated hours within regular school timings on the school premises which often resulted in children sitting in open corridors directly exposed to heat or rain in extreme weather conditions.

The program relies on the support and engagement of parents, siblings, teachers, school management committees, and other members of the community to create stronger education systems that will benefit every child and support lasting change even after the funding cycle ends. Para teachers (one for each camp) from the local community, hired for a nominal honorarium, are trained to lead the learning camps and mobilize community engagement. From the very onset of the program, the model is reviewed with the government to align with quality targets. Being an open source tool, it can be accessed by anyone within and beyond the borders for knowledge sharing and mutual gains.

From the perspective of sustainability, several steps were taken to ensure ownership of the intervention at the provincial level. ITA was a member of the Task Force and actively participated in the Sub-Committee on Curriculum /Learning Materials of the Task Force on Literacy and Non-formal Education Sindh. Learning for Access material (accelerated learning) was reviewed by NFE directorate, Bureau of Curriculum(BOC) and Sindh Teachers Development Authority (STEDA) in Sindh. The materials developed and translated by ITA in Sindhi and Urdu for CBP have been well received and are part of the inventory provided to the Directorate of Literacy & NFBE as referent guides. The program is now being supported by IlmIdeas2 (DFID) in Khyber Pakhtoonkhwa (KP) for 30 months across 1500 schools in two districts signed off and facilitated by the Government in public sector schools. TaRl is regularly adopted in ITA programs for the most vulnerable as well.

In a nutshell, examples from Pakistan, Read India and several other countries in Africa point to the need to teach at the 'right' level. Engaging local champions and creating alliances with relevant stakeholders play a catalytic role in strengthening the implementation model embedded in systems level reforms machinery for both state and non-state providers.