

Knowledge hub

Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Alternative internship programme - Continuity of learning

2. Country or countries where the practice is implemented *

Odisha , INDIA

3. Please select the most relevant Action Track(s) the best practice applies to *

Action Track 1. Inclusive, equitable, safe, and healthy schools

- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession

Action Track 4. Digital learning and transformation

Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

TE and SCERT , Department of Education

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Continuity of learning through alternative approaches statewide , reaching most disadvantaged children

6. What makes it a best practice? *

Partnered with state education department , innovated a capacity building of 12000 preservice students to do home based learning reaching to 100000 students from most marginalized communities. Teacher educators understanding on elementary education curriculum good practices documented in government dashboard for future .

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? *

Children with digital inaccessibility have been reached . School closure due to covid over 2 years .A blended learning approach statewide .

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

i) What are the main activities carried out?

ii) When and where the activities were carried out (including the start date and whether it is ongoing)?

iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?

iv) What were the resources needed (budget and sources) for the implementation?

inpien

a concept note developed. Learning outcome based catch up material development . learning material available. this was supported from June to December 2021 . Government 100 teacher educators scert(department of education) , 12000 preservice students (future teachers). HAC funds and technical material . Alternative Internship Programme (AIP) was a well calibrated model carved out of the joint

partnership between SCERT and UNICEF. A team of technical experts came up with a comprehensive action plan with detailed implementation modalities based on the findings of the field assessments and intensive deliberations. Pre-service students from various ETIs were identified to become teacher volunteers for undertaking the AIP activities in their places of residence catering to the need of students of their localities who are mostly from marginalised and disadvantaged communities with no or least access to digital connectivity and contraptions to continue their studies. Circulars were issued to all the ETEI's and BITEs of the state to roll out the intervention from 15th July 2021 to 18th September 2021 with a focus on adhering to various safety norms and ensuring quality for academic deliverables. Armed with skills from the initial orientations by the state level technical team each student teacher was tagged to a teacher mentor from the DIET/BITE/ETEI of his/her place of residence to support the activity with much needed technical guidance and mentoring assistance. The model prioritised students ranging from Std-II to Std-V with focus on improving their language and numerical efficiencies which the children mostly have missed due to school closure.

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below: i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);

ii) What were the concrete results achieved with regard to outputs and outcomes?

iii) Has an assessment of the practice been carried out? If yes, what were the results? *

It was transformative as it was done with government system at scale . These continuity of learning approaches are placed as best initiative by government . Efforts sustained. Baseline and end line tools developed. Government has taken this initiative through other directorates .Partners support and stakeholders' contributions have always been key to the success of any developmental initiative. AIP was no exception in this regard. When the entire state was busy fighting against all odds during the pandemic to protect both their lives and livelihoods, the partnership between SCERT and UNICEF came as a big respite for education of millions of children. The technical assistance and resource support from UNICEF under the leadership of SCERT got translated into a successful and workable model on the ground and was fully equipped to effectively address the operational challenges.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

i) What were the key triggers for transformation?

ii) What worked really well - what facilitated this?

iii) What did not work - why did it not work? *

Education is the lifeline of the society, the backbone of a nation and a means for individual growth. The COVID Pandemic has had unprecedented impact on school education causing numerous sufferings to children predominantly from marginalised and vulnerable communities all across the world. During closure of the schools when the classrooms went digital and exams went online, large number of students were pushed to the margin due to a digital divide and because of which not only their education got marred but so did their health and nutrition. In this distressful situation, AIP came as a ray of hope that not only paved the way for resuming studies but also propelled individual growth for millions of the children. Complementary vision and shared resources moved the hurdles away and demonstrated success in bringing back the conventional teaching learning methods into practice even in the crisis setting. As a society we must undertake measures to sustain the gains, and the key learnings from the programme need to be translated into policy decisions. Greater stakeholders' involvement and investment in scaling up such models will reap rich dividends and facilitate the process for making the system more resilient in the future

11. Conclusions (250 words)

Please describe why may this intervention be considered a "best practice". What recommendations can be made for those intending to adopt the documented "best practice" or how can it help people working on the same issue(s)? *

AIP demonstrated a simple, yet successful model to bring back the conventional teaching learning opportunities for children from the disadvantaged communities who otherwise couldn't have got a chance to resume their studies and academic activities due to closure of schools. It proved to be an answer to many adverse situations Odisha and other vulnerable regions around the world go through. It came out handy as a powerful tool in crisis settings. Close to 77,235 children from across the state benefited from this programme by resuming their studies. AIP also rendered as an alternative approach to complete the curricular requirements of mandatory field academic internship activities for thousands of pre-service students in the state. The well-thought-out and effectively laid down operational plan with guided field execution accomplished its goal by successfully addressing the daunting challenge. SCERT is now better equipped both in terms of technical competencies and capacities to implement such solutions in any crisis settings if the need arises due to natural calamities or public health emergencies in future.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the "best practice" for those who may be interested in knowing how the results benefited the beneficiary group/s. *

documentation available .