Summary of the best practice

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

   Better Learning Programme (BLP)

2. Country or countries where the practice is implemented *

   Palestine, Jordan, Lebanon, Afghanistan, etc.

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) *

Norwegian Refugee Council

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

Evidence-driven school-based psycho-social support programme integrated into classroom practice (administered by teachers)

6. What makes it a best practice? *

1. Innovation from non-formal education is being integrated into formal education; 2. Evidence-base; 3. Scalability

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? *

i.) Children in conflict and crisis, including children in displacement across primary and lower secondary grades
ii.) Children's trauma, their psycho-social challenges and their inability to learn/concentrate at school - all induced by conflict, crisis and displacement. BLP consists of three modules for different groups of children in conflict, crisis and displacement: BLP1 for all students; BLP2 for students with learning difficulties; BLP 3 for students with specific PSS challenges (e.g. trauma-induced nightmares, etc.)
iii.) A classroom-based psycho-social support programme was developed that can help reinstate a sense of safety and protection to children and that strengthens relations between teachers - children. BLP 1 and BLP 2 is a class-room based model that does not require psychological specialist involvement, but can be implemented by teachers in a way that it helps many children and thereby reduces the need for specialized support to fewer children with more severe symptoms. BLP 3 requires school counselors or equivalent qualifications. The model has been developed in non-formal education and has been scaled in formal and non-formal education across different geographic contexts.
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? *

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i.) BLP focuses on improving pupils’ learning capacity by empowering the school community, integrating coping techniques into daily teaching and learning, and encouraging pupils’ natural recovery. The psychosocial support offered in both components aims: (1) to establish a sense of stability and safety; (2) to promote calming and a capacity for self-regulation; (3) to increase community and self-efficacy, including where to find support and how to give and receive support; and (4) to promote mastery and hope. Additionally, BLP works to strengthen collaboration between teachers, counsellors, and parents on supporting students’ wellbeing and building resilience in the school community.

ii.) Across humanitarian and protracted crisis where NRC is active

iii.) The programme was developed by the International NGO NRC, but is also being implemented in collaboration with Ministries of Education in formal education systems - with funding from private foundations and bilateral donors.

iv) Depends on context (Afghanistan has very different cost structure compared to support for Ukrainian refugees in Poland) and scaling type (formal or non-formal education system)
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? *

i) Research and evaluation confirmed the transformative character on children, teachers and principals. Teachers and principals in crisis context said that this programme “kept them going” despite all other hardships (including delayed salaries). We also see the uptake by formal education systems.

ii) 2017 evaluation on BLP 3: One of the immediate impacts of BLP 3 is a reduction in the frequency of nightmares. Children’s nightmares were often drastically reduced from an average of nearly 5 nightmares per week at the outset of their counselling sessions, to on average less than 1 per week after 8 sessions. Approximately 58% of the 584 students from the 2016 collated sample reported to not be suffering from any nightmares at all by the last week of their sessions. Much of focus group and questionnaire data suggested that the BLP-2 sessions had a positive influence on participating students’ psychosocial wellbeing. Two thirds of the students of a 2018 evaluation reported that their motivation and interest in education and school had improved, that they were better at taking the initiative and studying independently and were more motivated to work hard in school.

iii) Various external evaluations and research by University of Tromso

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? *

i) Addressing trauma of children; improved student -teacher relations;

ii) At child level: Breathing techniques, opportunity for students to open up and get heard; at organizational level: learning mindset of the implementing organization based on data collection and research; willingness to work across humanitarian - development nexus;

iii) Approaches required pivoting based on evaluations and research;
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)? *

It is based practice because the implementing organization adopted a learning mindset in their implementation and we were willing to pivot and adopt based on data and evidence. The implementing agency was willing to move out of the humanitarian silo and connect to formal education systems in the non-humanitarian space to bridge the humanitarian - development nexus.

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. *

https://www.nrc.no/news/the-dream-job/
https://www.fmreview.org/education-displacement/mcevoy