



Top-line findings & Methodology

Enabling all children in public schools to become calm focused learners

Why does this evidence exist?

Children's wellbeing is critical to learning, yet much of the field lacks rigorous evidence, particularly on what works at scale within government systems.

To address this gap, the Government of Tripura and Labhya partnered with J-PAL to conduct the world's largest randomized controlled trial on children's wellbeing within government systems to identify what works in real delivery conditions.

This study answers key policy questions:

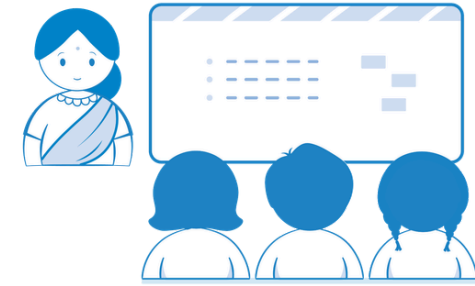
- Does allocating time to wellbeing take away from learning time?
- Can a government-run wellbeing program deliver impact at scale?
- What are the costs relative to outcomes when implemented within public systems?
- What can be learned to strengthen delivery and deepen impact?

Labhya's program

Labhya partners with state governments to embed a **daily wellbeing class** within public school systems, delivered by public school teachers.

The model is **co-created with governments** and teachers to align with local classroom conditions, languages, and administrative structures.

Teachers deliver the class with support from a **structured curriculum with scripted lesson plans**. Throughout the year, **regular training and coaching** are provided to ensure consistent implementation and **low-burden delivery**.



A public school teacher facilitates a daily wellbeing class



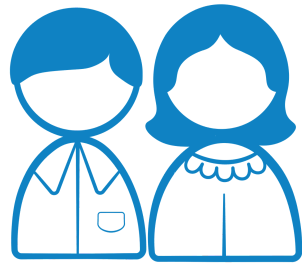
Curriculum
(i.e., scripted lesson plans)



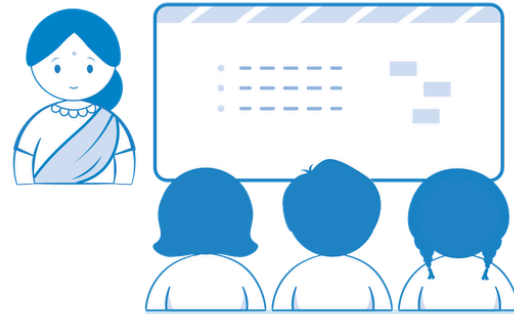
Teacher training & coaching

Study at a glance

This was a two-year randomized controlled trial conducted within government systems to test the impact under real delivery conditions.



30,000+
children



Government-implemented,
delivered by public school
teachers



2 academic years
(2023–2025)



In partnership with the
Government of Tripura

Principal Investigators



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Evaluation by J-PAL South Asia

In Partnership with



Government of Tripura

Study arms

1. Control

Students did not receive the wellbeing program. Instead, teachers used the same time for academic instruction (e.g., math, language).



2. Labhya's Mindfulness-only model

Students participated in the daily wellbeing class, including only mindfulness practice without the additional activities.



3. Labhya's Full program

Students participated in the daily wellbeing class, including:

- Guided mindfulness
- Structured activities (stories, reflection, group exercises)

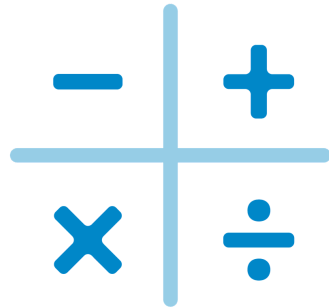
These were delivered by public school teachers using a scripted handbook and training support.



Data is disaggregated by gender, grade/age, economic status, and school setting. Additionally, the study also tested outcomes under an intensive (high-touch) and a scale (low-touch) model.

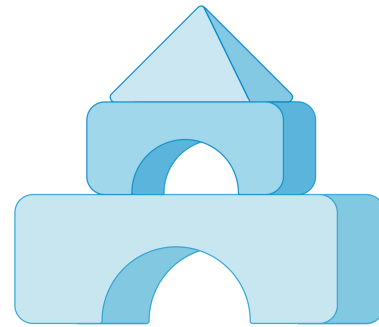
What was measured

Standardized tools were used to measure outcomes across learning, cognition, and wellbeing.



Learning

TaRL tools and grade-level assessments (Numeracy & Literacy)



Cognition

Raven's Progressive Matrices (Critical Thinking & Logical Reasoning)



Mental health

GAD-7 (Anxiety)

Methodology

- Randomized, baseline-balanced across treatment & control → causal results
- Intention-to-treat (ITT) effects with high compliance
- Statistically significant ($p < 0.05$)
- Regression controls for the baseline value of the outcome variables, and includes school, grade, enumerator, and grade-group fixed effects





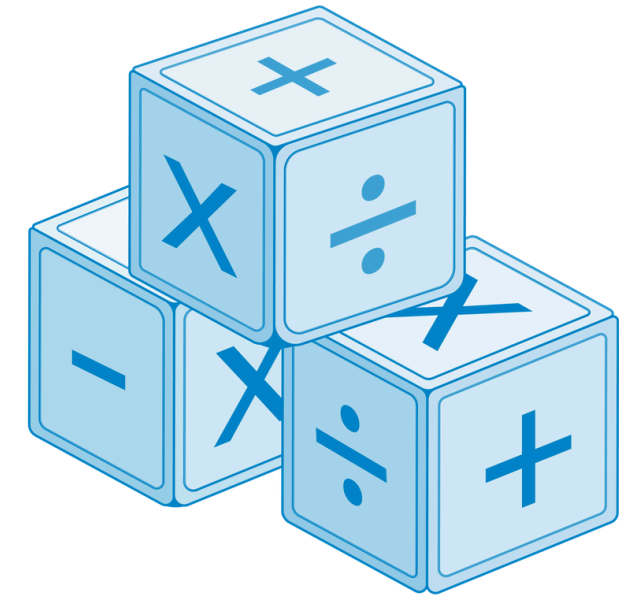
Top-line findings

Children are calmer,
more focused, and learning better

1. Academic Learning

We measured numeracy and literacy outcomes across 2 years:

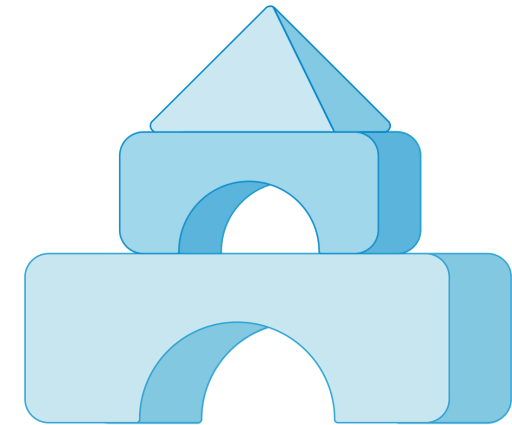
- We saw across all children, math learning (Numeracy) increased by +0.25 SD (~15 months of additional learning in LAYS)
- Some subgroups are showing learning gains as high as +0.33 SD (~20 months of additional learning in LAYS)
- Some subgroups are showing Local Language Literacy gains as high as +0.22 SD (~12 months of additional learning in LAYS)
- Wellbeing time in school doesn't take away from learning outcomes; it adds to them



2. Cognition

We measured children's cognitive ability & critical thinking across 2 years:

- We saw across all children, a **+0.15 SD increase** in cognitive skills & critical thinking, equivalent to an increase of **2.25 IQ points**
- In some subgroups, we see gains as high as **+0.23 SD**, equivalent to an increase of **3.5 IQ points**
- Improved critical thinking paves the way for driving long-term learning and classroom readiness



3. Mental health

We measured children's anxiety across 2 years:

- For children with a clinically high level of anxiety, it decreased by 21% (-0.30SD)
- For girls, anxiety decreased by 9% (-0.12 SD)
- These reductions were achieved through routine classroom instruction, without specialist delivery



Consistent gains were observed for girls, children in rural settings, and children facing structural disadvantages, thus improving outcomes most strongly for children who began with greater barriers to learning and wellbeing.



What does this mean for children?

All children in the Labhya program gained an **additional year of learning** in math

Labhya's program strengthens both learning and cognitive skills, the two domains that most affect **long-term academic success**

50% of children in the Labhya program could do long division vs **33%** in the control

63% of children in the Labhya program could solve logic puzzles vs **55%** in the control group

Labhya's program enabled access to mental health outcomes for the **most marginalised and vulnerable children, especially girls**, through a large-scale upstream program

Cost-effectiveness & scalable delivery

- J-PAL's external cost-effectiveness analysis shows that Labhya's model is **highly cost-effective, scalable, and sustainable for governments**
- Labhya's program is one of the most cost-efficient solutions available to governments, requiring **less than 1%** of the per-child public education expenditure
- Every **\$1 per child per year** of philanthropic support enables governments to direct approximately \$28.3 of existing public education spending towards children's wellbeing
- The program is delivered by public school teachers, with **no additional staff or infrastructure required**
- The model aligns with **national priorities on foundational learning** and child mental health, strengthening its relevance for large-scale government adoption



Learning & Next steps

Through this RCT, Labhya has shifted how it designs and delivers the programme—towards a more data-driven, learning-oriented approach. Programme components are continuously tested and adapted based on classroom realities, with a clear focus on the teacher as the primary user and the classroom as the unit of change. This ensures delivery remains feasible and effective within existing system constraints

We would welcome the opportunity to share these findings and discuss how to strengthen implementation and sustain impact in partnership to improve outcomes for children in these classrooms.



For partnerships, evidence, or system adoption discussions:
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