

Vedanta Sanskarshala: evidence and a Maharashtra test plan

Prepared 7 October 2026 for Saake's forthcoming school discussion with Vishal. **Rapid quantitative evidence synthesis; proposed programme/evaluation design.** Published findings below concern the named interventions and populations. They are not measured Vedanta results. Source extraction and independent checks are described in the accompanying records; audience and academic acceptance remain pending.

What to take into the meeting

There is a defensible case for investigating a supported, age-wise programme across Mind, Body, RelCom, Civic and Sanskars. The evidence supports specific capabilities and conditions; it does not support a guaranteed percentage improvement in overall wellness, moral character, public expenditure or road deaths.

The strongest proposition is: **develop a locally reviewed curriculum that turns existing wellness and values intentions into demonstrable practice; measure its added benefit over the provision Maharashtra schools already receive.** A defined support package, a fair comparison and visible uncertainty make this more credible than claiming we are already superior to government schemes.

Three facts worth discussing:

- Structured social and emotional learning (SEL) programmes show modest average skill and peer-relationship benefits in published research. The precise outcome matters. [S1]
- An Indian randomized government-school trial found a major delivery difference: the dedicated counsellor arm improved the primary school-climate outcome; the teacher arm did not. This is evidence about that programme/context, not a judgement that teachers cannot deliver wellness. [S3]
- A Mumbai handwashing trial reported fewer illness-related absence episodes when promotion included free soap. Material access belongs in the intervention. [S6]

Proposed decision: agree the first grade band, Maharashtra medium/context, curriculum review partners, adult delivery role and evidence standard. A school visit can establish practical requirements and founder intent. It cannot establish effectiveness.

Maharashtra: scale, need and the provision we must build on

Verified context	Value and scope	Implication for the proposal
Government school system, UDISE+ 2024-25	64,884 schools; 5,108,544 enrolments	Government management includes local bodies, state and central schools. Select actual grades/sites; this is not our participation. [M1]
Government aided, separately	24,406 schools; 9,589,225 enrolments	Separate management and delivery/procurement circumstances. [M1]
All management categories	108,250 schools; 21,272,611 enrolments; 747,501 teachers	Includes NEP foundational provision; neither government-only nor Classes 1-12-only. [M1]
Road burden, 2025 provisional	36,450 crashes; 15,549 persons died; 32,147 injured	All ages statewide. Does not isolate schoolchildren, civic sense or curriculum-attributable harm. [M2]
NFHS-6, released May 2026	Under-five stunting 29.5%; wasting 19.9%; underweight 31.4%	Context for health/nutrition, not prevalence among school-age pupils. Maharashtra fieldwork June 2023-January 2024. [M3]

The School Health and Wellness Programme (SHWP) current Maharashtra page covers government/local-body and aided Classes 6-12: nine initial districts and eleven named expansion districts for 2026-27. It describes training/implementation; this is not an independent assessment of school delivery or pupil benefit. [M4]

Mulyavardhan already lists cooperative learning, multilingual/multigrade activities, rehearsal, pupil assessment and classroom implementation. Balbharati Class 4 EVS already addresses responsibility, respect and coordination. We cannot claim Maharashtra has no wellness/values curriculum or that activities/videos/assessment are unique to Vedanta. Actual current school exposure must be inspected. [M5, M6]

Proposed Maharashtra focus: a reviewed age-band addition, with medium/home-language adaptation, adult preparation, supported practice and independent transfer assessment. The visited founder school is a development conversation; it is not assumed to be a Maharashtra government site. A Maharashtra academic and school counterpart still needs to be identified.

The five areas: quantified evidence and its boundaries

All intervals below are 95% confidence intervals showing uncertainty around the estimate. g/d/SMD compare groups in units of variation in the measured outcome, not percentage improvements. Rows represent different outcomes and must not be averaged or ranked as a wellness score. Study counts overlap across domains/reviews.

Area / specific evidence	Published result	What it supports	What it does not establish
Mind: SEL emotional distress, Cipriano 2023	Benefit-coded g 0.140 [0.103, 0.177]; 121 studies	Modest average reduction in distress across named programmes	A 14% reduction, treatment effect or Maharashtra/Vedanta prediction
Body: school activity, Cochrane 2021	+0.73 minutes/day moderate-to-vigorous activity (MVPA) [0.16, 1.30]; 33 studies, 20,614 pupils; moderate certainty	Small average additional activity over usual provision	A large health transformation from dance lessons
RelCom: SEL peer relationships, Cipriano 2023	g 0.222 [0.143, 0.301]; 55 studies	A rationale for supported relationship learning	A 22.2% improvement or benefit in every family
Civic: pedestrian skills/behaviour, Schwebel 2014	SMD 0.31 [0.12, 0.50]; 10 studies, 1,052 children	Behavioural rehearsal can improve assessed safety	Fewer traffic deaths or independence on real roads
Sanskars: broad character programmes, Brown 2022	g 0.24 [0.19, 0.28]; 214 studies, 307,512 pupils; bias-adjusted estimate 0.11 [0.06, 0.15]	Modest, variable benefits merit careful development	Validation of bowing, religious practice or Vedanta's calendar

Sources: [S1, S4, S10, S12]. For Cipriano, outcome pupil totals were not verified. Its 424-study/575,361-pupil review includes only 258 studies with sufficient post-intervention meta-analytic data; do not attach the review total to every outcome. Brown's broad definition overlaps SEL. Its prediction interval -0.22 to 0.69 includes adverse as well as beneficial effects across settings; the bias correction also has limitations.

Mind and RelCom: support, transfer and null findings

Cipriano's SEL-skills estimate is g 0.219 [0.171, 0.267], from 114 studies. Mixed designs, different measures and high heterogeneity restrict generalization. Teach a capability - emotion language, help-seeking, listening or conflict repair - rather than promising one global wellness change. [S1]

SEHER in Bihar compared the government's Adolescence Education Programme (AEP) with AEP plus a whole-school intervention delivered by a dedicated lay counsellor or an existing teacher. At 17 months, school climate on a 0-28 scale improved by an adjusted 7.33 points [6.60, 8.06] in the counsellor arm; teacher-arm difference 0.29 [-0.44, 1.02]. Seventy-four schools; 15,232 pupils in the endpoint survey, not the denominator for every outcome. Delivery was continuing at this endpoint. The teacher arm improved some secondary outcomes; exploratory adverse signals require careful interpretation. This was not a test of a short video pack or of Vedanta. [S3]

Mindfulness is not an automatic solution. In MYRIAD, a UK school trial of 8,376 pupils (mean age 12.2 years), the one-year depression-risk estimate was SMD 0.005 [-0.05, 0.06], consistent with no added benefit over existing SEL. Some secondary outcomes favoured the control, including teacher-reported emotional symptoms +0.3 [0.1, 0.5]; consider these as qualified adverse signals, not definitive programme-caused harm. Dunning's updated review found a small immediate active-control anxiety/stress difference, d 0.11 [0.02, 0.21] (17 studies/1,705 participants), but follow-up wellbeing d 0.00 [-0.04, 0.03] (eight/12,014). MYRIAD is included in that review; do not count it as independent additional evidence. [S2, S13]

Proposed lesson: a child is frustrated after losing a game. The teacher models naming the feeling and asking for a pause/help. Pairs rehearse a request and listening response. A changed task involves disagreement about shared materials. Observe the response, prompting and return to activity. Further support follows the observed difficulty; the record is educational, not diagnostic.

Body: retain all six practices; include what enables them

Practice	Evidence / limitation	Proposed school action and measurement
Healthy food	Chandigarh Grade 8 trial: fruit +18 g/day [5, 30]; vegetables +7 [-42, 55], no clear difference. Multicomponent intervention versus a pamphlet-control arm, not Maharashtra. [S7]	Use accessible local food examples; explain a choice; inspect actual food availability without blaming family resources.
Drinking water	Education-only subgroup +16.59 mL/day [-14.23, 47.42], eight studies; no clear difference. Outcome N unresolved. [S8]	Identify safe-water access and routines; maintain adult water checks; measure access separately from behaviour.
Movement and dance	Activity +0.73 minutes/day; fitness (oxygen use) +1.19 mL/kg/min [0.57, 1.82], 13 studies/3,980, low certainty. [S4]	Accessible active practice; separately record opportunity, participation and activity/fitness if appropriately measured.
Sleep and rest	2024 review: 21 trials/10,867 pupils; brief school education typically ineffective for changing sleep behaviour. [S9]	Teach rest literacy and practical planning; no guaranteed duration gain; consider household/schedule constraints.
Personal hygiene	Low/middle-income school/day-care handwashing episode-rate ratio (IRR) 0.66 [0.43, 0.99], two trials/45,380, low certainty. [S5]	Teach and rehearse hygiene with soap/water; record facility availability and a separately defined illness/absence measure.
Age-appropriate yoga	Indian yoga versus equal-duration exercise trial, 98 children: no general yoga superiority established. [S14]	Qualified guidance, accessible alternatives and suitable movement; assess participation/skill, not promised mental-health treatment.

Mumbai trial: 1,680 five-year-olds in 70 low-income communities, promotion plus free soap over 41 weeks; illness-related absence episodes 27% lower [18%-41% lower]. This was a community intervention focused on five-year-olds, not a test of a Maharashtra school curriculum. Primary abstract verified; full-table scrutiny remains open. [S6]

The Chandigarh paper's abstract baseline N=453 conflicts with table totals 462; reported primary outcome N=359 is kept separate. Water, food, soap and time are conditions, not rewards for already advantaged children.

Civic and Sanskars: action, reasoning and responsible claims

Pedestrian behavioural training had a smaller, borderline estimate several months later (moderate-certainty continuous outcome): SMD 0.17 [0.00, 0.34], five studies/563 children. The underlying studies were in high-income countries, actual ages 3-11; India transfer is untested. A separate Cochrane review of multi-injury school education found insufficient evidence of injury reduction: Results/Analysis 1.1 IRR 0.73 [0.49, 1.08], three studies, low certainty. Its Summary of findings instead gives 0.76 [0.49, 1.17]. Main Results describe 12,977 actual participants and 2,073 clustering-adjusted person-years; abstract/table labels differ. Neither estimate establishes lower road deaths. [S10, S11]

Broad character education has heterogeneous, bias-sensitive effects. Assess reasoning and behaviour in meaningful situations. Respectful greeting or bowing can preserve the founder's cultural example, with dignified alternatives; the angle of bow, religion or outward obedience is not a validated outcome. [S12]

Proposed shared situation: children collect and return classroom materials. Civic: maintain an accessible queue and shared resources. RelCom: request and listen. Mind: respond to frustration. Body: move safely and clean hands when appropriate. Sanskars: return a found object honestly and help another child. The next task changes the context and tests the selected capability; it does not rate the whole child.

Service activities also need evidence discipline: a stricter 2022 Campbell review retained only 10 reports/nine populations for synthesis from 37 eligible reports; all US. Most pooled outcomes were inconclusive. Civic participation should therefore be a defined learning design, not an assumed causal benefit. [S15]

Turning the existing international library into a coherent curriculum

The September source index contains 31 entries across five reference systems: IB (9), Cambridge (7), Singapore (4), Finland (4), Massachusetts/CASEL (7). This is an inventory of references, not 31 effectiveness trials or five objectively best countries. Some entries are frameworks, samples, presentations, summaries or restricted resources. Only a selected-method audit was performed here; full corpus classification remains further work.

Use its documented mechanisms - learner progression, inquiry, explicit skills, reflection, adult modelling and assessment - as design inputs. Do not copy licensed curricula or turn a framework's presence into causal evidence. The new causal paper records are a separate layer.

One common unit structure across all five areas: recognizable situation -> teacher model -> supported rehearsal -> changed situation -> observation -> next teaching action. Materials, adult time, accessibility and local language are specified for each unit. Weekly sanskar practice reconnects earlier skills instead of becoming five unrelated worksheets.

Proposed 12-week development term: introduction; two weeks of focused practice for each of the five areas; consolidation. Daily/weekly opportunities revisit the skills. This is an illustrative product-development calendar, not the founder's agreed annual calendar. Classes 1-12 remain the ambition; one reviewed starting age band comes first.

A staged Maharashtra plan

1. **Specify and localize.** Inspect current school provision, chosen grades, language, facilities and adult support. Crosswalk existing Maharashtra provision. Define the addition, deliverables, rights and full costs.
2. **Test feasibility.** Produce complete representative units across all five areas, pupil/teacher materials, demonstration, adult rehearsal and coaching route. Proposed six-school exercise, two approximately 30-pupil classes each, approximately 360 pupils: observe teachability, workload, access and measurement. This is not an impact proof.
3. **Compare fairly.** An independent evaluator selects a principal outcome, appropriate translated instrument/task, school allocation and analysis that allows for pupils grouped within schools. Compare existing provision with existing provision plus a fixed Vedanta package. Measure baseline, endpoint and a meaningful post-support follow-up; record adverse and null outcomes.
4. **Decide before scaling.** Agree meaningful benefit, affordable incremental cost, acceptable workload, safety and equity thresholds before seeing results. Expand, revise or stop against those criteria, not photographs or favourable testimonials.

Responsibilities to agree: Vishal/founder clarifies values and commitment; Saake directs product/evidence; Maharashtra academic counterpart reviews local fit; practising teachers and appropriately qualified specialists review activities; a delivery lead owns support; an independent evaluator owns measurement and analysis. These are required roles, not staff already hired.

Shifaly can refine a prototype and demonstrate actual practice with appropriate consent. Its records cannot by themselves establish Maharashtra government-school effectiveness.

What progress can actually be quantified

Keep five capability measures separate. Proposed examples: Mind - selecting help/pause and resuming; Body - a defined routine with access checked; RelCom - listening/request/repair in a new dialogue; Civic - safer-route explanation in protected rehearsal; Sanskars - reasoning and action in a new honesty/helping dilemma.

For each: record eligible, observed and missing pupils; opportunity; prompting; instrument/rubric; rater agreement; changed scenario and follow-up. Validate translation/measurement before impact use. A teacher's support record is not automatically an independent outcome assessment. No global Human Score is validated by these sources.

Separately count planned/delivered practice, adult preparation and demonstrated competence, support contacts, additional teacher minutes, facility failures and participation. Delivery is necessary to interpret results; session completion is not impact. Report relevant grade/medium/site differences when sample size and privacy permit.

The comparison must estimate **added progress beyond usual provision**. Before/after improvement at one enthusiastic school can also reflect maturation, other teaching, selection or measurement effects. Assessment masking and fair comparison help separate these explanations.

Cost and evaluation size: quantify assumptions, not promises

Full cost includes development, localisation, materials, adult preparation, teacher time, coaching, travel, technology/data, safeguarding, recognition, evaluation and overhead. Record actual amounts; separate development costs from repeat delivery. Report total cost, cost per enrolled pupil, cost per pupil actually exposed and incremental cost over usual provision. The earlier INR38/48 discussion is not an agreed price.

Illustrative workload: twelve 30-minute weekly sessions = six contact hours per class, before preparation, routines and coaching. Whether this replaces existing timetable allocation or adds workload must be examined. This is a planning assumption, not an agreed dose or evidence-based minimum.

Approximate two-arm sample-size scenarios for one continuous primary outcome, two-sided alpha .05, 80% power, one 30-pupil class per school, within-school correlation (ICC) .05 and 10% pupil loss:

Detectable standardized difference (assumed)	Approximate schools, rounded to balanced arms
0.20	72
0.30	32
0.40	18

Formula: individual total = $4 \times (1.96 + .84)^2 / d^2$; multiply by $1 + 29 \times .05 = 2.45$; divide by .90, then by 30. No school loss or baseline-adjustment gain assumed. These are arithmetic scenarios, not a validated trial design or Vedanta effect forecast. Finite clusters, unequal sizes, attrition and outcome choice require a statistician's calculation. Six development schools do not replace that design.

No fiscal saving is established. Any future value claim needs a reliable local effect, explicit attribution, full cost and sensitivity analysis. Never multiply state road fatalities or medical expenditure by a borrowed skill effect.

What a genuine new meta-analysis would require

Vishal's meta-analysis direction is sound when the question and data match. This packet supplies existing quantitative syntheses and a proposed protocol. It does not claim that a new systematic meta-analysis has been completed.

Prespecify population, delivery, comparator, outcome and timing. Search named databases/registries and Indian literature; retain exact query/date/counts and access gaps. Two reviewers independently screen/extract; deduplicate cohorts and follow-ups; assess outcome-level bias. Use cluster-aware effects and appropriate metrics; keep active/no-intervention controls, age bands and time points distinct. Pool compatible study-level effects with a reviewed method, not review-level averages across unrelated constructs. Publish heterogeneity, intervals, sensitivity and null findings. Use a narrative synthesis when pooling is inappropriate. [S16]

Overlaps already identified: SEL/character definitions; Durlak/Taylor/Cipriano evaluations; Dunning includes MYRIAD; SEHER 2018/2020 are one trial continuation. Do not sum their populations as independent evidence. The full protocol and extraction ledgers accompany this briefing.

School-visit decisions and evidence to collect

- Ask Vishal to prioritize the first grade band and the behaviours he wants pupils to demonstrate, while preserving all five areas.
- Walk through one real unit with a teacher. What existing material covers it? What can they demonstrate and observe? Where does the routine fail?
- Inspect safe water/soap, food/activity opportunities, accessible queuing, drop-off/crossing conditions and adult support. Record barriers as system responsibilities.
- Request existing timetables, training/support logs, anonymized attendance definitions, curricular materials and any prior experimentation records. A claim of experience remains reported until the records are examined.
- Agree a Maharashtra academic counterpart, language/context and independent evaluation route. Confirm what decision the evidence should support and what result would make us revise or stop.

Suggested opening: “We now have published numbers for specific skills and practices, including Indian trials. They give us a stronger design basis and show where claims would be premature. Our next step is a defined Maharashtra addition, with supported delivery, measurable capabilities and a fair test against current provision.”

Readiness boundary: this is a research/development briefing for discussion. It is not a completed Classes 1-12 curriculum, a departmental submission, government endorsement or proof of Vedanta effectiveness. Prepared for the noon school discussion. Starting age band remains unconfirmed; the briefing covers the Classes 1-12 ambition with age-specific evidence boundaries.

Core source references

- S1. Cipriano et al. (2023), Child Development, contemporary school SEL synthesis, Table 3. [Primary published full paper](#). DOI 10.1111/cdev.13968.
- S2. Kuyken et al. (2022), MYRIAD school mindfulness trial, primary results/Table 3. [Primary paper](#). DOI 10.1136/ebmental-2021-300396.
- S3. Shinde et al. (2020), SEHER extension, PLOS Medicine Table 3. [Primary paper](#). DOI 10.1371/journal.pmed.1003021.
- S4. Neil-Sztramko et al. (2021), Cochrane school physical activity, Summary of findings/Analyses 1.2, 1.8. [Primary paper](#). DOI 10.1002/14651858.CD007651.pub3.
- S5. Ejemot-Nwadiaro et al. (2021), Cochrane handwashing, Summary of findings/Analysis 1.1. [Primary paper](#). DOI 10.1002/14651858.CD004265.pub4.
- S6. Nicholson et al. (2014), Mumbai handwashing/soap trial. [Primary abstract](#). DOI 10.1111/tmi.12254; full tables not examined.
- S7. Kaur et al. (2024), Chandigarh school behaviour trial, Table 2. [Primary paper](#). DOI 10.1016/j.lansea.2024.100353.
- S8. Franse et al. (2020), children's water-consumption review, Table 2. [Primary paper](#). DOI 10.1111/obr.13015.
- S9. Gaskin et al. (2024), school sleep-health review. [Primary paper](#). DOI 10.1093/sleepadvances/zpae019.
- S10. Schwebel et al. (2014), child pedestrian behavioural training, Table II/Results. [Primary paper](#). DOI 10.1093/jpepsy/jsu024.
- S11. Orton et al. (2016), Cochrane multi-injury education, Results/Analysis 1.1 and Summary of findings discrepancy. [Full primary PDF](#). DOI 10.1002/14651858.CD010246.pub2.
- S12. Brown et al. (2022 online; 2023 issue), broad character programmes, printed pp7/9. [Full published paper](#). DOI 10.1080/03057240.2022.2060196.
- S13. Dunning et al. (2022), mindfulness RCT meta-analysis, Tables 1-2. [Cambridge primary paper](#). DOI 10.1136/ebmental-2022-300464.
- S14. Telles et al. (2013), Indian yoga versus exercise trial. [Primary paper](#). DOI 10.1186/1753-2000-7-37.
- S15. Filges et al. (2022), Campbell service-learning review. [Primary extended abstract](#). DOI 10.1002/cl2.1210; full PDF not examined in this extraction pass.
- S16. [Cochrane Handbook Chapter 10, Chapter 23, and PRISMA 2020](#). Proposed methods; no claim of completed compliance.

Maharashtra sources and review limits

M1. Official UDISE+ 2024-25 NEP report, Tables 2.2, 3.3-3.4, 5.2-5.3, definitions p173.

M2. Maharashtra Economic Survey 2025-26, Table 9.29 printed p192/PDF p220. Public PDF's certificate validation failed; retrieved copy and table inspected, transport limitation retained in maharashtra.md. Official [Planning Department publication/highlights](#) confirms the publication, not every road-table value.

M3. Official NFHS-6 state factsheets, May 2026, Maharashtra printed pp61-63/PDF83-85; fieldwork appendix printed p157.

M4. SCERT Maharashtra SHWP, current public training/implementation description accessed 7 October 2026.

M5. SCERT Mulyavardhan module listing, public listing inspected; individual modules not fully audited.

M6. Balbharati Class 4 EVS Part 1, English, lesson openings 17/20/21, printed pp105/120/127. Official-hosted exemplar; current use/edition in the school not confirmed; source transport limitation in Maharashtra dossier.

Government sources establish context/provision, not endorsement. Source numbers, access gaps, overlap and study-level limits remain in the domain JSON/Markdown records.

The consolidated register contains 80 quantitative outcome rows from 22 paper/review source records, and 15 Maharashtra fact records linked to a separate 12-source official register. These are not 80 independent studies or an independently deduplicated grand evidence sample. Independent checks covered the selected briefing claims and dataset consistency, not duplicate extraction of all 80 rows. No new pooled estimate was computed.

Independent reviewers identified and the briefing incorporates corrections to the Orton source/denominator discrepancy, MYRIAD age and qualified secondary adverse signals, pedestrian certainty/borderline interpretation, Chandigarh's pamphlet comparator and Mumbai intervention-setting wording. Source counts unresolved in supplemental rows remain blank. Full record access and evaluation limits are preserved.

Academic/statistical human review is still required before adopting the curriculum, instrument or trial design. Saake and Vishal's response is the audience acceptance decision. This packet is suitable for examining the research and agreeing development decisions; it is not impact certification.