

HUMANITARIAN PLAY LAB

THE STORY OF ADAPTATION, FLEXIBILITY AND COMMUNITY ENGAGEMENT



PROCESS DOCUMENTATION REPORT

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LIST OF ACRONYMS

BIED	BRAC Institute of Educational Development
CIC	Camp-in-Charge
CEO	Chief Executive Officer
CFS	Child Friendly Space
CPFA	Child Psychological First Aid
ECD	Early Childhood Development
FGD	Focus Group Discussion
HCMP	Humanitarian Crisis Management Programme
HPL	Humanitarian Play Lab
IED	Institute of Educational Development
JPGSPH	James P Grant School of Public Health
LC	Learning Centre
M&E	Monitoring & Evaluation
MCFS	Mobile Child Friendly Space
MV	Mother Volunteer
NYU	New York University
PA	Project Assistant
PD	Process Documentation
PFA	Psychological First Aid
PL	Play Leader
PO	Programme Officer
PtL	Play To Learn
RRRC	Rohingya Relief & Repatriation Commission
SWB	Sesame Workshop Bangladesh
TOT	Training of Trainer

EXECUTIVE SUMMARY

INTRODUCTION

During the years 2017 and 18, a comprehensive Humanitarian Play Lab (HPL) model was designed by adapting the play-based ECD model from BRAC Mainstream Play Lab to address the developmental needs of children by nurturing spontaneity, building resilience, preserving culture and fostering a sense of community belonging in the humanitarian setting. BRAC incorporated some pieces of play-based curriculum for early learning and development to ensure safety and security and continue existing CFS activities. The multi-sectoral approach of this model includes play-based ECD, mental health for children and their caregivers, and child protection to support children beyond the initial response phase in 2017. During a later phase in 2019, the HPL model was developed for 0-2 and 2-4 year age cohorts (home-based) and a 2-6 years cohort (centre-based). BRAC James P Grant, School of Public Health, BRAC University (JPGSPH), conducted a process documentation of the entire processes of HPL¹ starting from its inception. The first phase documented the events from August 2017 till April 2019. The current documentation is a follow-up of the previous process documentation report, continuing with the events from May 2019 till December 2021. At the outset of the pandemic in 2020 and 2021, we captured the efforts of BRAC IED to remain interconnected with their beneficiaries along with continuous adaptations made to the model. The current process documentation is conducted to capture the continuation of this process.

METHODOLOGY

The Process Documentation research approach has been employed to document HPL activities during the pandemic. The key participants of this documentation comprised of BRAC IED management including curriculum developer, operation lead, research lead, representatives from MHPSS unit, Programme Head of HPL project, Executive Director, child protection unit of BRAC HCMP, frontline service providers, namely, play leaders, mother volunteers, and few community leaders and women (whose children get services from HPL programme). Purposive sampling was used with a snowball approach for the selection of the respondents. A checklist was prepared for conducting the interviews. All the tape-recorded interviews and interview notes were placed in organized transcripts. Data were analyzed systematically and rigorously based on the HPL activities throughout the year. Finally, themes and subthemes were identified through reading and rereading the transcripts.

RESULTS

BRAC IED's approach has always been centred around being adaptable, flexible and remaining connected with their beneficiaries. This has been true before and after Covid-19, as reflected in their work. Just before March 2020, the team was experiencing a significant workflow momentum with the LEGO CEO's visit and ongoing co-creation with the Sesame Workshop. Plans were being pushed forward regarding three different models: a 2-4 home-based model, a 0-2 father's engagement model, and a 2-6 mother-

¹ Kaosar Afsana, Atiya Rahman, Nazrana Khaled, Mohhamad Riaz Hossain, Saiara Subah and Raafat Hasan. A Story Evolution of BRAC Humanitarian Lab (HPL) in Rohingya Camps of Bangladesh

child dyad model. It was planned that March would see the field implementation of the models in HPL, but, Covid-19 hit Bangladesh at that time which in fact generated an unprecedented series of events.

Very rapidly, everything was shut down, given a government-imposed lockdown. In this situation, BRAC IED joined hands with BRAC in their mass response to create social mobilization and public awareness on Covid-19. The camp-based field team did a tremendous job quickly training all frontline workers, preparing messages and adding mental health components to their messaging, producing leaflets and organizing the logistics within a brief period. Subsequently, BRAC IED prepared for the sudden lockdown by shifting play-based learning services to a novel remote modality. Upon discussion, they quickly engaged in collecting phone numbers in the Rohingya camps in an organized manner despite the challenges of lockdown and restrictions of movements in the camps. Simultaneously, the curriculum development and mental health team worked hard to prepare content for this new intervention modality. Content creation, piloting and testing were ongoing with a rigorous process. It was decided to create a simple, effective and uniform script for camp, mainstream and host communities and initiated remote support called '*Pashe Achhi*' (besides you). The end of April saw the team launching the well-planned training starting with training of trainers. When *Pashe Achhi* was rolled out in May, the entire work was organized month-wise. This whole process reflected on BRAC IED's quick decision-making and problem-solving through creativity, which are some key strengths of the implementation.

Pashe Achhi's inception story has also adapted to the context at various levels. Firstly, as mentioned, adaptation with the Covid 19 reality that imposed the restrictions of services and movement in camps and adjusting with timelines. Especially in the case of the Rohingya camp setting, the adaptations made were not always as simple as in other places of mainland Bangladesh due to heightened restrictions and new rules and regulations for the camps regarding the implementation of services. As such, BRAC IED had to maintain a delicate balance between managing the Covid situation and the government's rules regarding their work. Not only that, BRAC IED has had to remain flexible regarding how they would design subsequent services and operate on the ground post-Covid. *Pashe Achhi* has become more complex while the pandemic has progressed nearly close to the 2-year mark. As *Pashe Achhi* looked less sustainable in the face of impending rules and restrictions from the government, BRAC IED has changed the modality making home-visit interventions in 2021.

Additionally, not all three models planned in 2020 could be implemented on the ground. The parent-child dyad model was canceled due to its lack of feasibility post-Covid, and BRAC IED absorbed these changes by being flexible and trying new means and mechanisms. They faced challenges repeatedly during Covid and also earlier, but each time, solutions have been brought up through back and forth community consultation. The community provided suggestions and insights on what content to select for the HPL Centre and home-based curriculum, *Pashe Achhi* telecommunication, and *Pashe Achhi* home-based fathers' engagement curriculum. It was the community members who involved themselves in all the HPL activities.

CONCLUSION

The learning process is going on as BRAC IED still continues to scope for new opportunities again and again while remaining adaptable, flexible, and community-centric and constantly reflecting on the successes and pitfalls to learn.

Chapter 1: Introduction

1.1 Background

In August 2017, Rohingya started coming to Bangladesh gushing from Myanmar to escape from mass killings, rape, brutal violence, and tortures by the Myanmar government. From August 2017 to October 2017, nearly 1 million Rohingya fled to Bangladesh who took shelter in Cox's Bazar, and almost half of this population are children. BRAC Institute of Educational Development (BRAC IED) decided to address the needs of the vulnerable Rohingya children residing in the camps. Many school-going-aged children did not have access to education in Bangladesh. At the same time, considerable evidence indicates the importance of early childhood in the future development of a child's mind, health, and behaviour. BRAC being a leader in the Child Protection Sector, began to contextualise the concept and experience of early learning and development from BRAC's Mainstream Play Lab model to adapt and implement it in the Child-Friendly Space (CFS) model used in emergencies. In addition to ensuring safety and security and continuing existing activities of CFS, BRAC incorporated some pieces of their mainstream play-based curriculum for early learning and development. They called this the Humanitarian Play Lab (HPL) model.



Image: Humanitarian Play Lab

The HPL model at its early stages had two major components – i) a home-based model serving pregnant women and mothers of 0-2-year-old children and ii) a centre-based model serving children 2-6 years old residing in the Rohingya refugee camps of Cox's Bazar. The HPL works to ensure early childhood development (ECD), child protection, and the psychosocial wellbeing of mothers and children. This HPL model emerged and modified Child-Friendly Space (CFS) by incorporating Rohingya cultural elements such as *Kabbiya* (poem), *Kissa* (story), play activities and art, etc., so that the Rohingya culture and traditions can be preserved and create a sense of belonging among the children. For the 0-2 age cohort, or early stimulation part of the HPL model, the beneficiaries of the HPL model are both mothers and children, as the psychosocial wellbeing of the mothers' plays and vital role in ensuring the proper development of the children. So, the HPL model mainly focuses on the healing and learning of the children and their mothers.

People of the Rohingya community, including the children, went through vicious violence and trauma, and sadly this turmoil is an obstacle in their proper development. So, healing from this trauma is essential for better results. Also, for children's secure attachment, engagement with mother is important. Mother-child interaction is crucial for child development as mothers are the closest person to the children and play a crucial role in the lives of children. It is therefore necessary to ensure mothers' healing and mental well-being to have a good result in children's development. Because of this reason, the healing part of the model is for both children and the mothers, where the frontline workers listen to them attentively, with empathy, do not become judgmental and maintain confidentiality. On the learning part of the HPL model, children are taught *Kabbiya* (poem) *Kissa* (story) and play in their language with the play leaders, who are women from the Rohingya community. It teaches the children basic knowledge, ethics, and morality through their language and cultural components and traditions, leading them and building a sense of belonging.

BRAC James P Grant, School of Public Health, BRAC University (JPGSPH), helped BRAC IED document these whole processes of HPL². Later, when all the organisations and institutions, including educational institutions, closed down because of COVID-19, this entire model shifted to an alternate modality which was initially a telecommunication model called *Pashe Achhi*.

Over time, various internal and external research activities and iterative processes have taken place to modify the existing HPL model adding new components along the way. From the beginning of the Play to Learn (PtL) project, three essential elements have been incorporated as an additional model: HPL 2-4 Home-Based Centre, Fathers' Engagement, and Parent-Child Dyad for the Rohingya children's parents. During the implementation of the centre-based 2-6 sessions, space in the camps was minimal – even though the target was to leave no child behind, it was not easy to trace out the room to build the centres in all catchment areas. One solution was to continue the activities through community participation, that is, to utilise the already existing shelters of the community people to hold the sessions. In this manner, the lengthy process of permission seeking from camp authorities to construct new structures could also be bypassed. With the volunteers' approval, a space in the shelter could be appropriately furnished and used to provide the service to the children in that catchment for broader reach. With this idea in mind, BRAC IED started implementing Home Based Centres for 2-4-year-old children. Similarly, BRAC IED noticed the need to include fathers in the HPL model for some time. Various research studies and already established caregiving frameworks highlighted the importance of engaging fathers to provide responsive caregiving to children. As such, the Fathers' Engagement model for Rohingya children was born. Lastly, the 2-4 parent-child dyad model was envisioned as BRAC IED felt that working with mothers would benefit the children in synchrony. In the HPL parent

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meetings for 2-6-year-old children, mothers from the community were often very knowledgeable and eager to learn. If mothers are taught something, it will result in better caregiving for their children. This has not been implemented among the 2-6 centre-based groups yet, so this is currently being designed. The content for the three components is being co-created with the Sesame workshop using audio-visual materials such as video clips, storybooks, flash cards and flip charts. It will form an essential part of revising the existing curriculum.

The projects key strategy for sustainability was bottom-up approach. Even in the HPL's model development phase, BRAC IED has adjusted their model with various evidence-based iterations based on learning from the field at different times and contexts. There has always been an intention of staying connected with the children and their mother every time they make this adjustment, which is more considerable learning for the project management team. Participation of Rohingya community from the beginning to the end such as from the project designing to implementation ensures that investments consider community priorities and strengthen ownership. For instance, while developing the co-created materials (discussed more in chapter 6) such as story books, posters, video contents etc., the materials were repeatedly checked and rechecked by the community through the field teams so that cultural sensitivity, relevancy and understandability can be ensured. Thus, it would be essential to document the rationale and process of community participation, adjustment, adaptability, and connectedness within the model development phase. This process documentation aims to record all the activities from the second phase of its implementation until the present day.

The organization of the Chapter

This process documentation report is divided into ten chapters. This first chapter is about the background and context of HPL in the humanitarian setting of Cox's Bazar. Chapter two represents the research methodology details, how we conducted this PD, and by whom we have collected the information. Chapter three presents the highlights of HPL in the first year. A detailed description of the initial stage of the co-creation activities with SESAME and brief about the origin of father's engagement, a home-based model for 2-4 age group and parent-child dyad model for 2-6 years children. Chapter four portrays how HPL management connected with the Rohingya children and their parents during the initial year of the Covid pandemic. This section will also discuss how BIED adopted their model with this pandemic situation. Chapter five covers the overview of the co-created models and how formative research findings allowed them to fine-tune the model. We will focus specifically on the father's well-being and engagement model. At the end of the chapter, we will update you on when and how this model will be implemented. Chapter six will discuss details about all the co-created materials and how SESAME and BIED worked together to develop these materials. In chapter seven, we will describe the implementation status of the model. Due to continuous lockdown in the camp, some amendments in the model are required. BIED amended their *Pashe Achhi* telecommunication model in this phase, how to play to materials was distributed to the children and their reflection. Chapter eight will describe training activities detail about the various training provided over time, especially in 2021. In chapter nine, we also briefly describe how the

community engage with all the model development from the initiation of the PtL project. Also, community voices are incorporated here as their involvement was vital in the model. Chapter ten is the conclusion, where we briefly outline the key features of the HPL model during the years 2020 and 2021 and its strengths and critical challenges.

CHAPTER 2: METHODS

2.1: Study design

Process documentation (PD) research approach was used accounting for qualitative research techniques to gather data from the BRAC IED, BRAC Humanitarian Crisis Management Programme (HCMP), Mental Health & Psycho-social Service (MHPSS) team, staff to yield credible documentation. The study used checklists, and data was collected through in-depth interviews (IDI), key informant interviews (KIIs) and review of documents used in the model development process. The first part of the PD for HPL was documented from the initial stages of the influx in 2017 to June 2019, when HPL started its operation smoothly in almost all the camps. This current documentation thus began where the previous report ends.

2.2 Target Population

The study included a wide range of participants covering Play to Learn (PtL) project staff, project lead and co-lead, representatives from the MHPSS team of BRAC IED, representatives from the research and monitoring team, BRAC HCMP staff and community people from Rohingya camp. The participants who were directly involved with the model development, operation and implementation process and possessed experience working with the relevant programmes were selected. It was expected that we would extract the necessary information required for this study to address the study objectives.

Table 1: Study Population by category and sample

Study Population by category and area				
Methods	Population of Interest	Location	Participants	Unit of interviews
In-depth Interview	Management (BRAC IED)	Dhaka (remote)	Curriculum developer, personnel from Research and operation, senior management	6
	Field Management (BHCMP)	Cox's Bazar (Physical)	Para Counselor, Programme Organizer, Manager, Psychologists	2 10
	Community	Cox's Bazar (Physical)	Mother, Majhee, Play leader, mother volunteer	12
Document Review	Relevant published articles in newspaper, scientific journals. Training guidelines, meeting minutes, story books, research reports, curriculum-scripts shared by the Programme.			

2.3 Tools and techniques

Based on the research objectives, a checklist has been developed to capture the story of mental health integration into the ECD programme. Our interview and discussion guides included topics mentioned below:

Box 1: Key areas of discussion for process documentation research -phase II

- What happened with HPL during 2019? What were the new things added to the PtL project?
- What was the current status of the Pashe achhi telecommunication model?
- How did you adapt your activities to the Covid situation? What kind of flexibility do you have to transform the model. How does the community support your way of training?
- What was the reason behind three models- the 2 to 4 years home-based model, fathers' engagement model and parental DYAD model? Why were these three components added to HPL? How much and what work has been done till now on this component?
- Can you clarify for us on the co-creation with Sesame Workshop? How are you working with Sesame, and to what extent is the collaboration happening? What specific content is being prepared with Sesame?
- The co-creation with SWB you were talking about, what are the things are you doing as co-creation? What are the things that have been already completed in this co-creation? Or what are the plans that you yet have to do through co-creation?
- Please tell me about all the workshops with SWB? Who were the participants, and when and how many seminars were held? How practical was the workshop?
- Few formative types of research you have done during model development processes. How are you currently using these findings/recommendations to aid the three models' implementation?
- How did the monitoring team help the model development process in the integration processes?
- Do you have any documents that you want to share with us? What are those?
- The whole year of 2020 was the period of *Pashe Achhi* model development, implementation and re-development. How did you balance between two models (HPL and *Pashe Achhi*)?

2.4 Data collection process

Key informants were selected purposively with the help of one of the vital focal persons from the BRAC IED. Most of the interviews conducted for this study were held over virtual platforms using Google Meet. However, we have also visited the Rohingya camp to talk to community women, leaders and frontline service providers. Few observations were done in training sessions and home-based sessions. All interviews have been conducted according to the

respondents' prior consent and pre-appointment basis. Data was collected from April to mid-October 2021.

2.5 Data analysis

Recordings and notes from interviews were transcribed verbatim and then translated. Significant activities on HPL and three models based on the project's timeframe were identified from the several discussions and then thematically organised directly from the transcription. Information from various documents worked as a supporting piece to complete the story. The research team regularly discussed the findings gathered from multiple sources and agreed to the analysis process. An inductive approach was followed for the analysis of data and information. The conclusions of the interviews were juxtaposed with insights from the document analysis to gain deeper perspectives. The research team cross-checked the data collected to ensure quality and integrity were preserved to validate data.

2.6 Ethical Considerations

To ensure that ethical considerations of the research work are met, verbal consent was taken when conducting interviews and for the audio recording of the discussions. BRAC JPGSPH, Institutional Review Board (IRB) approved the study.

2.7 Limitations

Considering the nature of the study, the study is faced with a few limitations. A variety of processes occurred during the year during implementation. It was tough to capture all processes that undergo in the HPL programme. There were several challenges faced by the implementers at BRAC IED with the Covid-19 pandemic, floods and fire incidents in camps, adding to the chaos and uncertainty of what could be done on-field. As such, decisions were continually changing, and it was difficult to capture every detail of what changes were happening and when. Another issue was that as field activities had to be put on halt, it was no longer possible for safety and other reasons to physically be present on the field to capture data which led us to rely on remote interviews. We have continuously communicated with the area and managerial staff to keep up to date with real-time events and changes.

CHAPTER 3: HPL IN THE FIRST YEAR: THE YEAR OF MODEL DEVELOPMENT

In April 2019, BRAC initially created 354 CFS centres in the camps to run the HPL model. From the Child Protection subsector, an official visit was organised and noticed that BRAC was running 55% of the CFSs in the camp. In contrast, all other organisations ran 45% of the CFSs. Even though BRAC had approval from the Camp in Charge (CIC) for the centres, the Lead of Child Protection opined that there needed to be a limit to the number of CFCs under each organisation. On the other hand, BRAC was also thinking about future funding to operate all centres. Thus, they have decided to reduce the total number of existing CFS centres from 354 to 304 in total. The partner organisations of the PtL project, agreed on this feasible option.

The implementation of this decision, however, was complicated to execute. Because the prime question was ‘Which centres should be reduced and why?’ These were two critical questions that BRAC needed to answer. For this purpose, BRAC commissioned a group of experts to conduct a small-scale study to identify which centres were at risk based on a few criteria, such as centres located on top of hills or in complex to reach areas, flooding and landslide-prone centres etc. 17 UNICEF-funded centres were expanded by four more by April. To run the project smoothly, it was decided to stop the number of CFSs to 300 instead of 304. In total, there were now 325 CFS centre’s under BRAC HPL. The primary issue in the humanitarian context is the issue of space where it must be utilised wisely. Conversely, CFS centre’s had specific criteria to be met for proper construction. To mitigate the conflict, alternate uses of the space were decided instead. By the original decision, the 52 remaining centres should have been demolished; instead, BRAC decided to repurpose them as training centres and playgrounds to utilise the space. In total, 304 CFS centres, 18 greens and 16 training centres were created, and the rest 18 were given back to the CIC. The entire process continued from April to June 2019.

From 2018, for the 0-2 Home-Based model, 2076 pockets were created through which pregnant women and mothers of 0-2-year-old children were receiving services. Like the CFS centres, there was a concern about reducing the number of sessions provided through home-based pockets. The 2076 pockets were slowly lowered to 1000 pockets in three phases in 2019. The rest were closed; at the same time, some under the Dubai Care funding (both 0-2 and 2-6 home-based intervention) were still in operation.

3.2 Co-creation with Sesame Workshop: the initial stage

As discussed above, the PtL project continues with the SWB partnership. At the initial stage, the required services for the Rohingya children and their families were identified through need assessment research. HPL model thus developed based on a bottom-up approach where the project’s main focuses were the development and learning of the children. BRAC IED have some co-created designed plan on the PtL project with SWB. Co-creation is a form of collaborative innovation where more than one party shares their ideas techniques and develops models or products together. However, these designs did not come out from the context. Because, when they started a partnership, it was under the plan where both the organizations could work more and then context was created on those places.

Co-creation with SWB was an iterative process involving much trial and error. Several workshops were held to create content and review and edit what had already been made. A few workshops are done in the 2020's August and September on these three programs. Some background work was also done before these workshops, such as community consultation with parents and children, consultation with frontline providers, FGDs, and formative research. These background activities provide richer data to start designing the model.

3.2.1 Co-creation process

However, as mentioned earlier, play leaders, mother volunteers, mothers and fathers were consulted about the session place, space, size and modality of the fathers' engagement session before the designing phase. At the same time, the conversation was going on at the staff level, curriculum experts. Then the lead of every team sits together with SWB and shares their findings. BRAC IED field and curriculum selected some of the contents, and also SWB did the same. After merging all, the main contents are ready to be discussed again.

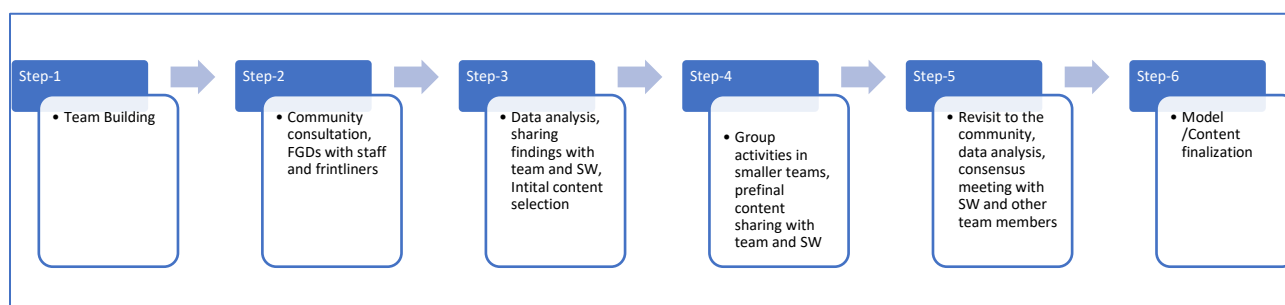


Figure 1: Co-creation Process of HPL Model

In this stage, a smaller group of both organisations initially worked with the selected topics. Then the final content was again re-checked with the community level. For example, it was assumed that the father's engagement sessions would be 1 to 1.5 hours long at the initial stage. Since 0 to 2 years mothers' program is home-based, BRAC IED need to decide the fathers' engagement program will be home-based or not. In that case, they went back to the field. After that, SWB and IED again did a meeting, and the design was finalised through a workshop. Then came the curriculum and content development. All the contents are cross-checked during the content development phase among the volunteers. After cross-checking, it was sent to New York University for their feedback. After getting their feedback, groups co-created it, and SW and BRAC IED finalised it.

However, this co-creation process was not an easy task because of the nationwide lockdown for covid-19. Piloting is a must before finalising any model or intervention. Because the pilot intervention provides an inimitable prospect to identify and prepare for the challenges of evaluating an intervention, eventually, it enhances the scientific rigour and value of the large-scale intervention. Due to the lockdown and closer of Rohingya camp for the outsider, any piloting was impossible. Thus, uncertainty of the open up the Rohingya camp BRAC IED personnel

forced to the planned alternative modality of intervention. Here are a few words from one of the respondents:

“We are doing as much as we can do over the phone. It was supposed to start in April (2021). However, we could not start it because of lockdown. Now, we are thinking to open it in July/August (2021), when everything will be re-opened. We are now discussing whether we will ever be able to open face to face. If this situation continues, we will have to rethink the modalities and workshops. We are thinking about discussing with SESAME again. We need to think about alternative modalities from now”.

3.4 The Need for Fathers Engagement in the model

A significant component of the HPL intervention was the formation of various committees to ensure smooth operation and monitoring. These were the Parents committee, Child Protection committee, Child Management committee. Members of the committees began to raise specific issues through the meetings, such as children’s well-being, the content of the sessions, and fathers’ involvement. Mothers, especially, began to stress that concepts like caregiving, parents’ role in childcare, learning, women’s rights were essential to disseminate not only amongst the women but also to the men/husbands. With this feedback in mind, BRAC started to add a component for Fathers in 2019.³

Through the 0-2 home-based and 2-6 centre based HPL model, BRAC IED was exclusively working on mothers and children. Play leaders, mother volunteers, program staff and front liners, even curriculum team members interacted face to face and remote. Mothers from the 0-2 home-based model continuously responded to the need for a father’s engagement at the same model. Mothers believed that fathers also needed to know about the messages that BRAC IED were delivering them. It was pointed out that fathers were being excluded or falling behind. At the same time, the overall development of a child is dependent primarily on the family environment where both parents have some responsibilities. Traditionally, in the Rohingya context, children listen or learn from the mothers and fathers who do not get involved in child-rearing. One of the key stakeholders of this study described the scene when she talked about designing the father’s Engagement model:

³ In its initial stages, some male volunteers were recruited and a pilot intervention for father’s engagement was implemented. However, this was temporarily halted to update the curriculum based on field findings. Male volunteers were involved in another project and it was decided that they would be reinstated to the project once it resumed.

“Here, for 0 to 2 years, we decided that it will go on the similar way of 0 to 2 years mother’s program. In the case of fathers, the demanded contents and modality will be added. On the other hand, when mothers come and sit at home, it does not create any issues. Because, when the fathers will come, the family might not allow it. In this case, we got some suggestions like doing it at a sailor’s house or a nearby HPL. Suppose there is space or time; a father wants to give his room willingly and not have any problem. These are the things we are thinking about”.

There was another demand in 2020 when *Pashe Achhi* was evolving. During last year’s lockdown situation, gender-based violence increased significantly since fathers stayed home for long hours. From the conversation with the field level staff, mothers, and front-liners through various ways, there was also a view that any intervention for the fathers would be perfect. Also, the findings from a study conducted by the BRAC IED research and monitoring team indicated a need to talk with the fathers. Meanwhile, their co-creation partnership also shows that there is a need to work with the fathers. There is demand and opportunity. This is how there was a demand for the fathers from different angels.

3.5 Piloting of the 2-4 HB model

Under the Dubai Care project, the 0-2 and 2-6 Homebased model was already operational. A research team from New York University visited Bangladesh to observe the PtL project and saw the operations of the pockets under the Dubai Care project. Their observation was that to conduct an impact evaluation of the home-based project was to exclude the Dubai Care pockets as they had been in operation for some time then. They recommended that new bags needed to be started for this purpose. On this basis, 50 pockets of the 2-4 home-based sessions were created in Balukhali 1 (14), Balukhali 2 (12), Moynarghona (12), Thaingkhali (12) in June-July 2019. More accurately, camp-wise distribution showed 14 pockets in camp 1W, six pockets in camp 9, 6 pockets in camp 10, 6 pockets in camp 12, 4 pockets in camp 11, 8 pockets in camp 18 and 6 pockets in camp 19.

Each pocket has 12 to 15 kids. Sessions of the Home-Based Model are 2 hours long. There is no centre near home-based models. One play leader takes care of two pockets. So, currently, there are 25 play leaders taking care of 50 pockets and One PA and one para counsellor look over 12 pockets. As per the previous process, all the play leaders completed their basic training before operation. However, all activities were closed due to lockdown due to the Covid-19 pandemic. As per the previous decision, a further 150, 2-4 home-based pocket would be scaled up in camps where BRAC and Sesame Workshop did not have any intervention. Camps 17, 20, 20-extension and four were identified for this purpose. The architect team of BRAC IED also started thinking of decorating a place where children could be comfortable with their learning. At the same time, since the room was so tiny, the team also planned to renovate or rearrange without troubling

the household owner. For example, a window is required for ventilation and lighting, making children joyful. These were not implemented due to the lockdown, and per the latest decision in mid-2021, the scale-up will only resume if the pandemic situation improves in 2022

CHAPTER 4: STEPS TOWARDS CONNECTEDNESS AND ADAPTATION

In the initial months of February 2020, HPL was running nicely, and both SWB and BRAC IED were working on co-created materials and model development work. On the last week of February (22nd or 23rd February), the LEGO CEO visited HPL centres for ways. He saw both camps, and hosts talked with all the stalk holders from play leaders, mother volunteers, para counsellors, headteachers of the host play labs, programme personnel, and the people of the ECD working group. BRAC IED was significant momentum as it was the CEO's first visit to observe HPL activities. Working with SW was decided, especially how three components, i.e., 2-4 home base, 0-3 age father's engagement, and how mothers & children Dyad model of 2-6 age group will be operated. Unfortunately, at the end of March- from 26th everything, including schools, play labs, offices, were shut down due to covid-19 emerging. As an emergency response activity, BRAC IED distributed leaflets focusing on health and hygiene issues aligned with BRAC and WHO guidelines to the camp, host and mainstream population. The flyers were created in three different languages -Bangla, Chittagonian and Burmese so that all field staff at all levels understood the messages clearly.

The field team realised the situation beforehand. Thus, after 20th February, they trained all of their field staff, including frontline service providers, about community mobilisation, awareness building, and leaflet distribution. However, the training also covered hygiene and cleanliness, social distancing, avoiding going out, using masks, hand sanitisers, nutritious food, etc. At the same time, it was understood by the PtL project members that all efforts, including play lab activities in camp, host and mainstream, needed to shift to remote modality to continue spreading awareness and learning activities, to remain connected with children and parents.

4.1 *Pashe Achhi*- a model of connectedness

The launch of IED's tele-counselling platform called '*Mon er Jotno Mobile E*' was a crucial milestone in April 2020 for ensuring the mental wellbeing of the general population of the country. The positive feedback from this intervention by the frontline health workers encouraged the formation of the *Pashe Achhi* model. The PtL team, MHPSS team, field management team, curriculum development team from HO, and field workers were concerned about supporting and connecting with the children and their family members, especially mothers. Everyone was trying



Image: *Pashe Achhi* Logo in three different language

to find the way and realised that ‘something can be done by calling through phones into camps, host and mainstream’. Then *Pashe Achhi* telecommunication model emerged from the effort of all team members as a simple, conversational-style model aiming to deliver critical messages and make participants feel that they are being remembered. The script was formed into two parts – tele-counselling and tele-learning to integrate empathy and healing with learning for caregiver wellbeing and engagement with the children⁴. Since May 2020, *Pashe Achhi* has completed its first phase of activities, including model development, capacity development of the frontline service providers, and implementation. From August 2020, *Pashe Achhi* has been in phase 2 to develop a learning framework.

4.1.1 Development of Learning framework

In the last week of July 2020, the BRAC IED team started developing healing and learning frameworks, mainly for the *Pashe Achhi* project. Technical support was provided by Cassie Landers, an expert on early childhood development and education and a good relationship with BRAC IED. The framework development for *Pashe Achhi* was in a slightly different format from previous activities. The various teams – camp, mainstream and host community- have created the frameworks differently for their respective target groups. The framework has been developed for one year. All the content teams know what content will be going on in which month and how the resulting scripts will be accordingly. In the same workshop, a learning framework has been created in alignment with tele-counselling.

4.1.2 Iteration process in the model

In the later phase, the framework has not been changed. Only some iteration processes done in the curriculum. The learning framework mentioned that 20 minutes telecommunication sessions would be delivered four times in consecutive four weeks. But the significant changes were done for two age cohorts where content for 2-4 and 4-6 age cohorts were separate. Based on this new planning, two scripts for two age cohorts were developed in September 2020 and implemented in November 2020. From the end of November, BRAC IED got some findings on how the new model was going on-which worked and which will not work for this script. During the first month of 2021, BRAC IED Research, monitoring and curriculum team concluded from their empirical data that children from the 2-4 age group were not engaging, and their response during the session was less because the script was developed for the 2-6 age cohorts.

Then the whole team sat together in January and decided that two separate scripts for 2-4 and 2-6 age cohorts were developed. In that case, the already set learning and healing framework will be the same. Only for the 2-4 age cohort, the mother is instructed to sit with the children and moderate the session. *“Please sit with your children. Now we will recite and play the Kabbiya. I will recite a sentence, and then you will create the same. Finally, we all three do the activity together”*. Here the play leader engaged with the children through the mother’s participation. Otherwise, it was challenging to hold children during the session.

⁴ Pashe Achi process documentation research, 2020

The field management reported that the children and parents were not adequately utilising art materials. They were selling colour pencils, and no one was using them correctly. Then the Iteration was done in the Framework. There was an instruction to draw a picture after *Kabbia* in the first week that the children had to draw a picture of their own choice. In the second week, Playleader will take a reflect on it. After telling the story in the third week, they will be asked to draw a picture of the part that they are like the most. It took a reflection about the following week. Thus, Arts activity has been incorporated. This Iteration was brought up till last August 2021.

4.2 Transformation of *Pashe Achhi*

BRAC IED's journey with the PtL project as well as other similar projects in host and mainstream was a story of learning and adaptation so far, we have observed. Their adaptation is done in many different levels. One was with Covid where works are done only on Covid related adaptations. Development of *Pashe Achhi* was one of the greatest examples for this adaptation process. The number of adaptations they had to go in the camp, it's not as simple as it is in other places due to the lockdown in mainstream.

During the pandemic, one of the significant challenges faced by the Pte project was the changing organisational structure of the relevant government bodies, such as the transition of Refugee Relief and Repatriation Commissioner (RRRC)⁵ and CIC management in the third quarter of the year. As such, the challenges of Covid-19 and these on-field realities had to be considered when deciding what implementation decisions could be executed. RRRC has increased their restrictions slowly in the camps, and it was more apparent to them that these restrictions are more complicated in 2021 than in 2020. However, regarding the model implementation and adapting to the situation was one of the critical processes that BRAC IED went through because it was done very quickly.

4.2.1 Learning terminology conflict

The BIED management realised earlier that *Pashe Achhi* was getting complicated from March 2021. During July 2021, it was more apparent that *Pashe Achhi* as a 'telecommunication' model would not be continuing in the camp setting. Because of the legal aspects of using a mobile phone by the Rohingya population. The whole scenario imposed BRAC IED management on thinking differently then. Again, as an alternative model of *Pashe Achhi*, they were thinking about a 'home visit'. That means scripts for *Pashe Achhi* telecommunication will be used for 'home visits', and the framework will be the same as *Pashe Achhi*'s framework. As a result, *Pashe Achhi* 'home visit' started at the beginning of April. This strategy was further established after the fire incident.

Then a change of name was brought. BRAC IED turned the "*Pashe Achhi*" model into "psychosocial support and play". Another suggestion came that the word 'learning' cannot be kept from RRRC. Based on the situation some changes brought in to the curriculum and scripts.

⁵ Under the Ministry of Disaster Management and Relief, the RRRC is the governing body responsible for the provision of humanitarian assistance for Rohingyas in Bangladesh, with the support of the United Nations and the international community.

Then all the words mentioned ‘learning’ was omitted. Instead they put the game there. There was a sentence that like “I would call and talk about next week”. These words were removed and re-phased.

4.3 Connectedness with the people: Psycho-Social Service (PSS) to the victim of fire incident

4.3.1 Fire incident

On 22 March 2021, a devastating fire broke out in three Rohingya camps (camps 8E, 9, and 8W) in Ukhiya, Cox’s Bazar. The fire incident caused a tremendous loss in camps 8E and 8W. After the incident, very speedily, the Government of Bangladesh and various aid agencies started working to meet the immediate needs of the 48,300 victims who lost their shelter belongings and hope to survive.



BRAC’s 0-2 Home-based models, as well as some CFS centres, were also affected. Sixty to sixty-five home-based pockets and 12-13 HPL centres were burnt down too. Due to their previous good rapport with the CICs, BRAC quickly reconstructed the damaged centres and pockets.

Damages and Loss due to fire incident ¹	
People affected	61,191
Shelter Damaged	12,413
Community facilities damaged	1611
Wash facilities damaged	1517
Learning Centre Damaged	54
Child Friendly Spaces Damaged	16
Deaths	13
People injured	563
People displaced	45,122

4.3.2 Psycho-Social support after fire incident

On 22nd March 2021, it was decided by the MHPSS team to develop Psychological First Aid (PFA) guidelines for the PFA services of the victims of a fire incident⁶. On 23rd March, eight psychologists led small piloting by the 60 Para-Counsellors (PC). After the PFA, in the evening on the same day, Psychologists and para counsellors shared their experiences regarding providing PFA to the survivors. Each PC took at least 20 min to 30 min to express their feeling during facing the fire incidence & serving the fire survivors.

On 23rd March, after having guidance from the Sector lead of Child protection, BRAC HCMP declared a complete team for providing PFA. Thus, under the direction of 8 psychologists, eight mentor para counsellors were advised as PFA focal in the four camps (8E, 8W, 9 & 10). The

⁶ See details in the document “Fire Emergency Report for Documentation”.

child Protection team of BRAC HCMP, along with 60 PCs, 46 Project Assistant (PA), caseworker, and managers. Every group was formed as a mixed group where PC, Programme Organiser (PO), PA & Case Worker. Mentor PCs were the service focal, POs as geographical focal, and caseworkers were the linkage focal.

An operation team was also formed. At the same time mobile CFS (MCFS) were established for children psychosocial first aid (CPFA) by the Child Protection team. One PC and PA/ Outreach worker in every mobile CFS (MCFS) were assigned to ensure the services. However, a group of psychologists visited different MCFS. There were also established four lost child centres and reunified lots of children. Banners were prepared in every mobile CFSs.

Challenges

The main challenge the providers faced on the first day was to create linkages in different facilities. However, very shortly, it was mitigated by providing the relevant. The service providers started working on a Rota basis, including weekends. One of the psychologists worked to ensure the PFA for migrated people and shared their activities in different sector meetings working group meetings. Also, a regular meeting was held with the sector lead of Child protection, Program Head of ECD and Program Head of MHPSS, and all the focal and team members of each group to discuss their activities daily from 9-10 pm.

4.3.4 Increased flexibility inside Rohingya camp: Possibility of home-based services

The situation of the camp was not like this before March 22nd. After this incident, a new context has been raised in four centres and other commands. Many family members, relatives and acquaints have died there. Sometimes some small fire incidents took place there infrequently. This newly created context has brought few changes in Rohingya peoples minds. Thus, some flexibility for movement from one shelter to another has been observed in Rohingya camps. Though officially, Bangladeshi staffs have still restrictions. These issues worked as great opportunities to work at the household level.

From the section mentioned above, we have observed that after the fire incident, BRAC IED's mental health psychosocial team played a significant role by providing psychosocial support for two weeks starting from 22nd March. All play leaders then started visiting the mothers to ask about the children. Because the HPL children also needed psychological support too. That's why going door to door was the better way to communicate with the mother and children. And at the same time, some possibilities came to implement through the door to door visits.

One of the critical consensus meetings was supposed to be held on April 2021 with SWB. But it was post pond and shifted to May because understanding field context was important too. During this period, some focus group discussions (FGDs) and interviews were done to understand the two-week journey and activities with the Rohingya population to see whether any new demand will help develop the model design.

4.3.5 Learning from Covid situation and fire incident

This fire incident and COVID situation in the camp made a vulnerable population there. In addition, flooding⁷ inside the centre made the situation more critical to work. Due to multiple issues, several types of lockdown were given in the centre alongside all these. For example, the Rohingya population have mobility inside the camp, but no one from the host can enter, not even from any organisation. Except for personnel from a few sectors with special permission, no one was allowed to enter the camp because all interventions were closed. Sometimes Rohingya people were not allowed to go out of the centre. So, all these issues executed BRAC IED to shift their intervention strategy rapidly. And all these situations make the theme adaptable to the context too. According to the Executive Director (ED) of the BRAC IED, the flexibility of working conditions helps them get adaptive.

“The big learning from there is to learn in every moment how to be adaptable. We learned it through the camp activities, and we are still learning it. We kept searching for new opportunities again and again. We are thinking in a new way. Our camp has taught us every time how to be adaptable. This team is very flexible. That is why this team has learnt in every stage, and they adapted accordingly. The great learning of this is how we have been adaptable”.

⁷ Deadly floods and landslides hit Rohingya camps in Bangladesh; 28 July, 2021.
<https://www.unhcr.org/news/press/2021/7/61015b864/deadly-floods-landslides-hit-rohingya-camps-bangladesh.html>

CHAPTER 5: THE MODELS

5.1 Co-creation process during Covid 19

When the pandemic started in 2020, the first changes came out, especially on the DYAD model. According to the proposal this model should be developed jointly in the first year i.e in 2019. But due to the Covid situation, changes also went into the other two model's namely 0-2 age fathers engagement and in 2-4 Age Home-based. In the next phase, video content was integrated into 2-4 age home-based. Workshops were attended by the core team members of BRAC IED and representatives from the SWB.

5.1.1 Design Workshop

A two-day design workshop was held between SWB and BRAC IED core team in June 2020 to finalise the 2-6 Dyad model and the 0-2 Fathers Engagement model, respectively. BRAC presented the models and had open conversations with workshop attendees to develop ideas, and subsequently, the discussion points were finalised. The outcome of this workshop was able to determine the audience, dosage and intervention strategy for both models. Both Sesame Workshop and other partners took part in the workshop. As mentioned the core team consisted of five sub-teams: curriculum, training, operations and implementation, research, and monitoring. The curriculum team comprises architecture, research, mental health and father's wellbeing, content development and Monitoring & Evaluation (M&E) teams to create a more holistic, people-centred model. On the other hand, the training team consists of members from field operations and content teams. For M&E, Research, and Operation & implementation teams, there are core technical people from Dhaka and Cox's Bazar teams.

As mentioned earlier, the initial discussion on co-creation was started in 2019. The plan was to finalise all the models by 2020 and conduct a pilot intervention. Because the impact study was planned to begin after the piloting phase. However, the plan was not successful because of the uncertainty of opening the CFSs. We have observed how the curriculum team managed all the co-created activities during this phase:.

"We planned if the piloting was done by December, and if everything were opened by January, we would have started it. Since it did not happen, we have another plan which is if everything opens by February, we will study the baseline of impact study in March. And, if it starts in March, the baseline study will be in April. So, you will get that time. Now everything depends on the time when the government will go for implementation. We will need a little time to figure out the performance will go on. We will need to know if there will be any Challenges to face. Because of that, we need to wait a while for implementation".

5.2 Home based model for 2-4 age cohort

Mainly, the home based model is a customised version of the Center Based Program of HPL. For example, there is one play leader for 15 children. A room is rented from a Rohingya family to run the model. The content was almost similar to the centre based model except for showing videos and storybooks created by the Sesame workshop. Although the model for 0 to 2 is called pocket, it also works as a kind of off pocket model. It is being called Home Based to distinguish it from centre-based. In that case, the same curriculum is also being used here. The long games are being revised. Because these games require ample space. For example, there is some game-like long jump or games with small groups. To cover the area, one group game is selected. Because there is no space for 2/3 groups in this HPL. Here, a large group is created instead of small groups.

5.3 DYAD model for 2-6 age cohort

Mothers are the main concerned point for the 2-6 DYAD. The previous field investigation revealed that the community had massive demand for parents' engagement in children learning and well-being. The main objective was to encourage parent-child engagement through this model. Because, when parents and child work together, there are many things to learn in it. So, our primary goal was to re-enforce the parent-child relationship from in-depth.

The model has been developed as a 90-minute session with no more than 10-12 parent-child dyads in attendance. Previously, it was planned to have a bi-weekly session with parents; however, BRAC IED's research studies found that a bi-weekly session would be challenging for parents. Instead, it would be better to hold fortnightly (based on research) or monthly parenting sessions. Since fathers and mothers do not want to attend sessions together, they would require separate sessions for mothers and fathers or 1-1 couple sessions. Additionally, fathers need male volunteers to deliver the sessions as they are not comfortable with female service providers.

It was found that children aged 3-6 would not come to attend the sessions as they were at the mosque during that time. Morning sessions would be better in that case. However, for fathers, the period after lunch would be more suitable. Hence, mothers and children would be attending in the morning for the entire 90 minutes duration.

However, at last, the model was designed where during the 90 minute-session, the first 10 minutes are spent on introduction. For the next hour, the dyads take part in 1-2 play engagement activities; play practice teaches mothers how to play with their children and gives them an awareness of the benefits of play. The play activities have been designed in such a way as to integrate the components of health, hygiene, CP and mental wellbeing. The last 20 minutes are for concluding the session. Here, there is a 'Free Talk' segment where children and mothers can express their thoughts on the play experience for that day. They are also given some take-home activities or cards explaining how to complete the training.

10 Minutes	Introduction
60 minutes	Dyad Play Engagement (1-2 activities) <ul style="list-style-type: none"> • Play Practice – teach mothers how to play with their child and the benefits of play • Integrate health, hygiene, child protection and mental wellbeing directly into the play activities
20 minutes	Conclusion <ul style="list-style-type: none"> • Free talk (express thoughts on their play experience for the day) • Take home activity/cards with explanation

However, this idea was different from that initially decided by the SWB. It was initially designed to have a 5-minute welcome session, 25-30 minutes parenting series, 25-30 minutes play demonstration and last 5 minutes for closing. The parenting series focused on crucial parenting outcomes. The parenting series focused on essential parenting outcomes, including pairing with video viewing, concluding each session with a play demonstration, supply parents with take-home cards with suggested play activities.

This model was supposed to take place at the HPL centre. However, the Covid 19 restriction at the Rohingya camp was not Implemented during 2021.

5.4 Fathers engagement model for 0-2 age cohort

When BRAC IED started fathers' engagement on play to learn intervention, they had an understanding with SWB that New York University (NYU) will do the impact evaluation of it. Because of that, they just replicated the 0 to 2 HPL model which focused on mothers of 0-2-year-old children. The replication was in terms of doses and contents. However, the contents were not wholly similar. Because the contents of 0-2 home-based HPL model were created based on the healing framework and at the very beginning of the intervention, another consideration was from the perspective of gender and cultural dimension. In general, Rohingya women face different problems and have different psychosocial issues as compared to the fathers. Unlike in the sense that fathers can go out any time, they can vent out one way or another, take decisions, and most importantly, have aggression comparable with the women. During the development phase of the 0-2 session for mothers, the main focus was to develop a friendship to have a support system for them. And then para counsellors and mother volunteers started working with the mothers to come to them and share with them whenever they needed to. After that, children's engagement issues also came into consideration. Playing with the children was entirely a part of healing. If women play with the children, then both mother and children's recovery was in process, and at the same time, wellbeing was also ensured. The curriculum for mothers was developed in this way.

When BRAC IED started thinking about the fathers' engagement, their main objective was to increase fathers' engagement with child development since the mothers' pregnancy. In one study conducted by JPGSPH, during first year of Covid period, found that mothers wellbeing is hampered due to un-employability of their husband due to Covid-19⁸. There was multiple article has been published in various journals conducted by various organizations that GBV has increased in the Rohingya camp too⁹. All these evidences and through BIEDs work with the mothers, and through various research findings, programme implementers had received feedback from the mothers that the fathers were interested to learn about child development as well. Another aim was to engage fathers in a way so that the father can help a mother to do household work so that the mother can give more time to the children, especially during the breastfeeding period.

Then the fathers were advised to take their wives to the doctor during pregnancy or provide space or opportunity to take care of themselves. As a result, fathers will become aware of it, and this problem does not happen anymore so that mothers get some time for self-care and can spend some quality time with the children. Another objective was to ensure fathers engagement with the children through different play and activities. Because children's trust and attachment with the father is important, that should be realisable by the fathers.

With the conception of these objectives, BRAC IED designed piloting in 52 pockets with the fathers and piloted 12 sessions over 3 to 4 months. At the same time, the mother's project will also run in the same pockets. After the piloting phase, the project will be scaled up in more than 200 pockets, including 50 additional pockets. The curriculum will be for six months, and the session will be once a week, which will be four-time a month. Initially, during pre-Covid situation, it was decided that fathers will come to the pockets like the mothers, and there will be a father volunteer or representative who is a Rohingya father with a little bit of education. However, due to Covid, the session modality has been currently determined to home-visit sessions instead of group sessions. The pilots were also conducted in home-visit modality.

To conduct the father's engagement session, a few small formal types of research from the BRAC IED research team were undertaken to explore fathers' preferred and suitable places. In the following section, we'll see how these research findings help project designers make final decisions.

5.4.1 Research outcomes and how they aided content development

BRAC IED's strength has always been to work in a bottom-up approach, ensuring community participation. This has been no exception to the addition of the three new components. In **September 2020**, during the development of 0-2 father's engagement and 2-6 dyad model, several model designs were revised based on outcomes of field findings. The objective of one such study was to understand the perspectives of field operations staff and

⁸ Atiya Rahman, Nazrana Khaled, Raafat Hassan, Mahmuda Akter Sarkar, Kaosar Afsana. Exploring the perspectives of caregivers about their engagement in Pashe Achhi telecommunication model (December 2020). Internal report produced for BIED

⁹ Chowdhury SA, Mchale T, Green L, Mishori R, Pan C, Fredricks E (2022). Health professional perspectives on the impact of COVID-19 on sexual and gender based violence (SGBV)and SGBV services in Rohingya refugee communities in Bangladesh. BMC Health services Research ,743

stakeholders on determining a suitable place, time and duration of sessions for the two models, respectively.¹⁰

Not only were field staff consulted, but in another study, fathers themselves gave their reflections on their aspirations for the design of space to hold the father's engagement sessions. This study was beneficial for the design team to decide on appropriate areas and how they should be created for the father's sessions.¹¹ Mainly, fathers suggested that the spaces be open and exposed to nature while having adequate privacy to talk about their issues. From this, the architecture team could gather that the areas should be genuine and have perforated, removable or flexible walls to cater to the need for privacy and openness, respectively, as required. They also wanted to keep the scope for adding touches of nature within the space, such as through gardens or ponds.

The decision for conducting the father's engagement session was then quite challenging. Because the community suggested that tea stall, HPL centre, home of the father volunteer or Majlis home be the better option for session conduction. At first, the possibility for 'tea stall' was excluded as one of the introductory sessions like mother's part namely **'MY Wellbeing'** will not be possible for conduction because they will not open up themselves in a tea stall which hampers their privacy. The second option that seemed viable to the designer that conducting the session on the father volunteers' home if he let the session. Mothers' sessions are already continuing in this way. The session was conducted at the mother volunteers' home or the mother's home as a pocket who was willing to give space. However, finally, there was a consensus between the designer team and finalising the session point at the father volunteers' house.

Despite it being about the design of space, another significant finding from this study was that fathers admitted to their lack of knowledge in terms of child development and lack of healthy and constructive communication with their families. They hoped that they would bridge this knowledge gap through the father's engagement sessions. This shows that the community was receptive to such an intervention.

5.4.2 Fathers wellbeing to father's engagement

One of the essential things that should be mentioned here is that the fathers' wellbeing that ran for six months in 2020 during Covid 19 has some links because some of its components have been added here. It was discussed earlier that fathers were excluded from the beginning for direct intervention. The women and other community members raised a concern to include fathers as required for a complete child development package. So, reaching out to the fathers is very important.

The father's wellbeing model was not under the play to learn project. Piloting was done at the end of the last phase under the Porticus grant period. However, within the short period, the piloting activities' results showed actual results, leading to scale up.

¹⁰ Field Findings on 0-2 Fathers' Engagement and 2-6 Dyad model development: Selection of Venue, Time and Duration of the Sessions

¹¹ Understanding Rohingya Fathers' Aspirations for Fathers' Engagement Spaces

In June 2020, a small team was formed to develop a father's wellbeing model where two representatives from ECD (HPL, 2-6 age cohort) and the MHPSS team was involved. Dr Nargis, a leading consultant, supported the team to develop this model. During the model development phase, no example was available in the Bangladesh context regarding the father's well-being. So, at that time, they had to go through the global works or models to have an idea about the design. At that time, according to Dr Nargis's suggestion, the team first changed their 'own' notion or perception because during COVID time, gender-based violence increased a lot, and that imposed negative perception about the male like "the male think violently or they act violently". Then some male members join the team to reflect their thought from a male perspective. Dr Nargis and the team tried to answer multiple questions from the lens of a male and understand the situation from the male perspective.

When they started this project, it was under the PTL project. An advisory group with the 20 Rohingya fathers were created to understand their thinking, needs, and perceptions. There were multiple meetings on various issues discussed between the advisory group from time to time, and then the BRAC IED team understood that they had an urge for a space just like the mothers where they could talk about their feelings.

"They were repeatedly saying that 'we suffer from anxiety and depression a lot. We have too much frustration within us. We want to talk about it. It is creating anger confusion in us, and we become upset. Then we start misbehaving, which ultimately affect our family'.

From these conversations, the BRAC IED team realised that the misbehaving they were doing with their wife and children ultimately ruined the peace in their family. Then the team started working with a global definition of emotional literacy. First, the purpose was translated into Bangla and tried to understand it through some fathers of the host community. After that, the global report was translated so that the fathers of the host community could understand it clearly. Then with that translation was applied to the Rohingya fathers and then again translated into Chittagonian language. That was the groundwork of the whole model.

A father volunteers were identified through role-play sessions. Then they received a five-week-long rigorous training provided by the para counsellors. A skill assessment tool was developed for the facilitators to find out the appropriate father volunteers to facilitate the sessions. Fathers wellbeing model was a clinical intervention where fathers first identify their emotions. Their feelings and emotions were dug out through conversation and provided psychological support on managing their feelings. A nine-month intervention started from August 2020 were the first six months on emotion identification and management and the last two months had review sessions. So, to scale up, according to EDs suggestion, the father's well-being model was integrated with five other BRAC IED projects.

In October 2021, the team had organised another workshop where they figured out the best possibilities and best options for piloting the model. However, some discussion issues were still going on among the team members regarding budgetary matters. Here two sessions will be conducted by the male facilitators for the fathers, and the rest of the four sessions will be as home visit sessions are conducted regularly for the mothers and children. Integration of father's wellbeing model with father's engagement model was going on, and the responsible personnel planned to do piloting on November 2021. In the case of contextualising the model, BRAC IED prioritises children's wellbeing rather than child development. Because without improving children's mental health conditions, child development will hinder.

“Our main mid-point is a child and how we can enrich child development. So, we must bring it to our session, script or content, but our ED told us to ensure wellbeing first because if they cannot come out from anxiety and calm down, nothing will work out.”

The father's engagement model will also follow the content of the Pashe Achi mothers' wellbeing. In this case, the first four months will be the piloting phase, where fathers' perceptions on child development will be explored. After analysing the findings, the model will be scaled up. During scale-up, scripts will be prepared based on their perception of child development.

5.4.3 Plan for Piloting and implementation

After calculating the feasibility issue, the curriculum and implementation team decided to start piloting by December 2021. However, the plan could not be implemented because of Covid as the process was not yet finalised then. Later, they have decided to start it by January 2022. After being piloted until April, NYU will go to Baseline Evaluation. Then the model will be expanded. By December 2021, the co-created six-month framework for the father's engagement has been completed. After the initial piloting, there is a plan to test out the group modality in the field in a very small group. As at the beginning Fathers engagement sessions were supposed to be conducted through group modality and there is certain demand from the field regarding the group sessions. The implementers wanted to understand whether a hybrid modality of home and group combination works out or not. This piloting had been done in July - August 2022. The results from the test will determine if the hybrid modality would be kept or not.

An initial draft of the framework was prepared based on the home visit modality. If everything is re-opening, then it is planned to include some sessions and not just home visit modality so that it replicates with the mother. The session will be given in the framework by merging Engagement for Content and Wellbeing. The group session will be the same. Usually, a session is done by combining two sessions of Child development. It will be the same for father's engagement. 'Wellbeing' part has been piloted in Camp and Mainstream by December 2021. Contents are already tested from there. The Wellbeing team did a different job of figuring out which elements needed to be brought here. Also, there are some issues of Rohingya Fathers that should be addressed in this framework. A lot of information has been obtained from the field in this regard. Even when talking to the mothers, they used to talk about different topics. Thus,

several issues have been selected based on these shots. Combining these, a Draft Framework of 6th Months has been created.

Another thing the curriculum team did. They have worked on the Objectives for Fathers Engagement model. So when the objectives are set, they will understand how to do content or add something more in the session a little better. However, it was not finalised till December 2021. As per previous plan 13 new male/father volunteers will be recruited by February-March, 2022. During the session they will use the posters, flipcharts and booklets so that they can discuss the content by looking at the part. Although flip charts were considered to use in the group sessions of the fathers, it was not suitable enough for one to one session. Hence, the booklet was selected rather than flip chat. However, there will be further discussion regarding it. In the next chapter we will show these co-created materials to get some overview about the content.

5.4.4 Father Engagement curriculum: the 6 months frame-work

The Fathers Engagement was initially created for Home visit Modality. Two sessions of 30 minutes each month will be conducted through a home visit. The first 15 minutes will be with Wellbeing, and the last 15 minutes will be with Engagement. There was a meeting on 6th December 2021, where essential elements were shared and focusing on those elements, the fathers' engagement program will be reviewed and sharpened.

First month

Here is the content of the first weeks of first-month Wellbeing session about 'understanding himself'. The fathers will talk about their emotional stages. It has been kept here about mind bonding, Relationship and Healing through the easy task. After that, in the Fathers Engagement session, the topic is 'Important of Fathers Engagement and Child developments. Since this will be the first session, there will be a brief discussion about the relationship between Fathers Engagement and child development and why it is essential. Otherwise, fathers may think that is why they need to know these things. After that, week two will continue the Understanding self. Then, there is engagement, where essential tasks will be regarding the connection between fathers and children. There was a discussion or brainstorming about the contents of that day to ensure that engagement and wellbeing did not sound too different, as the topic is about understanding. The contents of fathers' well-being will reflect the contents of attention so that they can believe it. Since that day's case is knowledge, there will be some activities related to fathers' psychosocial well-being and its relation with body and mind, fathers' share from his own life experience, building connection and attachment with children, etc. So, the discussion was about how the task and plays can create bonding and branches with the children. For instance, there is a play that fathers have to play with the children, which was collected from the Rohingya Community by observing the parents of the space with 0-2 year's children.

2nd Month

The wellbeing topic of the second month will be stress and anxiety. Under this topic, the contents will be about the source of feelings in our lives, the source of stress and how focus can turn into fear. In the well-being part, fathers will identify their stress and anxiety and also, they might share their experiences. On the other hand, in the amount of engagement, they will be enlightened about child stress and how to respond and comfort them. There will be a discussion about children's reactions when under pressure, such as trembling, feeling uncomfortable, etc., and how fathers should respond to give them comfort. The topic of stress and anxiety will be continued on the month for the well-being part. The contents of this week will be about psychosocial stress and anxiety, how to cope with it, the importance of positive focus in life, and strategy of own life. On the other hand, the topic of engagement will be the importance of positive energy, where there will be a discussion about the play. Plays and playful activities of fathers and children will be related to de-stress or reduce stress or anxiety.

3rd Month

The topic of stress and anxiety will be continued to the third month. Here, for fathers' wellbeing, the first session will describe the specific mentor's memory from last month. Based on it, emotional experiences and coping strategies will be described. Here, it will be pointed out that sharing feelings and experiences can be a possible way to cope with stressful situations. Then, fathers' engagement will be on play and no cost or low-cost materials. Here, they will be taught how to make play materials with the components that they already have in their home. Henceforth, there will be a discussion on the factors of providing them with the play materials or elements as required or appropriate play materials for 0-2 years are different. The children's preference and safety regarding home will also be considered in this discussion. For instance, making rattle out of empty bottles might be shown to them. This play materials making is a part of healing or de-stressing. Stress and anxiety will continue on the next week of the third month. In the well-being part, there will be a discussion on how fathers identify their stress and anxiety and their coping strategies in daily life. Also, how fathers learn to apply different management technique of stress and pressure from the session will be discussed here. On the other hand, the engagement part will be about the safety measures of the 0-2-year children. There will be a discussion regarding the contents of the safety measure. This topic was selected because children's safety is a vital source of parents' stress and anxiety. If they can identify and know the safety issues, they will be aware of them and reduce their stress or tension. Here, issues with minor children will be discussed, such as shaken baby syndrome, danger from sensitive materials etc.

4th Month

The topic of the wellbeing part of this month is anger conflict balance and others which will be continued in the fifth and sixth months. In the engagement part, there will be a discussion on the play, quality time with children and *Kabbiya-Kissa* in the first week of this month. And the second week will be about growing up well, where food nutrition and health hygiene will be discussed. This topic was chosen because many mothers from the camp said that fathers often buy foods

from the market that are not good and hygienic but believe that these foods are good. So, it was selected to inform or give the fathers the idea about health hygiene and nutrition.

5th Month

As mentioned, the topic of anger conflict balance and others will continue this month. In the first week of fathers' engagement part, sharing household responsibilities and child-caring will be the topic. The concept of gender will be focused on here. A bit tactfully, fathers will be messaged here to share the household responsibility with the mothers so that mothers can spend a bit more time with the children or can take some rest. In the next week of this month, creating a nurturing environment for the child will be the topic that is also gender-focused. Here, they will be indoctrinated that they should build a nurturing environment for the children without discriminating among boy and girl children.

6th Month

As mentioned, the topic of anger conflict balance and others will continue this month. The first week's topic of fathers' engagement part of this month will be family engagement and spending quality time. Here the contents will be play and playful activities and play material development where fathers will learn to make play materials with the help of family members. The second week of this month will be the last session were reviewing the contents of both wellbeing and engagement is the main focus. However, there will be a co-created booklet given to the fathers. The booklet's topic will be according to the framework of the program and will be related to the sessions like a reference point.

CHAPTER 6: THE PRODUCT: CO CREATED CONTENT AND MATERIALS

BRAC IED and Sesame workshop have jointly started working on materials from 2019. Some co-creations were done in 2020 and continued till 2021. Less concentration was done as the whole period of 2020 was occupied with developing the *Pashe Achhi* model.

A plan was made for what co-created model will be developed for which age cohort or model. Also, during the stages of co-creation, both teams sat together and selected the components added to the existing curriculum. Theme wise curriculum was designed thus according to the suggestion of SW. The partner has been decided to develop 12 co-created storybooks, Poster, Flip charts, and Video content for these models. At first, they have started working with a storybook according to those plans.

6.1 Story books

In 2019, stories were identified and selected for the project through a workshop jointly organised by SWB and BRAC IED. The curriculum developers were given themes such as child marriage, safety and hygiene message, lost children etc. Also, community requirements were considered. Stories are made based on these themes. BRAC IED story writers wrote the story and later translated it into Rohingya dialogue and printed it as illustration-based storybooks. As per previous planning, there were 12 books, where BRAC BEID made 6, and the SWB did the other six. Six of these 12 books were created by the BRAC IED team, where the illustrator, graphics designer, writer etc., all were from BRAC IED. But, here, the work of SWB provided constant feedback, and BRAC IED finalised it. IRC was also involved in this process. And, when SWB prepared their six storybooks, BRAC IED provided feedback like the previous way. Till September 2021, the first six books have been produced by BRAC IED. The following two (numbers 7 and 8) were in the illustrations phase. All the cover pages of the storybooks are also co-created by both parties.



Figure 1: Some co-created story books

Stories were created by the storyteller and writer of BRAC IED, and when both teams finalised it, then translated into English and Burmese.

6.1.1 Story making process: Themes to story

Before the themes went to the story writer, there was a workshop through prioritising. Through that workshop, working on the pieces started. Several story writers were involved in this process, and their responsibilities were distributed based on thematic area and age cohort. All the story books are prepared in three languages, as mentioned earlier, for the host, Rohingya and international communities. There were some criteria for qualifying the story fixed by SWB beforehand. Such as negative words should not be used, and inclusiveness should be considered when deciding the characters.

Writing stories from a specific thematic area was a multifaceted issue. Because the storytellers have to keep on their minds the context, wording, age of the characters, etc. One of the story writer was saying about her experience in this regard;

“When I write. I can write our stories in my way. But it was very tough for us to bring it to the children. For example, when ‘managing emotion’ was my theme for developing a story, I had to think about social emotion and how children usually manage their emotions. I understood whole things should be draw through play activity. And then I went ahead with that idea”.

Making the story of “Let’s smell the flower.”

I wanted to bring breathing exercise into the story. It was pretty different for me to tell the children of age 3-6 how to breathe in and out. Because the procedure is not easy at all, but at that time I thought if it were done through playful activities then that would be turned into a game. At that time, I named it ‘lets smell the flower’. Symbolically there will be some flowers in the playground. A physically challenged character fixed by SW named TALA, a 5 years old girl. Another character was there called Elmo, Raya and Raya’s mother and others if required. I took Tala as the main character. I brought an adolescent as another character. Because I thought someone should be there who will be elder to them and conduct the remaining activities. In the beginning I thought about Raya’s mother in this character. But later, they believed that an adolescent could do it better. According to that, I brought Tala’s elder sister into the story.

In the storyline, we will see a small place in the camp where the children used to play and use the place as a playground. Moke and Raya is eagerly waiting for Tala to join them. When they go to play lab, they play in that place in the afternoon and enjoy. Usually Tala’s sister takes her to the playground. During their playtime, Talas sister talks with Elmo’s mother. As Tala was not coming in gardening, Elmo thought about whether she would play or not. At last, when Tala came, Elmo saw that Tala was very upset and she was not talking with them. At some point, Tala started crying. Because Tala would go to another camp and another play lab, she was upset as she would not play in the afternoon with Elmo like this.

In this stage, Tala, Elmo and others are emotional. In this situation, we saw that all of them, especially Tala, were upset. So, someone is needed who will counsel them. Talas sister then said that being upset is normal, and getting new friends, adjusting to a new environment, new play labs, and playing with new friends are everyday activities. This is how Tala was counselled. Then, they thought to make Tala feel better. So, the next steps were to do something for Tala’s betterment.

We thought the characters could draw some pictures or play at this stage. These can be a good solution. Then the characters also decided to mark images with sticks., Tala’s sister asked them why they brought sticks for drawing the picture? Then Tala replied that they would draw a picture on the soil with the stick. Here we want to draw the children’s attention to not always

needing pens and paper. Instead, they can draw interesting pictures on soil with posts. Then they draw a picture of the new play lab of Tala.

At this point, three of them started drawing. But in the end, Elmo sat down and got angry because she wanted to remove a tree. Tala's adolescent sister recommended her take a break. But she could not draw even after taking a break. At that time, Elmo's friend told her to calm down. Here, comes showing the 'emotion'. Then they said that let's stop drawing and play a fun game as they are upset. Then they said, "let's sit in a circle and by closing our eyes imagine that there are beautiful trees around us... there are many flowers that we like. Now, we will smell those flowers. We will smell its sweet scents through the nose". This is how breathing exercises incorporate through the game let's smell the flower.

After taking smell from the flowers, they will imagine some candles in front of us. Then the sister of the Tala will say, let's blow off the candles. Which means they are breathing out through a blow. It is like after smelling the flowers; they are breathing out. In this way, they are doing breathing exercises.

Finally, they are asked how they are feeling. Then Tala will reply that she feels so much better and can draw the tree now. When she was able to pull everyone praise about her picture. This is how their afternoon passed. Finally, they said goodbye to everyone and went home.

In the stories mentioned above, the storytellers brought emotion and anger in many different ways. When Elmo could not draw the picture of the tree, she erased it from the soil with rage. Many children do it. Just the way everyone erases it after drawing. The writer brought it to show her expression of anger. But SWB treated this issue as a negative impression. As a result, there was an extensive negotiation between the writer and SWB. From a story writer, accepting this type of negotiation was initially difficult. According to her words,

"As a writer, I was dissatisfied that they were bounding the writer. As it is an institutional organisation, these things have to be there, and there had to be some ideology. We could omit it if it is personal".

After developing the 'zero draft, the translated version was sent to Sesame New York, and SWB was also reviewed in some aspects. Then the feedback came from them. The consultant from SWB appreciated it very much. So much appreciation came about, bringing the breathing exercise so smoothly. Because managing the emotion came up very smoothly through the training. They appreciated doing the exercise through play rather than doing it directly. When BRAC IED was almost done with the story, the writers had a meeting with the illustrators about the illustration of the picture. After finalising the report, the storybooks were sent to the procurement for printing.

6.1.1 Brief description of the story books

Healthy Friends

This book is about staying healthy and safe. Three friends- Raya, Elmo and Tala- love to visit fit. They wash their hands with water, soap and scrub before having meals, after playing outside and using the toilet as it drives away the germs. They count up to 20 while washing their hands and make sure to wash finger bracelets, back of the hand and under the nails. The friends also cover their noses and mouths with elbows or clean cloths while sneezing and coughing to stop the spreading of the germs from their bodies. Later they clean the used fabrics with soap and water. Adults also help them stay healthy by encouraging them to eat a healthy diet, do regular exercises and keep everything clean. At the end of the story, there were some questions regarding staying healthy for the children.

Learnings Objectives

It teaches children when it is important to wash their hand, cover their nose and mouth while sneezing or coughing and what they should do with the cloths after squeezing nose with it. Along with it, this story teaches that having healthy diet and doing regular exercise is necessary for staying healthy.



Image: Cover page of story book: Healthy friends

Colourful Birds

This storybook is about counting birds. Jusna, Munira and Elmo are three friends playing in the shade of a tree. Suddenly they saw a red bird singing by sitting on the tree. They became happy to see it and started counting. Gradually, blue, yellow, green and orange coloured birds came and started singing by sitting on the tree. Hence, the children continued counting to 1, 2, 3, 4, 5... The birds fluttered their wings and kept singing. The children also mimic the birds by straitening their



Learning Objectives

This Books teaches children that they can practice counting and do little bit of body stretching which improve physical development while enjoying the whole process. Also, children can get to know about colors from this story.

Image: Cover page of the storybook: Colorful Birds

necks and outstretching their arms. Then the birds flew away, and the children counted them again.

Colour of Sky

One morning, Elmo woke up and saw a beautiful morning with a blue sky, little white clouds, and bright sun. His friend Rabbi came to play, and they started painting the blue sky with a white cloud. When they completed their drawing, they found that the atmosphere had changed. The colour had become darker, and the sun had become dimmed. They became amazed to see it, and Rabbi started to repaint it. In the evening, they saw that the sky had spread white, blue, pink, purple, yellow, orange and other colours. So, they started doing their last drawing. After that, they arranged every sky drawing one after another and showed it to their mothers. Their mothers become glad to see the painting, and with their help, the décor the wall with the image. In the end, Rabbi and Elmo became curious to know the colour of the sky the next day.

Learning Objectives

This story represent how simple activities like drawing can improve fine motor development along with cognitive development. While drawing the color of the sky, Elmo and Rabbi's fine motor development happen. Also, curiosity about the changes of the colors of the sky developed their cognitive skill. Additionally, arranging the drawings with the help of the elders taught them to be organized.

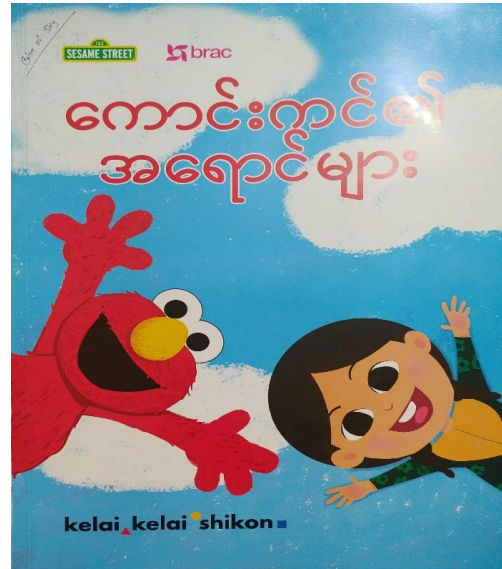
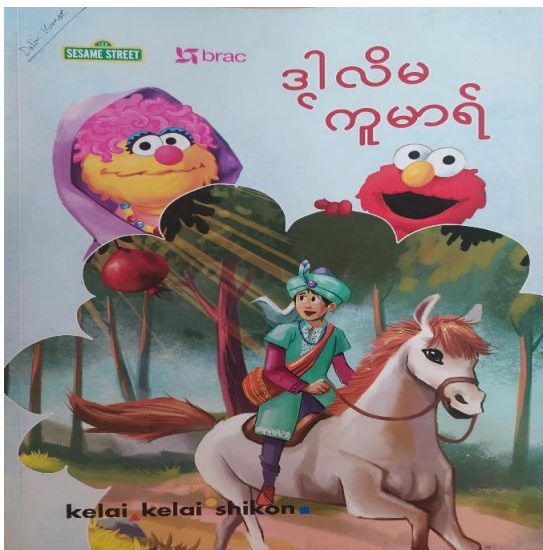


Image: Cover page of the storybook: Colourful sky

Dalim Kumar

This book is about washing hands before eating. Elmo's mother started telling him a story about a prince named *Dalim Kumar*, who one fine morning went out on the search of the sweetest pomegranate ridding a speedy horse and carrying a large bag. *Dalim Kumar* found pomegranate trees with large red pomegranates, but the branch rose as he tried to pick the pomegranates. The prince got very angry when he failed to pick up pomegranates even after trying hard. At that



Learning Objectives

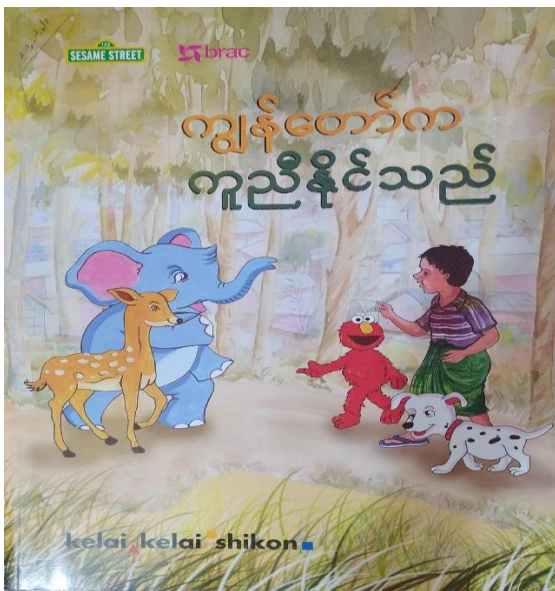
This story teaches children that they need to clean their hands with soap and clean water before eating anything because we have germs in our hands that we cannot see with bare eyes.

Image: Cover page of storybook: *Dalim Kumar*

moment, the tree spoke to him and told him that he needed to wash his hands before eating pomegranates or any other food as we have tiny germs in our hands. He was hearing it. The prince brought a magnifying glass from the bag and saw that the tree was right. Therefore, he brought out soap and drinking water from his bag and washed his hands. After washing their hands, he successfully ate the pomegranates. Hearing the story, Elmo rushed out of the room and passed his hand. He told his mom that he washed his hand to eat the food if he dreams about it.

I Can Help:

This story is about how children can help their families and feel happy about it. On a winter morning, baby elephant Nola Saussin told Elmo that he was pleased today as he helped his mother to carry banana twigs. Then he asked Elmo if he helped his family. Elmo replied that he helped his father do the shopping and was happy that he helped. After a while, they meet brown deer, asking him if he supports his family. The brown deer replied that he helped his mother collect a pumpkin from the orchard. In the middle of the road, they met Noor Alam. They told



Learning Objectives

This story book teaches the children how they can contribute to the family and community by helping the people around them. It also portray how helping other can make themselves happy.

Image: Cover page of the storybook: I can help

him that they were pleased as they helped their parents and also asked Noor Alam if he helped his family. Noor Alam said that he felt comfortable as he helped his sister pack her bag. Then, on the road, they spotted Papi, a dog, and they told him how they helped their family. Again, they asked Papi dog if he helped his family. Papi dog said that he carried his brother's ball and threw it into his arms. Then they went to HPL and started playing. While they were all playing, they agreed that being able to help their families makes them happy, and it also encourages them to help others. This storybook teaches the children how to contribute to the family and community by helping the people around them. It also portrays how helping others can make them happy.

6.2 Flip chart

According to the initial design of the father's engagement session (for a normal situation), there will be four sessions in a month. The SWB and BRAC IED teams developed flipcharts for the 0-2 age cohort as co-created material. The flipchart's objective is to explain specific themes that pushed fathers to ask multiple questions and answers and help them open up. For example, there was a content name '**self-care**' for both mothers and fathers. There was a big picture about this theme where the father was creating an opportunity for the mothers to take self-care or father and mother are talking with each other and spending quality time. Some photos/picture was based on the theme of 'sharing household responsibility'; 'playing with the children; 'storytelling activities with the young children; 'different nutritious food'; 'importance of having nutritious food'. Flipchart was designed so that the fathers can support and engage themselves in their child's overall development. For example, the content regarding having nutritious food was included due to the reduction of buying junk food by the fathers to their children. Para counsellors who always talk to the mothers said that fathers mostly brought nourishment to the children from stalls. Since most of the time, fathers do the grocery, it is good for them to know which foods are nutritious. Another theme was on the flip chart was showing a picture about how they can create low-cost toys with the available materials at home. The design team collected the low-cost bamboo-made toys displayed on the flipchart. In this way, there are ten pages on our flipchart that contain big pictures and one message for each image.

Flipchart for the parents of 0-2-year old children

There were nine pages in the flipchart for the parents of 0-2-year-old children, and each page contained unique pictorial messages. The content of the flipcharts are child development, breastfeeding, nutrition, vaccination, hygiene, self-care of the caregivers, Importance of play, play ideas for children, making low-cost toys.

Flipchart for the 2-6-year-old children

Contents for this flipchart includes nutrition, hygiene, positive parenting, child protection, the importance of play, play ideas for children, making low-cost toys.

6.2.1 Formative Research on Flipcharts

In March 2021, formative research was conducted to test the cultural sensitivity, relevancy and understandability of the two flipcharts among the Rohingya community. One flipchart was for the parents of 0-2 years children and another for 2-6 years children. In addition, there were 9 and 8 pages in the flipchart for 0-2 years child, and 2-6 years child respectively where each page contained unique pictorial messages. For all pages of the flipchart, all respondents found that the visual presentation is the most effective way of conveying messages to increase awareness in camp areas. However, strong suggestion's came from the participants on using a contextual and colourful picture.

6.3 Poster

Two posters were also developed as co-created material for fathers engagement. One sign was about a picture of husband and wife where husband taking his wife to the doctor. The main message of the poster was that a father should start taking care of the child when they are in the womb. There was a long process of development they followed for making these posters. Both teams identified the theme and validated it from the field at least once at the first stage. That means how the receiver perceives them was considered. BRAC IED PtL project members and SWB then started brainstorming about the picture added to the poster. When a draft picture is ready, everyone, IRC, SWB, and NYU, gives their feedback. When it goes to the third or fourth stage, the whole thing again takes it to the field. As this material was tested for the father's engagement model, it showed it to Rohingya fathers and managers. They were asked if it needed any changes. Based on their feedback content of the poster again changed. In this way, the poster was created.

The poster's title was fathers can take care of the mothers to support a child's development. Another one is fathers can help the mothers, especially when the child is being breastfed. The poster's content was a father washing the cloth of a newborn while the mother was breastfeeding the child inside the home. These were the central theme of the posters, which the fathers accepted positively.

<i>Co-created posters content</i>	
Poster 1	<i>'Fathers should be engaged in household tasks while the mother is breastfeeding.'</i>
Poster 2	<i>'Taking care of a mother for child's development.'</i>

6.3.1 Formative Research on posters

In March 2021, formative research was conducted to test the cultural sensitivity, relevancy and understandability of the two posters among the Rohingya community. Here, one sign was about the father's engagement in household tasks while the mother was breastfeeding her child, and another was about taking care of the mother for the child's development. The Rohingya community accepted both the content and pictures of the poster as they perceived that the messages were beneficial for the Rohingya mother and their family. They found both signs helpful because the contents enhance their knowledge on child-rearing, child development, cooperation, do's and don't's during pregnancy, health and wellbeing of the pregnant mothers and the foetus. However, they have suggested making the posters colourful, maximise the picture of the child development when the baby is in the mother's womb (poster 2) and reconsidering the breastfeeding scene in the poster paper where the mother was breastfeeding her child in an open space (poster 1), as the picture is not accordance with their cultural beliefs.

6.3.2 Formative research on Covid Poster

BRAC has been undertaking the Covid-19 awareness program from the end of March 2020. Due to the Covid-19 outbreak, it could not reach out to the Rohingya community in person and continue the play lab services; therefore, BRAC and Sesame Workshop collaborated on a poster

disseminated in the camps. and a similar poster for the host community. Although the topics were similar, but the context was for the host community, as such the illustrations of the two posters were different. This research aimed to confirm the Rohingya children’s attitudes regarding sharing information through posters. A qualitative research approach was made with a total of 18 participants. For the study, three posters were used, each presenting different information. The first was on "How to Prevent Covid-19," the second was on "Maintaining Mental and Emotional Wellbeing," and the third was on "Spending Time with Children throughout Their Childhood." The findings of this study are described using decoded responses from respondents and their reflections based on the poster's content. For example, Participants expressed displeasure with the sight of a young child being taken to the market, as doing so during the Covid-19 time put the youngster in danger in Poster 1. Participants expressed that obtaining Covid-19 safety and awareness training would help them follow more effectively and inform others. Participants also mentioned that a parent was conducting breathing exercises to assist calm his thoughts in poster two in the poster. In another poster, the image depicts how parents spend time at home with their children during the pandemic. According to reflections, there are several suggestions for future reprint. A picture of a drain or garbage bin may be included in the market scene in the poster to make it more realistic. Because if there was a drain/trash bin, everyone could dispose of their rubbish there, and people would be protected from numerous diseases.



Image: Covid posters

6.4 Video content

In making storybooks, the team leads of curriculum development were working on the videos of the contents. Contents were developed by conducting formative research. The BRAC IED’s curriculum team worked a lot on making the video content throughout the years . After

their work, feedback from the field team and findings from the research, the video content was finalised. The theme of the videos is based on the development contexts like problem-solving, math, science, social interaction, communication with each other, how they can support each other etc. Both teams have created almost 150/200 videos on these types of topics as co-creation activities. Though SWB makes videos as they are experts on it, BRAC IED's role was to contextualise, scriptwriting, and translation. Since the model was not in the entire operation, videos are not finalised because the materials cannot provide until children can come to the centre.

6.5 Booklet

Booklets are co-created material of BRAC and SWB, where both presented their plans, frameworks, etc., and gave their feedback. Then they did a field test of it to see whether it worked or not, and on that, they drew the pictures. Then they again gave feedback, and changes were incorporated accordingly. It is at its last stage.

Chapter 7: Amendment in Implementation

When the lockdown was implemented due to the COVID situation, in the beginning, it felt like everything might get opened by July-August 2020 went by opening everything in a limited way for a while and then getting shut down for a long time. However, in January 2021, BRAC IED realised that the Covid situation would be inconstant. For the implementers tough, to decide to implement any of the three models in the Rohingya camp. During our interview session, we observed these uncertainties of the issues from their verbal cues:

“We planned to design it in March 2020. It will be face to face design for Bangladesh. But, everything stopped because of the Covid situation. We did the design with them (SWB) online. That design was supposed to be implemented by August/September of last year (2020). But, when we could not even open it till October, we planned to start it in March/April (2021). This January, we realised that we would not be able to start it in March/April (2021). Then, we were planning to start it in July/August or September/October (2021). Since we wanted to start it last year, but lockdown started when we were planning it, we more or less assumed that we would be able to start it in March/April of this year. But the lockdown has started again. In the beginning, we also thought that it would end after six months. Bangladesh and globally, it might go through open and close. This concept was not that strongly last year or six months ago.”

It was more difficult for the 2-4 home-based model. Because if play labs are not open, there is also uncertainty to continue 2-4 home-based pocket sessions. One of the practical learning approaches of the 2-4 home-based pocket session was to show videos by setting up the pico projector¹². Additionally, human resource issue was to consider. People couldn't go door to door bringing the pico projector, set up, and then uninstall after finishing the video in the Covid situation. On the other hand, another home-based model, namely the parent-child dyad model also not possible to implement due to the same reasons. Thus, these two home-based sessions are postponed till 2022.

¹² Pico projector is a type of projector. This is a battery-operated projector. It has to be charged every day. Human resources are needed to operate it. As there is no electricity in the camp, it's not possible to show video with any sort of connection. Pico projector is a part of the video content. Videos will be shown by a screen. The projector is a part of Video content to present the committee members.

Meanwhile, sometime in 2021, the ED of BRAC IED decided to continue the father's engagement model for the 0-2 age cohort in the planning meeting. This planning meeting was crucial for the implementers to review their activities and determine future strategies. One of the core team members said about the nature of this planning meeting.

“Then our ED told us in a planning meeting what we can do and we cannot and also if we do something, how we can do that”.

Thus, it was decided to do piloting the father's engagement model around November/December of 2021 and develop a mechanism for implementation through the *Pashe Achhi* platform. However, before that, another telecommunication model called fathers wellbeing was started through the *Pashe Achhi* model. Though it was is not part of the PTL project. Some components from the father's wellbeing will be added in the father's engagement model, a face to face intervention. The way the frontline providers talk face to face with the mothers of 0 to 2 will be a similar session for the fathers.

However, some co-created material has been used already in the 2-4 age home-based session through *Pashe Achhi*. Other co-created materials such as storybooks and activities are also under planning to be incorporated. Because mothers and child engagement would be ensured here, the activity storybook will be implemented; for example- mothers and children will sit together and colour sheet/papers or dotted lines and create a shape together.

7.2 *Pashe Achhi* Home visit session

The main obstacle for the BRAC IED during the lockdown was the complete shutdown of the telecommunication system at the camp. According to government rules reaching Rohingya mothers and children was impossible through mobile phones. In that case, a home visit by a frontline service provider was one of the appropriate strategies. So, a home visit model was then developed in light of *Pashe Achhi* learning or healing framework. The main objective of the home-based model was to make HPL in every household so that play leaders and mother volunteers conduct the sessions, which led to a continuation of the programme.

The 2-4-year *Pashe Achhi* home based curriculum was completed by August 2021. The moral for 2-4-year home-based *Pashe Achhi* has been customised for the home base of their age group. There were changes in the new framework. Though, the framework looks very much similar with the learning framework of *Pashe Achhi*, but there are changes in modality. Some co-created materials, such as storybooks, flashcards etc., have been developed for this framework. The last week of November 2021 first co-created storybook was facilitated. The rest of the things of the framework is as it was before.

The curriculum team developed one-year face to face sessions by this month. When HPL and learning centres and schools are reopening, the curriculum team will make another co-created model for a new RRC curriculum. This model only adds a few things, such as storybooks,

video content, and posters co-created by SWB. By August 2021, among the eight storybooks. The rest were on their way to being printed. The plan was to publish four more books by the end of this year. The storybooks, posters and flip charts were ready to print then too.

Through this newly developed model, the implementers reached the mother and child 15 minutes for learning and 15 minutes for healing. The training for the home visit session of the frontline service providers was conducted during September 2021. And the session was started on the last week of 21st of November, 2021. It will be incorporated with the HPL model when it will re-open.

7.2.1 Home visit session curriculum

The entire segment is completed in approximately 30 minutes. The first 15 minutes is about PSS. The PLs provided their identity, why they came to the women’s household and asked for permission to talk with parents and the children. In the next few minutes, instead of directly going to the main point, the PLs ask slightly general questions with permission, such as –how they and their family members are doing. PLs, assure mothers of confidentiality to encourage them to talk freely. When mothers talk, the PLs listen to them very sensibly. At this point, the PLs remind the mother that they will speak for the mother and children’s wellbeing.

In some weeks the discussion topic for PSS are “give importance to the child’s preference and speak with an open mind’. This session is ended with breathing exercise with the mothers and experience sharing. As the script in this section states, the play leader must keep in mind the importance of the mother's position, situation, context and place.

In the next 15 minutes, is about the session of “let’s talk and play” with the mother and child. The PLs try to engage with the kids by playing *kabbiya* or *Kissa* or free play and favorite game in different week of the month.

In the *Kabbiya* session, the PLs ask the children to recite a *Kabbiya* with her. After the recitation, PLs give claps so that the children feel happy. Through *Kabbiya*, the PLs try to engage their mothers in it to perform something similar with the children. Before that, the PLs wants to see the picture that the children draw the last week.

The PL would like to see the drawing of the previous week in the return session of the 2nd week. And seeing that, he played a game with mother and baby. Before finishing, the mother instructs the child to play this game in his spare time. At the same time, the mother should encourage the child to take pictures and help if necessary.



The third week was initially for the content of “Kissa”. At first, the PLs emphasised on Covid-19 awareness issue and encouraged children to wear masks regularly. Then PL, mother and children start a storytelling session maintaining social distance. Then PL shows how to run the storytelling session to the mother. Then PL requested the mother to speak to another level. Because the way the mother and PL tell the story is beneficial for the children’s mental health. In the meantime, PL asked children to show their last weeks drawing activities. At the same time, the mother instructed the mother to encourage her children on drawing.

In the “preferred play” session, the PLs asked the children about their leisure time and wanted to see the drawing. Then she organised a play session with the mother and child. Generally, this session is contained in the 4th week of the month. The PLs then asked the children about their liking, and disliking’s from the last three weeks contents. Then they do the activity that the children like. Finally, she again instructs the mother to do all the activities with her children when she is free. Finally, the PLs promise the kids and the mothers to communicate with them in the next week.

Table 2: Content of the Home-Based session for 2-6 years children for the month of November December, 2021

Session Theme	Week	Discussion issue	Session Duration
Discussion with the mothers	First & Second week	Shishur pochondoke gurutto dei, nijeo Khushi thaki	15 minutes
Psycho-Social Service (PSS)	Third & Fourth Week	Shishur pochondoke gurutto dei, nijeo Khushi thaki	15 minutes
Discussion with the mother & Child	First week: Let’s Play	Kabbiya	15 minutes
Let’s talk and play (Kotha boli khela kori)	Second week: Let’s Play	Ghure fire khela	15 minutes
	Third week: Let’s Play	Kissa (I can Play)	15 minutes
	Fourth week: Let’s Play	Pochonder khela	15 minutes

7.2.2 Play Materials Distribution

In October, 2021 materials are distributed to the children and mothers of HPL so that they don't feel ignored by the HPL implementers. Play leaders were going door to door to provide play. Learning materials such as ball, rattle, animal and fruit set, story books, drawing book, colour pencil, eraser, sharpener and pencil encouraged them to make different kinds of traditional toys and play materials so that children get engaged on it. The relationship between mothers and children can develop.



Image: Play materials and drawing materials distributed by BIED

Although there was no separate intervention name, but it is a significant intervention from HPL management. From the play leaders voices it was a timely initiative and a big component of HPL that encourages them for learning to play. We also observed that children were enjoying these materials.

7.2.3 Summary Formative Research on Pashe Achhi Home Visits in the Camp

BRAC's "*Pashe Achhi*" telecommunication model is designed to ensure children feel connected and facilitate mothers' well-being. This model was implemented in the camp after the massive fire incident that happened in March 2021 to amplify the trauma and stressors of the Rohingya People. The objective of this formative study was to understand and evaluate the experiences of mothers, play leaders, and mother volunteers during the "*Pashe Achhi*" home-visit session. The productive research has been done chiefly followed by a qualitative approach. The data were collected through in-depth interviews (IDI) with semi-structured questionnaires

on 29th April and 1st May 2021. Seventy-nine participants were selected in the process, three types of participants including 39 Mothers, 20 Play leaders, 20 mother volunteers. This formative study's findings are divided into three major themes and further split into subthemes under the main themes as follows- the first one is Mothers' responses to the home-visit session by expressing their opinions and experiences regarding their wellbeing and children's reactions through the sessions including Positive emotional feelings toward the session, Strengthen the relationship with the PLs/MVs, Reminisced their childhood, Duration, and frequency of the home-visit session, Level of satisfaction on the home-visit session. The second theme is Mothers and PLs/MVs reflection about children's responses during the home-visit session where the mother and the PL/MV explained that they found the session delightful and helpful for the children, including the Joyfulness and enthusiasm of children during the session and Active participation of children with the PLs/MVs. The last theme was where the discussion about Play Leader/Volunteers' responses about the home-visit session, their opinions, and experience regarding mother's wellbeing and children's development and few challenges during the face-to-face session including warm welcome and acceptance by the family, Acquired a better understanding, Effective session conduction, Duration, and frequency of the home-visit session, Challenges faced by the PLs/MVs, Level of satisfaction on a home-visit session. This study revealed that a combination of weekly phone calls and home-visit sessions might significantly impact child development while facilitating mothers' emotional well-being during any circumstances like the Covid-19 pandemic. Based on the present study findings, some recommendations were given along with session length flexibility, two home visit sessions per month, proper scheduling to avoid time mismatching, following Covid-19 regulation, and distributing low-cost play materials among children.

Chapter 8

Capacity development for frontline service providers: adapting newer approaches

As discussed above, *Pashe Achhi* was based entirely on telecommunication, and mobile phone was only one medium to connect mother and children. Since restriction came from CIC on the uses of the telephone for this communication, closing pocket session for the mothers due to Covid situation forced BRAC IED to plan alternative way. One of the alternative solutions was to provide one to one sessions to the mothers through a home visit. Because the local providers were allowed to enter the camp, they met with the mother's face-to-face, maintaining social distance and other safety protocols during August-September 2021. Another option was to build a group of trainers who could train other frontline providers.

8.1 Basic training and TOT

Providing training to the local providers and frontline service providers in this situation was just the first step to re-connect with the Rohingya mother and children. These three days of basic training was organised in 3 separate batches for PCs and PAs at the end of September 2021. In total, 33 PCs and PA's received training. The training was continued from 9:00 am to 4:00 PM for three consecutive days, as mentioned earlier. Considering the Covid safety protocol, this was organised four separate places, including a camp-based training centre, learning centre (LC), an old training centre for staff and others. 8-14 participants were present in each batch. Within these three days, the first two days were for TOT. The content was almost the same for five days' basic training, which was done last year. The previous day was about orientation as refresher training. PCs and PA's trained mother volunteers and Play leaders. However, this training aims to select a few Mother volunteers and Play leaders for advanced level training who will train their peers in the future when required.

8.2 Contents

This basic training has two parts. One was about reviewing the knowledge on play-based learning. Another was developing their skills as a trainer. Issues covered in the first two days training session were introduction, expectations and goals, rules of the training, introduction of play to learn project, children and child protection in emergency, child development, importance of play for child development, the necessity of having a good relationship with the children and mothers while working with them, psychosocial aid, four skills of psychosocial provider. Actually, first day was mainly about reviewing/recap their understanding and knowledge about the project.

On second day sessions for introduction with basic training module. Then the trainers divided the contents among the participants and getting demos from them. Later participants were demonstrated few sessions. Since they have to conduct training, there was some instruction/ rules to become a trainer. Then, there was protection rules of child protection that all should need to follow.

Table 3: Training Content for the 2 Day's basic training for Pashe Achhi home based session

Training content for the 2 day's basic training programme for Pashe Achhi home based session			
Age group of the children	Participants	Day -1	Day-2
0-2 age group	Mother volunteer	<ul style="list-style-type: none"> - Introduction - Child protection in emergency situation - Child development and importance of play in child development 	<ul style="list-style-type: none"> - Introduction and recap - Introduction with the sessions - Demonstration of the sessions - Simulation of the sessions
2-6 age group	Play leaders	<ul style="list-style-type: none"> - Communication and building relationship with the children and his/her family - Psycho-social aid 	<ul style="list-style-type: none"> - Important aspects of the training during training conduction - Safety protocols and closing

8.3 Trainee's Assessment

When it comes to assessing the trainee of any training programme, it's best to start at the beginning. BRAC IED capacity development expert team did the same thing with these trainees. Before the training, the trainers decided what and how they assess trainees considering the most appropriate strategies. All the trainees were evaluated thus with 20 marks questions.

Table 4: Assessment Question for the trainees

Question no	Questions
1	Which age group of children we are working with?
2	What do you mean by 'child development'?
3	What are the skills for psycho-social aid?
4	How many parts in "Pashe Achhi" home visit sessions?
5	What are the issues should be considered by a trainer during the time of training conduction?

The trainees were assessed based on their knowledge in three criteria includes complete, partial and no answer.

8.4 Attachment with the trainers

After this basic training first month, the mother volunteers and play leaders will be on attachment with the trainers. Even though they will be on the attachment, they will not conduct any training. However, they might conduct training on 1/2 contents in the second month. Then

in the third month, they will work training on more range. This is how they will be developed by being with the trainers. And, when the trainer feels that they are ready for a refreshers training, they will let them conduct trainings.

8.5 The future challenges

The group who were designated as trainers for a long time. However, some of them dropped out earlier. So, it was not easier to build them as a trainer through this single training. It was a time-consuming issue that required both the trainer and trainees more in-depth involvement. One of the master trainers from 0-2 years HPL model had defined the way of procedure:

“Just because we took a step to develop the skills of the mother volunteers, it does not mean that they will be able to train the day after we provided the training. We have just started the process. We provided two days long training. We will provide basic training for two days.”

8.6 Refresher Training

Since the implementation of HPL refresher training was regularly held every month, we could attend and observe such a typical refresher session for the *Pashe Aschi* home visit session during December 2021. The refresher guideline of the following month is shared with the PA and PC



Image: Refresher Training with play leaders, December 2021

before the refresher, which they have to share with the PL and MV so that they can be ready during the refresher. The content was almost the same except for the rhymes/*kabbiya*.

8.6.1 Refresher Training for Play Leaders

A regular session started at 9.00 a.m., exchanging greetings and introducing each other. Also, participants were given a card each where they wrote their name and pinned it on them.

After the introductory part, the trainers started talking about healing sessions by sitting roundly. This part of the session began by asking the participants how they and their families were doing in this pandemic. Then they, one by one, went through precautions of Covid-19, active listening, being empathetic, being nonjudgmental, and confidentiality in the way of conversation and relating this topic with their life events. At the end of this part, the trainers and the participants did a berating exercise for relaxation. This part of the session was 1hour 30 minutes long. After this, the trainers quickly explained the goal and reason behind this refresher's session by breaking bit by bit. It took 15 minutes to present.

Then the trainer started a discussion on 'building a good relationship between mother and child. This part of the session was 15 minutes long. The trainers pointed out how they can help the beneficiaries build good relationships among the mothers and the children by responding to them considering the situation, listening attentively, and not being judgmental.

For the next 15 minutes, the play leaders were oriented to conduct a Pashe Achii home visit session. This part of the session was 15 minutes long. Here, the trainers remind the participants what they need to keep in mind while conducting a home visit session, such as precautions from Covid-19, greetings, taking permission before entering the room, not touching the child, etc.

Following the next 30 minutes, they shared their experiences on the Play leaders past months' experiences. In this session, all the participants shared their experiences, those they liked and faced challenges. Trainers also provide if they have any pieces of advice.

The next segment of the session was about 2 hours 30 minutes long. The session contains an introduction and demonstration of psycho-social help and play. The trainers explain the contents of the next month and remind the mother about things such as active listening, being empathetic, being non-judgmental and maintaining confidentiality that they need to keep in check while conducting the session. Then, the participants in pairs demonstrate the sessions by one becoming the play leader and the other becoming the beneficiary.

The final session on safety rules and conclusion was about 15 minutes long. Here trainers reminded the participants about the safety rules. Then, the participants asked questions to the trainers if they had any. With this, the session was concluded.

8.6.2 Refresher Training for mother volunteer

Usually, the PC conducted a one-day refresher with the mother volunteers. Based on December-January's activity, the refresher of the following month was organised at the end of December 2021.

Healing Session

The refresher training started with a healing session of the participants. At first, the trainers and the participants introduced themselves. Then, the trainer asked the participants about their and their families' whereabouts. After that, the trainers explained to them how the mind is connected with the body and the welling of can affect the other. After explaining, they ageing asked the participants how they are doing and what they do for their wellbeing. Then, they suggested ways to help them stay well, such as doing what they like, doing breathing exercises regularly, having proper food, rest, sleeping and exercising, etc.

Health awareness

In this part of the session, the trainers remind the participants about the precautions they need to take from Covid-19, such as wearing a mask, maintaining distance, washing hands etc.

Putting herself into other's shoes

At first, the trainers explained the importance of being empathetic. Then, they asked the participants to explain how they felt when someone else tried to understand them from their perspective and how they felt when they listened to the beneficiaries. After hearing their responses, the trainers describe the necessity of talking or replying to the beneficiaries by understanding their situation.

Relaxations

In this part, the trainers conducted breathing exercises for relation, and with it, they ended the healing session of the training.

7 to 8 months pregnant mothers & 1 day to 45 days children and mothers

This part is divided into two parts. One is for the expectant mothers or *Hamil Maa*, and the other is for the newbie mothers. In part one, after introduction and greetings, they tell the pregnant women to go to the health centre in any emergencies like bleeding, high fever, excessive headache etc. along with that, they suggest the expectant mothers go to the health centre or trained midwife for delivery. The mother volunteers also indicate that the mothers breastfeed the child for at least six months to stay clean to both mother and child, keep the baby warm, etc. The mother volunteers are also instructed to maintain confidentiality if the pregnant mother shares any personal information. Part two is for the newbie mothers. Here, after asking the mother about her wellbeing after the childbirth, they suggest the mother breastfeed her child for at least up to 6 months, maintain precautions for Covid-19, go to the health centre in case of emergency, vaccinate the child on time, communicate with the child by calling them by their name etc.

46 days to 2 years old children and mothers

This session is mainly divided into two parts. The first one is talking to the mother and the second part is activities with the mothers and the children. In the first part, the mother volunteers explain the aim of the visit and introduce the session's contents after exchanging greetings. Then,

she asks the mother about her experience from the previous session and her expertise in playing with her baby. She also describes the importance of playing with the children and making them happy. They end this part of the session with a breathing exercise.

The second part has four different segments depending on the weeks of the month. On the first week of the month, the mother volunteer tells the beneficiaries with gestures and changes the tone. Then she asks the mother to tell the child instantly and request to tell the story to the child with the family members. In the second week, the mother volunteer to teach a game/play to the mother and say to the mother to play it with the child and then request the mother to play it with her child at home. In the third week, the mother volunteer teaches the mother to make a toy with materials like used plastic, colourful paper, glue etc. and tell the mother to play with it with her child. On the 4th or last week, she recites a poem with gestures and changing tone and teaches it to the mother. Then, request the mother to recite the poem with the rest of the family members.

My Observation of the refresher

On 21st December, I went to 1w Rohingya camp. 2 para counsellors conducted the refresher with 13 mother volunteers. The trainer talked to a mother volunteer who got vaccinated and asked about the side effects. After the mother volunteer described her side effects, the trainer said that everyone should be vaccinated, and it is very typical to have some side effects.

Then, the trainer asked the mother volunteers what they do for their peace of mind (*Moner Shanti*). All the participants started telling what they do for their peace of mind, e.g. reciting Quran, reading *Kabbiya*, *Kissa*, sewing, sleeping etc.

After that, the trainer conducted breathing exercises like inhaling the flower's smell and then exhaling slowly. The trainer asked the participants regarding the precautions from Covid-19 and washing hands, and the participants told her what they do one by one. Then, she asked the participants to build a better relationship with the mothers. The participants replied that they could make a better relationship by greetings, maintaining confidentiality, being empathetic, maintaining eye contact, etc.

Then, the trainer asked them which activities from the last month the beneficiaries liked most. Some participants said *Kissa*; some said *Kabbiya*; some said Boat making (Making toys). Some mother volunteers noted that the game " children playing with the pillow" helps children build muscles and develop their brains. The participants also added that mothers would be happy to have some toys as it helps to keep the children busy and relives.

After this conversation, the trainer asked the participants about their learning from that day's session, and the participants replied one by one. Further, another trainer asked the participants about the difference between *Hamil Maa* (pregnant mother) and *Nutun Maa* (mother of the newborn). The participants replied by pointing out one expectant mother and one

newbie mother among them. Then, the trainer told them that mothers need to eat correctly, drink safe water and stay clean. She added that mothers should do whatever makes them happy or feel good for the sound mind. She also suggested that they see doctors if they or any family members get sick. Then, the trainer explained to the mothers why *Shaal Dudh* (colostrum) is suitable for the newborn and should breastfeed at least six months. She also told them to play, look at, smile and talk to the baby by making eye contact as it builds a good relationship between mother and child.

Then, the participants assure the trainers that they always stay clean to be safe from dengue and other diseases. They also said they always ask the pregnant mother about her and her family members' opinions on delivering the baby. After listening to their answers, they suggest that the beneficiaries go to health centres or trained midwives. They also indicate that newbie mothers feed lentils and veggies to the children when they are six months old and suggest vaccinating the children on time.

The refresher session ended with a demonstration of the home visit session where one mother volunteer played the beneficiary's role, and the other played the role of mother volunteer. After this role-playing rest of the participants and the trainers gave their feedback.

8.7 Training on Staff Development

A 4 days training on staff development has been also conducted during the month of December 2021. The PC, senior PC, PA, PO, monitoring officers from host and camp were participated in this training. The first two day was about management and the remaining two day's for Anger management and Playfulness. The training started at 9 a.m. and ended at 5 p.m. From our observation we noticed that the session was very interactive and enjoyable.



Day 3: Play and Play fullness

The introductory phase of the session was very interesting. All the participants played musical ball, where the participant with the ball while music stopped introduced themselves with

their name, designation, and their camp or host name. This part of the session was 30 minutes long. Then, the trainer explained the etiquettes of the training session such as maintaining time, asking questions if anyone do not understand anything, silent the phone, etc. for the next 5 minutes. After that, he discussed the goal of the training and the contents of the training which took 10 minutes. The contents of the training was play and playfulness, importance of playfulness, play and coping strategy, play and sound mind, and play and healing.

Play and Play fullness

After that, the trainer started discussing about play with the participants. All the participants shared the description about the play that they used to play in their childhood and along with it they also explained their experiences and feelings related to those plays. From the experiences of the participants, the trainer drives the definition of the play by pointing out that it is a gender-neutral diversified thing. Then, the trainer started to discuss the types of play and the benefits of these plays. the trainer mentioned that there are 5 types of play-physical play, material play, expressive play, emotional play, and role play. The trainer demonstrated that the physical play develops brain and muscles, material play develops brain and empathy, expressive play develops communication skills, emotional play develops social skills, leading, sharing and role play develops the brain, social skills, and teach many things about surroundings.



Image: Part of Play and Play fullness session training session

Importance of play fullness

After coming back from the break, the instructor demonstrated the importance of the play by making the female participants play a game. The discussion topic was about the importance of play in accelerating development, enhancing concentration, developing good relationships, helping to be creative, increasing resilience and helping to adjust with the surrounding.

Play, coping and healing.

When the game ended, the trainer gave a piece of colourful paper to all the participants and then told them to write down only their feelings regarding those incidents that hurt them in their lifetime. After everyone had written it down, the instructor asked everyone to talk about those feelings and how they cope with those situations. Then the trainer described that we often

encounter some problems or incidents in our life that hurt us. But, using our coping mechanisms such as cooking, singing, listening to music, etc., the human being can come out of these situations. The trainer also states that play helps with coping and healing by creating a way to express emotions, such as-bring a positive attitude, enhancing self-regulation, building a good relationship with people, motivating them to do something, helping them to be hopeful.

After these activities, the trainer read out the whole training module given to the participants at the beginning of the session and pointed out that with the plays and activities of the entire session, they had already learned it. Similarly, plays can teach many things while developing different aspects and mental health conditions.

Chapter 9: Strategies of Community Engagement in Model Development

Community engagement is an integral part of development projects, and its benefits are better results for all stakeholders, community ownership, and lower project costs. Still, more importantly, project donors want to hear ideas and opinions. Community engagement is no longer about spreading information and telling people what is being done but is a two-way street between project staff and stakeholders. When the community is involved in a project, they have ownership of it and the decision-making process, which is key to a successful project outcome. Its district, constituency, or client base, especially in situations of change, is essential in understanding and reformulating organisational mission, designing new programming, developing leadership and governance, building coalitions and alliances, measuring organisational effectiveness and achievements, and being able to articulate a compelling rationale in grant-writing and other funding appeals for administrative support. In this chapter, we will discuss how the community engaged in developing HPL and other models. Before discussing community engagement in HPL, we would like to see what community engagement is meant to us.

9.1 Community engagement in HPL

In the HPL model development and later phase, the Rohingya community has been involved in various ways. These include making CFS structure, designing and decorating CFS, CFS management, content development, involvement of Rohingya women as CFS facilitator, play material development etc. BIED have realised that understanding the lives of children and the community is essential for any child-centred design and programme because the community themselves have adequate and expert knowledge about their culture.

9.2.1 Making CFS structure by community male

In September 2017, when the model did not structure, Rohingya males were involved. We have observed that they worked hard to set up CFSs because. It was found that the Rohingya male had built almost 95% of the CFSs through their manual labour and spontaneous participation. It was the first attempt of the BIED management when they realised that the lives of children and community is essential for this



child-centred design. The BIED field staff honoured the community men in this regard. Whatever the Rohingya men suggested, they accepted and welcomed their suggestion. When we talked with a *Majhee* in camp four, he described how the HPL field team liked his suggestion.

*“I Came here on 25th September in 2017. I know the managers X and Y. This place is next to my house for building a school in this block. He found me while building a house. They were asking for a boatman here. Then I introduced them. They entrusted me to build a school. I bought plastic, a triple, and bamboo and built a school. They paid for everything. I said to do with the Triple first. X then liked my idea”.
.....Majhee, camp 3*

Another *Majhee* from the same camp also said how Rohingya labourer, BRAC field staff and jointly worked on building the CFSs comfortable for the children.

“I worked as Majhee in this camp (in 2017) while working with BRAC. I’ve worked with all the HPL manager’s guidance. In the beginning, X and Y came to me. I informed you that the BRAC would open a CFS to teach your kids. At that time, our kids were at risk of various aspects. If CFSs are opened, we, the parents, will be tension-free. I was convinced of their words. And thus, I have shown them where it would be better to open CFSs. CFS 24 and 25 was constructed based on my suggestion’s. At first, they provide the Rs—14,000 for building a CFS. I

built the house with the help of our community people. Initially, X instructed me about the design. However, the design was not completely similar to our Burmese house as those were made with both wood and bamboo. I made CFSs with bamboo. When X showed me the design, they said to do it so that air and light enter the room. I have suggested making the holes small otherwise, it will hurt children's if they put their hands in the poodles. For this, I have made the holes smaller. The X saw the design of our house in the camp. The manager and the other staff have liked the idea and overall design of the house. The way they demanded, and we have made it that way”.

9.2.2 Designing and decorating CFS by community women

In 2018 BIED architecture team started covering the culture, habits, and practices of the Rohingya people with different age groups and mothers and children's to understand their aspirations with the CFSs. For example, the girls wanted to do flower plantation; boys wanted plants for getting shades and playing football. That was the beginning of engaging Rohingya people in space design. In the later phase, we have observed that all these things in the surroundings of the CFSs are arranged accordingly. When community women shared that they decorated their homes with *Shamiana* (ceiling drape), the HPL model incorporated that. During the designing phase of the CFSs, the community women make the *Shamiana* and the field management. The BIED also informed that the Rohingya children and adolescents loved to draw “*Alpona*” on the wall and sometimes sew on the cloths. Then those things are incorporated in the space design and curriculum also.



Images: The CFS children's are drawing alpona when they were present at the CFSs(left) and during the time of lockdown period (right)

The children in the CFS spaces were then decorated with colourful hand-painted flowers, art, hanging decorations, etc. Not only the indoor designing, but the architecture team also talked with the Rohingya community on outdoor space design too. The community shared their experience of how Rohingya children play outdoors in Myanmar settings and camp settings. Due to a lack of availability of space in the camps, children's are bound to play outdoors with minimal materials. Based on the community opinion, few bamboo platforms of different heights and outdoor play apparatus that children can play with have been fixed in camp 4.

9.2.3 Involvement of Rohingya women as CFS facilitator

Rohingya PIs and MVs are usually residents in the community in which they leave and work. It was assumed that because of their identity, culture and language they will automatically receive community support. When *Majhees* were motivated about the objective of introducing CFS in the community, they supported management to select the PLs. When women did not want to come out from their home and work outside *Majhees* played a trusted mediator. *Majlis* motivated PLs husband that their religious sentiment would be honoured while their women would work.

9.2.4 CFS management

A Community-Based Child Protection Committee (CBCPC) was formed before starting the HPL model inside the camp. To protect Rohingya children from abuse, violence, trafficking within the Rohingya camps, the formation of the 11 member committees was essential then. The objective was to mobilise community responses, raise awareness on child protection, and ensure that communities create a safe and secure environment for the children. This committee consists of members from the surrounding community of its respective CFS/HPL, including Head *Majhee*, sub-*Majhee*, Imam and Parents from the community side. The CBCPC acts as a local governing body of the respective HPL that assists the management in establishing and governance of CFS/HPL. This way, the community people get ownership of CFS/HPL. Another committee named 'CFS Management committee' was also formed in January 2019. In every CFS/HPL, a seven-member parents' committee is created with a *Majhee* and a few selected parents. The committee was very active in discussing CFS/HPL activities, children's engagement, and behavioural changes and development of the children. The committee also notified about hiring a play leader. There is also a parenting meeting with the lactating mothers regarding raring and taking care of children.

9.2.5 Content development

From the inception phase of the HPL model, content and curriculum were made or selected focusing on the bottom-up approach. The curriculum team make the selections by collecting information from the resource persons who are educated and used to working as a teacher in Burma. Initially, a set of books from Burma was organised for the curriculum. Later community provided their support from program design to tool validation by giving their opinions. While developing and selecting the plays, *Kabbiya* and *Kissa* of the curriculum, the community played its part by giving their opinions from their knowledge. Few contents those are mostly relevant with the ECD, were also contextualised by engaging the community. One of the

curriculum developers was discussion how they contextualized their play materials by engage the community.

“Initially, UNICEF used to operate the CFS and provided ECD. They used to give the Rohingya children monopoly, ludo, and alien games. But, the Rohingya children did not know how to play with it. From that, the drive for community engagement came. It had shown that western concepts work better in the West region. And if we work with the Rohingya children and Rohingya population then we have to learn from them”.

Through the bottom-up approach, it has been seen that the community was very adaptable and flexible. It had been not easy to do the work by engaging them if they did not versatile and flexible. Also, the development of co-created materials went through a bottom-up approach. Contents for *Pashe Achhi* brought from the original curriculum but validated by the community people. Through various formative, action, operational research had been conducted to know parents and frontline providers perception about the content, curriculum, and about the modality. In recent time, the 0-2 fathers’ engagement co-created model is being applied, but for 2-6 years, community engagement and the bottom up are the focus. Community gave their feedback while making the fathers engagement model. Also, mothers were also recommended to include the fathers while doing *Pashe Achhi* as in some aspects; fathers hold the ultimate authority of taking decisions. Therefore, the design was created with them. So that *Majhees* will be involved with the father in fathers’ engagement intervention.

9.2.7 Play material development by community women

Play materials development workshop with community women and adolescents involving the community with CFS infrastructure building done first in April 2019. The main objective was to enhance community involvement and create ownership of the CFS/HPL with the HPL. Since then, this workshop with the community women has been organised periodically. The mothers are encouraged to make toys and simple play items which they can manage easily from their surroundings and available at their homes at little or no cost.



Image: Play materials prepared by mother during the time of lockdown

However, this was not done always in a same modality. During the pandemic situation mothers were supplied various raw materials at their home. So that they could make new play materials for the children.



Image: Materials developed by mother during the time of lockdown

Chapter 10: Discussion and Conclusion

We documented processes of development the various HPL components through a systematic way. Specifically, we documented how the BRAC IED and SWB collaboratively worked on to develop major three components namely 2-4 home-based model, parent child DYAD model and 0-2 father's engagement model. As *Pashe Achii* telecommunication model had bigger influence in the later phase, we have captured the stories of various stakeholders and community members in developing, modifying and implementing the model during the Covid situation. How the BRAC IED curriculum developer and implementer faced challenges, adapted with the situation and re-shape the telecommunication model to home based model. For this purpose, we triangulated data from various programme documents and interviews to framework how this process took place. We gathered the story of HPL from mid-2019 till December of 2021. The duration of data collection was May to December, 2021. However, we have revisited to our data gathered in 2019 and 2020 for the requirement of the documentation. Through this process documentation exercise, we have described how co-creation started and process of co-creation, how the co-created material develop and looks like, how staffs an frontline workers are developed their capacity to provide services to the mother and children, how the curriculum for fathers engagement and home based session developed, contribution of BRAC IED research unit for fine tuning the curriculum. Lastly, we have briefly discussed how the community was involved in the whole processes of model development.

We have observed that the involvement of BRAC IED and SWB in curriculum and material development for HPL components was crucial that help improve the product. Both BRAC IED and SWB conducted series of workshop from 2019 to plan and execute the development process. Their joint effort has created storybooks, booklets, videos, flipcharts and posters. In some point few were reviewed by the NYU. Though these materials have been co-created but community gave their views on how the product should be. In that case we can say co-creation done among the community, BRAC IED and SWB. From the beginning of model development, BRAC IED identified the cultural component through community consultation with young children, community men and women, elderly members through FGDs and workshops. However, further research is required to see the outcome of these products on the community.

In 2020 BRAC IED started Covid awareness initiative when all the intervention is closed due to nationwide lockdown. It was realised by the field team that after completing the awareness activity, the staff will not be able to enter the camps. At that time ED, IED made a vital decision regarding communicating with the children through mobile phone. People have trusted filed management and provided their cell phone number when they aware about the reasons. *Pashe Achhi* telecommunication model then emerged. When activities of all NGOs got stopped in the camps, then BRAC IED continued the project through Telecommunication model. When the lockdown got eased up a little BRAC IED again went to the Rohingya community to get their views.

2021 was the defining moment for the BIED. After the fire incident of 22nd March, all the psychologists and para counsellors provided psychosocial first aid to the 8E, 8W, 9 & 10 bases. These activities were working well. On the other hand, many people's phones got burnt when a

fire occurred. The field team could not reach many of them as their phones burnt. Precisely, after that, in April, they have realised that the fear spread around the other camps due to the fire incident which needs to be considered immediately. Then the face to face psychosocial support service became a primary service to support their mental health. It was actually a timely initiative for them that guided them about the future actions. What BRAC IED did then was, besides psychosocial support, they created a guideline on COVID awareness and incorporated messages like social distancing and hand washing. From then the HPL team started home visits in few settings of Rohingya camps.

The restriction from the CIC regarding telecommunication and the situation that emerged from the fire incident pushed to think the BIED management about the importance of the transformation of the model. They have realised that 'Home visit was the next way of transformation'. In that circumstances, they have started the home visit session. It was one of the turning points after '*Pashe Achi*'.

In 2022, the *Pashe Achii* home-based session and Fathers engagement sessions will increase attention with the implementers and partners. The session will be continuing face-to-face by the Rohingya PLs, MVs and Male volunteers till this current situation is continuing. In the upcoming years the programme will also give importance on community engagement in almost all activities. We have started documentation from 2019 and will also continue in 2022 and 2023. As part of this documentation we will capture the wellbeing status of the children and mother and whether they have changed their mindset in regards to ECD and learning through play because of HPL intervention. At the end, we want to say that in 2020-2021 a critical time, BRAC IED has been able to connected with the HPL children, their parents, the frontline workers in variety of ways so that the community felt 'HPL are with us'. It is worth mentioning that whatever BIED did for the HPL from the begging did slowly and oversaw the situation step by step.

The biggest strength of the HPL, *Pashe Achhi*, home visits and father's engagement was about community engagement. This program has achieved a lot through community engagement. In the journey of this program, the solution to the community problem came from the community. This program's service delivery and designs are done by contextualising their needs. Since the very beginning, BRAC IED has done all the activities through a bottom-up approach; learning skill is gained everywhere. It was not as if they were keeping it as a learning skill; instead, they worked to move it towards the application process. As a result, being connected and adapting were helping them in every step due to a systematic approach. When they started *Pashe Achhi*, they worked on how it will process with the telephone and how these processes can be done. On one side, the field team kept communicating in the field and gathering information, created knowledge from them and, on the other side BRAC IED were feet it too. After experimenting, BRAC IED moved to the area if changes were required and communicated with the people again for gathering knowledge.

However, over the period, we have observed that HPL Management faced multiple challenges especially planning for the intervention of parent-child dyad model, 2-4 home-based model and father's engagement. They could able to faced those challenges because of their spontaneous decision-making capacity, intellectuality, absorbing learning from various setbacks, flexibility, community centric nature of work. Due to the school closures, parent-child dyad models are not being operated, and 2-4 home-based has been started through the *Pashe Achhi* platform. Also, father's engagement will intervene very recently by February 2022.