PASHE ACHHI TELECOMMUNICATION MODEL DURING COVID-19

A PROCESS DOCUMENTATION

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Executive Summary

Introduction

In 2020, the world has been shaken by the spread of the novel coronavirus disease (COVID-19), which has not only endangered physical health, but also brought a host of associated problems in the psychological, social and financial aspects of people's lives globally. In order to combat the disease and 'flatten the curve', drastic measures such as partial and complete lockdown has been applied in many countries, Bangladesh being one of them, since March 2020. The evidence-base suggests that being in lockdown or quarantine, people are more likely to develop a wide range of problems, such as, stress and depression. This has had a significant impact on young children and adolescents, who are essentially confined to the home since the closure of educational institutions. Lack of outdoor activity and socialization with peers has caused a disruption in their usual routines. Longer duration of school closure is expected to have a negative impact on children and heighten the already existing social inequalities in many parts of the world.

These circumstances needed immediate attention and appropriate alternatives. BRAC Institute of Educational Development (IED) having long experience of working in the field of mental health and psychosocial wellbeing, stepped up and contextualized and adapted their existing services of Play Labs in the mainstream, Government Primary Schools, Humanitarian Play Labs and other community-based programs to be delivered using the telecommunications modality and termed it as 'Pashe Achhi '. Through this intervention, they are providing hygiene, education and mental health services. This was a timely reaction to aid their beneficiaries – parents, children, adolescents and others, usually from disadvantaged communities, from both the immediate and wider effects of COVID-19. The Pashe Achhi tele-communication intervention has been designed in such a way that it makes the beneficiaries feel they are being supported during the crisis. This study aims to describe the process of development and implementation of Pashe Achhi intervention as a telecommunication model appropriate in the face of emergency.

Methods

A Process Documentation Research method was used to document the entire process of emergence of the Pashe Achhi telecommunication model, its design and implementation from May to October 2020. Data was collected remotely using various voice over internet protocol (VOIP) platforms and over telephone, by a group of trained qualitative researchers in three steps: i) identification of specific participants from the BRAC IED Head office, BRAC Humanitarian Crisis Management Programme (HCMP) and frontline staff ii) Collection of contact information, seeking permission for interview and making appointments and iii) conducting semi-structured interview with target participants. Key Informant Interviews (KII), In Depth Interviews (IDI) and document review were the primary information sources. Study participants, who were purposively selected, consisted of: i) 14 technical experts from the core team, content development, monitoring

and research, psychosocial and advocacy and communication teams at BRAC IED and HCMP, ii) 11 management staff from field offices such as Child Friendly Space (CFS) managers, programme organizers, Para-counsellor and project assistants, and iii) 12 frontline service providers such as Play Leaders, Mother Volunteers, case worker volunteers and adolescent volunteers.

All interviews were recorded with permission and following each interview, extended notes were prepared. Extended interview notes were thematically analyzed using inductive codes. Based on initial analysis, follow up interviews and analysis were conducted to mitigate gaps. Then, events, experiences and perceptions were organized in chronological order by identifying the common factors and a report was prepared.

Groundwork

BRAC IED has been a part of BRAC's joint COVID-19 response since March 8th, building mass awareness and distributing hygiene materials door to door at community level in the mainstream, host and Rohingya community. After the national lockdown, all in-person activities had to be stopped and all educational institutions closed, including those in the camp, mainstream and host communities. All efforts needed to shift to remote modality to continue spreading awareness and learning activities, to remain connected with children and parents. The launch of IED's tele counselling platform called '*Mon er Jotno Mobile E*' was a crucial milestone and the positive feedback from this intervention by the frontline health workers spurred the creation of the Pashe Achhi model. In a workshop held to discuss the feasibility of the model, content teams from mainstream, host and camp participated and decided how to shift to the telecommunication modality. Three main issues emerged – technology, communications and content. They decided on a simple, conversational-style model aiming to deliver key messages and making participants feel that they are being remembered.

Initially, trained frontline workers began piloting 8 minutes calls with no designated script to check in on beneficiaries and their experiences helped refine the messaging. With positive response from beneficiaries, BRAC IED management decided to go ahead with piloting a simple guideline script of 5-7 minutes, however, this was found inadequate due to lack of time for rapport building and accounting for technological issues. Management decided to integrate empathy and healing with learning for caregiver wellbeing and engagement with children – thus the script was formed into two parts – tele-counselling and tele-learning.

Content Development

A core team was formed with experienced content development and psychosocial representatives from various BRAC IED programs already working in mainstream, Humanitarian Play Lab (HPL) and government primary school interventions. The core teams split into sub-teams to create 7 scripts for various audiences: i) 0-2 age cohort (camp) ii) 2-6 age cohort (camp) iii) 1-3 age cohort (mainstream) iv) 3-5 age cohort (mainstream and host) v) Adolescent (camp) vi) Case worker (camp) and vii) Government

Primary School Head Teachers and Assistant Teachers (mainstream and host) through a rigorous process of trial and error, including several rounds of piloting. Finally, accounting for call drops, rapport-building and accommodating content, they arrived at a 20-minute script.

Training

From May, the training and implementation began. Though the script itself served as training guideline also a separate training guideline produced with the script served the same purpose. Training was provided in a cascading manner. In the first phase of training, 37 pairs of master trainers provided training to the trainers to create a pool including para counsellors, project assistants and project officers. They were oriented for 1.5 hours by the senior management to give out training to the rest of the cascade. After the piloting, the 37-pairs of master trainers took part in a training which was focused on script only. First, the team received orientation on the psychosocial portion of the script and then on learning. Here too, there were challenges with poor network and frequent call drop, so the trainings were mostly conducted over conference calls. Lastly, the trainers provided the training to frontline service providers face to face in small groups as at the field-level, these issues were even more prominent. Getting the scripts delivered to the frontline providers was also a major challenge during the training.

Implementation and Service Delivery

Weekly, 4 calls were planned where's each call was made in each week to each and every beneficiary. The operations team created databases on google sheets, with detailed training and service delivery schedules which everyone had access to. The sheets had every detail of who had scheduled calls with which beneficiaries or trainees, at what time and date. A pair of master trainers were also on standby duty every day; in case someone was unable to conduct trainings. In this way, the team prepared training schedule on Pashe Achhi for 0-2 HPL, 2-6 HPL, GPS Play Lab, Child Care, Community Play Lab, Adolescent & Case management, Head Teacher, Assistant Teacher, UEO, AUEO.

Mother Volunteers were scheduled to talk to 10 mothers of 0-2-year-old children each day, while Play Leaders were scheduled to talk to 8 mothers and children every day for 20 minutes each. For adolescents, sessions were operated through one to one tele-conversation for 20 minutes as well, provided by male and female adolescent volunteers respectively. Each volunteer supervised 4 pockets per week with each pocket having 7 beneficiaries.

The reporting system was simplified with less items. Program Assistants and Para Counselors collected reports from Play Leaders, Mother Volunteers, and sent to the Programme Organizers through SMS and then the Program Organizers sent a combined report with data entry excel sheet to managers. Finally, the managers sent camp-wise cumulative data to head of operations through email. Till date, the operations are continuing in this manner. Challenges included unavailability of mobile devices in

beneficiary homes, a lack of interest from children to talk over phone at times, network issues and frontline workers' personal issues with finances among other things.

Monitoring and Evaluation

Monitoring and evaluation had been stalled initially after COVID started. However, some data was already being collected from the start of the mass awareness. After Pashe Achhi was launched, a need arose to monitor quality of the calls. As such, the monitoring and research teams consulted with experts who suggested to record calls. Sample calls were recorded, and quality assessment tools were prepared for assessing training and service delivery calls respectively through a rigorous process by the experts at BRAC IED. Additionally, a database was prepared to capture monitoring data and some formative research studies to understand the knowledge, attitudes and practices of frontline workers and perceptions of beneficiaries were also conducted.

Advocacy and Communication

Advocacy work was ongoing before the pandemic, with visits from donor representatives but was stalled while BRAC IED focused on emergency response for COVID-19 in the initial days of the pandemic. During the mass awareness, the communications team prepared leaflets with awareness messages for door to door distribution. Later, after the creation of Pashe Achhi, they were producing bi-weekly SITREPs to keep donors and partners informed about their work. At the same time, local and global level advocacy was ongoing through presenting the work in national and international conferences, meetings and webinars by the Executive Director and representatives from the Advocacy team. Additionally, they were very much active on popular social media platforms such as Facebook, Instagram and LinkedIn where they produced videos and graphics with messages for the wider public. Videos included animated shorts with awareness messages as well as activities to help parents engage their children of various age ranges at home.

Psychosocial Integration

BRAC IED had long ago realized that in providing Early Childhood Development services, they could not ignore mental health. The emergence of Pashe Achhi solidified this rationale and they integrated mental health and learning through this telecommunications intervention. Broadly, the institute has been planning to integrate mental health into their mainstream services by providing para counsellor training to frontline service providers like Play Leaders and Mother Volunteers. The training has been condensed from a 5-day long training to 2 hours which has been a massive feat. As there is a separate research to focus on this large-scale integration, in this process documentation, we presented a few findings in this regard.

This process documentation unfolds how BRAC IED, using their profound knowledge and expertise in early childhood development, play based learning and mental health has crafted and implemented Pashe Achhi during COVID-19 when all the face-to-face activities were closed. Overall, two major challenges were found. During the lockdown and restricted movement, it was extremely challenging to deliver training to staff at

various layers, especially at the field level, however, BRAC IED stepped up and arranged alternative platforms to deliver the training in a cascade from the Head Office to the field level. Across all interviews, another common challenge mentioned was the problem of call drop due to poor network in many areas which affected both training and service delivery. This problem was solved by increasing the telecommunications session duration to accommodate for call drops and re-calling the beneficiaries after call drop. Continuously collecting information from the field ensured that any challenges were overcome in a timely manner. Pashe Achhi is a unique model of telcommunications reaching out to the most disadvantaged children and their mothers from Rohingya, mainstream and host communities as an alternative for learning and psychosocial support.

Contents

Abbreviation

A	
ADPEO	Assistant District Primary Education Officer
AF	Adolescent Facilitator
AT	Assistant Teacher
AV	Adolescent Volunteer
AUEO	Assistant Upazila Education Officer
C	
CIC	Camp in Charge
CMW	Case Management Worker
CFS	Child Friendly Space
CW	Case Worker
D	
DPE	Directorate of Primary Education
DPEO	District Primary Education Officer
E	
ECD	Early Childhood Development
ED	Executive Director
G	
GCC	Grand Challenge Cananada
GPS	Government Primary Schools
H	
HCMP	Humanitarian Crisis Management Programme
HPL	Humanitarian Play Lab
HO	Head Office
HT	Head Teacher
I	
ICT	Information Communication Technologies
IED	Institute of Educational Development
IRB	Institutional Review Board
L	
LSF	Learning Support Facilitator
M	
Med	Master of Education
MHPSS	Mental Health and Psycho-Social Support
MJM	Moner Jotno Mobile E
MPME	Ministry of Primary and Mass Education
MT	Master Trainer
MV	Mother Volunteer
N	
NGO	Non-Government Organization
P	
PA	Project Assistant

PC	ParaCounsellor
PD	Process Documentation
PL	Play Leader
PO	Programme Organizer
PSS	Psycho-Social Service
T	
ToT	Training of Trainers
U	
UEO	Upazila Education Officer
V	
VOIP	Various Virtual Platforms Protocol
W	
WHO	World Health Organization

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Chapter One: Introduction

Background

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic which is defined as an illness caused by a novel coronavirus now called severe acute respiratory syndrome. It was first identified in Wuhan City, Hubei Province, China. COVID-19 has spread over 200 countries so far affecting over 31 million people causing more than 900,000 deaths globally till date.1 Earlier on January 30, 2020 it was declared as a global health emergency by WHO. This global pandemic affected Bangladesh as well, which impacted all aspects of life.

As the whole world is currently in a global lockdown to combat the spread of the novel corona virus, people are experiencing unprecedented impacts on their mental health along with already endangered physical health. The global lockdowns have caused a financial crisis; daily wage earners of the informal economy have taken the hardest hit with production and sales closed. The children of these households are being deprived from health and education opportunities, intensified food insecurity and so on, due to loss of income. Undoubtedly, the crisis has far reaching implications for children's physical and psychosocial wellbeing[2].

Longtime confinements along with constant news of the deteriorating situation of the global pandemic can be depressing and distressful; especially for the ones with pre-existing mental health conditions. A lancet published review of 24 studies documenting the psychological impact of lockdown or quarantine predicts that, the people who are quarantined are very likely to develop a wide range of symptoms of psychological stress and disorder, including insomnia, stress, anxiety, anger, irritability, emotional exhaustion, depression and post-traumatic stress symptoms3. Furthermore, being quarantined also may inflict inordinate psychological affliction than the physical sufferings caused by the virus.

Along with the physical and psychological impacts; schools being closed for a long period have a lasting social impact on the children, especially children living in poverty. Longer closure of schools is expected to have detrimental social impact on children and exacerbate existing inequalities. Studies indicate, the gap in literacy skills between children from higher and lower socioeconomic backgrounds often widens during closure

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1 'Coronavirus Update (Live): 31,335,993 Cases and 966,354 Deaths from COVID-19 Virus Pandemic - Worldometer' <https://www.worldometers.info/coronavirus/> [accessed 21 September 2020].

2 Child Rights Governance and Child Protection, 'IMPACT ON CHILDREN'.

3 Samantha K. Brooks and others, 'The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence', *The Lancet*, 395.10227 (2020), 912–20 <https://doi.org/10.1016/S0140-6736(20)30460-8>.

of schools during long holidays[4]. Reviews also note that the benefits of school closure might be less than what has been assumed or modelled, as social contacts between children and between children and adults continue as part of informal childcare and non-school gatherings of children and young people[5].

Evidently the global lockdown has affected every sphere of human life. Especially the outbreak has had a significant psychosocial impact on children and adolescents[6]. School closure, lack of outdoor activity, irregular dietary and sleeping habits are likely to unsettle children's usual routine and can possibly stimulate monotony, distress, impatience, annoyance and varied neuropsychiatric signs among them [7]. Bangladesh government had declared the closing of educational institutions and a nationwide lockdown since mid-March, 2020. Resulting, children and adolescents are being confined in their houses to ensure physical distancing with their peers, teachers and relatives ensuring their and their family's safety and further spread of the COVID-19 virus. Children having lack of social contacts with peers, neighbors, adults usually stimulates loss of essential resilience factors8. The circumstances and significant impacts presented due to global lockdown and educational institution closures begs the need for immediate alternatives of face to face and physical presence in almost every sector along with education provision.

4 Wim Van Lancker and Zachary Parolin, 'COVID-19, School Closures, and Child Poverty: A Social Crisis in the Making', *The Lancet Public Health*, 5.5 (2020), e243–44 <https://doi.org/10.1016/S2468-2667(20)30084-0>.

5 Russell M. Viner and others, 'School Closure and Management Practices during Coronavirus Outbreaks Including COVID-19: A Rapid Systematic Review', *The Lancet Child and Adolescent Health*, 4.5 (2020), 397–404 <https://doi.org/10.1016/S2352-4642(20)30095-X>.

6 Li Duan and others, 'An Investigation of Mental Health Status of Children and Adolescents in China during the Outbreak of COVID-19', *Journal of Affective Disorders*, 275.July (2020), 112–18 <https://doi.org/10.1016/j.jad.2020.06.029>.

7 Ritwik Ghosh and others, 'Impact of COVID-19 on Children : Special Focus on the Psychosocial Aspect', June, 2020, 226–35 <https://doi.org/10.23736/S0026-4946.20.05887-9>.

8 Andrea Danese and others, 'Child and Adolescent Mental Health amidst Emergencies and Disasters', *British Journal of Psychiatry*, 216.3 (2020), 159–62 <https://doi.org/10.1192/bjp.2019.244>.

Tele-communication

The Covid-19 pandemic presented the premise of remote working or working through tele-communications or virtually in most countries[9] [10] [11]. To prevent the spread of the virus, governments instructed employers and self-employed workers to close their offices and work from home[12]. These measures have made a notable impact in many organizations and industries all over the world. On the one hand, firms providing essential services, such as health care, logistics, and food retailing, remained operative but have had to incorporate appropriate security measures to protect employees and customers. On the other hand, many non-essential service providers, such as hairdressers, airlines, and hotels, could no longer provide their services at all due to lockdown measures, while others, such as financial services, consulting, media, and education, unexpectedly had to adapt and start operating in new ways[13]. Some individuals from occupational groups with very little experience working from home were shifted to such arrangements (e.g., teachers in primary education)[14] and had to experience a learning curve in coping with these changes with the demand of the times. Organizations all over the world had limited options other than running their services and activities virtually or through tele-communication[15].

Governments have been facing enormous challenges in dealing with the virus, adopting new policies, supporting vulnerable communities and individuals, making progress on sustainable development goals, and finding new ways to achieve results under intense pressure16. Moreover, public and private service providers serving vulnerable children and families struggled to adapt programs and adequately meet the evolving needs of this population during the pandemic[17]. Scholars have long argued that government response

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9 Monica Molino and others, 'Wellbeing Costs of Technology Use during Covid-19 Remote Working: An Investigation Using the Italian Translation of the Technostress Creators Scale', *Sustainability (Switzerland)*, 12.15 (2020), 1–20 <https://doi.org/10.3390/SU12155911>.

10 Sven Tuzovic and Sertan Kabadayi, 'The Influence of Social Distancing on Employee Well-Being: A Conceptual Framework and Research Agenda', *Journal of Service Management*, 2020 <https://doi.org/10.1108/JOSM-05-2020-0140>.

11 Silke Bartsch and others, 'Leadership Matters in Crisis-Induced Digital Transformation: How to Lead Service Employees Effectively during the COVID-19 Pandemic', *Journal of Service Management*, 2020 <https://doi.org/10.1108/JOSM-05-2020-0160>.

12 Molino and others.

13 Tuzovic and Kabadayi.

14 Amit Kramer and Karen Z. Kramer, 'The Potential Impact of the Covid-19 Pandemic on Occupational Status, Work from Home, and Occupational Mobility', *Journal of Vocational Behavior*, 119.May (2020), 1–4 <https://doi.org/10.1016/j.jvb.2020.103442>.

15 Bartsch and others.

16 Edward B. Barbier and Joanne C. Burgess, 'Sustainability and Development after COVID-19', *World Development*, 135 (2020), 105082 <https://doi.org/10.1016/j.worlddev.2020.105082>.

17 Nicole Gilbertson Wilke, Amanda Hiles Howard, and Delia Pop, 'Data-Informed Recommendations for Services Providers Working with Vulnerable Children and Families during

during a crisis needs to be coordinated with and supported by other actors, such as citizens, civil society including community and nongovernmental organizations, and other network partners[18]. Involvement of local volunteers and frontline workers to provide community services has been proven effective in bolstering support to public agencies. According to one study conducted based on China's response, they highlighted the need of engaging community volunteers and local frontline workers to ensure community-based services. Right at the peak of the outbreak, community level volunteers and frontline workers, often recruited via mobile apps, extended support to bolster official efforts by engaging in urgent on-the-ground tasks such as emergency transport, delivery of food, masks, and medicine to vulnerable populations, and provided logistical support for frontline medical staff[19]. Community based service provision needs engaging local volunteers' and frontline workers' involvement; even through virtual or telecommunication can make effective and faster impacts.

Tele-communication services have never been more essential in Bangladesh where almost 165 million people are under some kind of lockdown or quarantine currently. Given extremely limited diagnostic testing, the South-Asian region may not have sufficient information to gauge the true extent of the epidemic and is ill prepared for the potential crisis that lies ahead[20].

Telephone has been considered as one of the most popular telehealth mediums for delivering psychosocial services even amongst licensed practitioners. Tele-counseling has received attention as an attractive alternative to traditional face-to-face counseling[21].

Introducing telecommunications: Adapted and contextualized

BRAC Institute of Educational Development (IED); who have long experience of working in mental health and psychosocial wellbeing stepped up and contextualized their existing services to be provided through tele-communication. BRAC IED has their own unit of Mental Health and psychosocial support consisting of psychologists and mental health experts. Furthermore, BRAC IED is notably known for their pioneering role in working

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the COVID-19 Pandemic', *Child Abuse and Neglect*, 2020, 104642 <https://doi.org/10.1016/j.chiabu.2020.104642>.

18 Naim Kapucu, 'Interagency Communication Networks During Emergencies', *The American Review of Public Administration*, 36.2 (2006), 207–25 <https://doi.org/10.1177/0275074005280605>.

19 Qing Miao, Susan Schwarz, and Gary Schwarz, 'Responding to COVID-19: Community Volunteerism and Coproduction in China', *World Development*, 137 (2021), 105128 <https://doi.org/10.1016/j.worlddev.2020.105128>.

20 Zulfiqar A. Bhutta and others, 'Covid-19 Risks and Response in South Asia', *The BMJ*, 368.March (2020), 1–2 <https://doi.org/10.1136/bmj.m1190>.

21 Robert J Reese, Collie W Conoley, and Daniel F Brossart, 'Effectiveness of Telephone Counseling : A Field-Based Investigation', 49.2 (2002), 233–42 <https://doi.org/10.1037//0022-0167.49.2.233>.

for Early Childhood Development (ECD) in Bangladesh through their ECD network and Play Lab model.

BRAC's Play Lab project was launched as a partnership with the LEGO Foundation, BRAC International in Uganda and Tanzania, BRAC USA and the Centre for Play at BRAC University's Institute of Educational Development in Bangladesh. It was launched with the aim of delivering high quality, play based ECD programmes for 6 months to 5 year old children for the general population. Till now, Play lab (*Khelar Jogot*) has been established all over Bangladesh[22].

BRAC IED has been providing psychosocial support to the people of the Rohingya community as a part of their child protection and education initiative through Humanitarian Play Lab (HPL) and Adolescent programs. HPL model has been contextualized according to play based curriculum with the moto of 'Learning through Play and Healing through play' within the standardized Child Friendly Spaces (CFS) in emergency settings. CFS already served as the base for providing safety and security of Rohingya children. Alongside its existing activities, BRAC IED added aspects from the play-based curriculum for early learning and development, as well as a psychosocial component to address healing of Rohingya children and their caregivers who had faced trauma. BRAC IED has been implementing over 300 Humanitarian Play Labs in the Camps of Cox's Bazar within the child protection sector. As part of the Play Lab Project, BRAC IED also introduced the *Khelar Jogot,* as it is locally known, in 50 Government Primary Schools for Bangladeshi children aged 4-5 years in 2018 and subsequently, expanded to 250 Schools in 28 sub-districts of 8 districts in 2019 (Samadder *etal*, 2020, unpublished).

Due to the nationwide lockdown and shutting down of educational institutions, BRAC IED has adapted their existing services of Play Labs in the mainland andgovernment primary schools, HPLs and other community based programmes funded by multiple donors namely, Lego, Porticus, Dubai care etc. in the Rohingya, mainstream and host communities through tele-communication. The emergence of Pashe Achhi tele-communication model and its adaptation to all the existing community-based services for the children, parents, adolescents and all the associated beneficiaries; was a timely adaptation considering the nationwide lockdown enforced by the government. Through their 'Pashe Achhi' tele-communication intervention, they are providing hygiene, education and mental health services.

The Pashe Achhi tele-communication intervention has been designed in such a way that it makes the beneficiaries feel they are being supported during this crisis. This study aims to describe the process of development of Pashe Achhi intervention as a telecommunication model appropriate during the emergency and especially targeted towards disadvantaged populations.

22 'Play Labs, BRAC - The LEGO Foundation' <https://www.legofoundation.com/en/what-we-do/programmes-and-projects/play-labs-brac/> [accessed 22 September 2020].

Objectives:

This study aims to:

- Document the overall development of Pashe Achhi tele-communication model over time by exploring the overall process and activities of this tele communication platform
- Identify the overall challenges and lessons learned throughout the process of implementation

Chapter Two: Methods

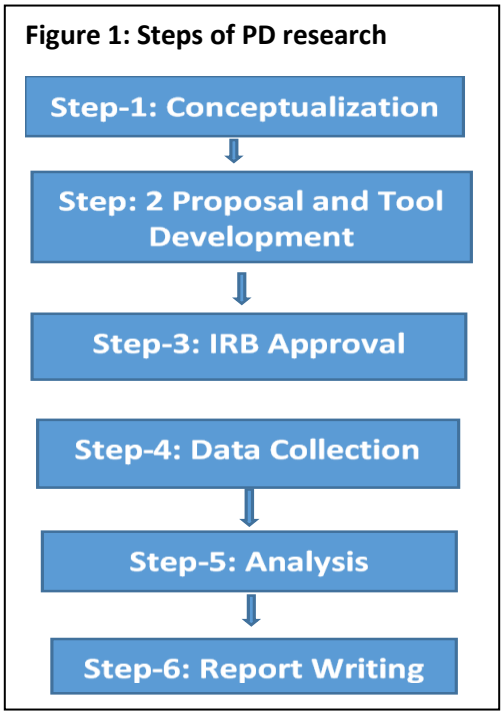
Introduction

In this chapter the research methods used in this study have been described. The overall period of data collection has been from May-October, 2020. Due to both the programme implementation and the data collection of this study starting at the same time in May 2020, data has been collected both in retrospect and simultaneously. This chapter highlights the design, techniques and tools used to describe the process documentation of the telecommunication intervention.

Study Design

Process Documentation Research (PDR) method has been used in order to document the Pashe Achhi telecommunication model's design and implementation. PDR is a social science research method and approach which helps to inform development practitioners from the activities and experiences of their work. This method allows to gather information about activities from project sites and the challenges and issues emerging from field activities. The information then becomes a major source for determining new intervention strategies which may help make the programme more effective[23]. PD approach captures and presents a descriptive picture of the activities and narrative of the issues emerged from these activities. Key feature of process documentation is the collection of simple information of programme or project activities.

Figure 1: Steps of PD research



This PD research was initiated when the telecommunication approach was being conceived, contextualized and adapted to the existing programmes at BRAC IED. The research activities were initiated in May 2020, when the telecommunication model had already started being implemented. Through this process documentation approach, we have captured the whole process of the emergence of the telecommunication model, its contextualization, adaptation in the existing models and its overall project activities from May-October, 2020.

23 Romana P D E L O S Reyes, 'Process Documentation: Social Science Research in a Learning Process Approach to Program Development'.

Study Participants

The research team and the programme implementation team got acquainted at the inception period of the process documentation study. With the assistance of the management staff and technical experts from the BRAC IED Dhaka office, the relevant and appropriate participants for the study were recruited. The study participants consisted of technical experts from the BRAC IED Dhaka office who have been involved in designing the model and its implementation in various functional areas such as planning, developing curriculum and script, training guideline etc; Implementers from the BRAC Humanitarian (HCMP) such as Programme Managers (PMs), Field Operation Head, Field based management staff like CFS Managers, Programme organizers (POs), Project Assistants (PAs), Para Counselors(PCs)and frontline workers such as Play Leaders (PLs), Mother volunteers(MVs), case management workers (CMWs), adolescent volunteers (AVs) etc. were also recruited as participants. A concise description about the research participants are demonstrated on Table 1.

Table 1: Research Participants

Population of interest	Participants
Technical Expert	Participants are from BRAC IED who are providing technical support to the BRAC HCMP, host and mainstream staff
Implementer	PM, Field Operation Head
Field based Management staff	CFS Manager, PO, PA, PC
Frontline workers	PLs, MVs, CMWs, AVs

The technical experts from the head office were purposively selected based on their overall vision, conceptualization and strategic decision making. Along with project management & coordination, developing curriculum, training etc. From the BRAC HCMP office and among the field-based management staff and frontline workers from camp, mainstream and host intervention areas; participants were selected following similar principal, such as their involvement in project implementation, coordination, monitoring and supervision etc.

Tool development

The interview guidelines were developed by reviewing programme documents, literatures, discussion with BRAC IED management & field level management and based on the research team's experience from the process documentation study of HPL[24]. The interview guidelines for key informant interviews with the management staff and in-depth interviews with the frontline staff were prepared after two rounds of revision. First, the draft tools were prepared and reviewed by the research team. Secondly, the guidelines

[24] Story of Humanitarian Play Lab (HPL): A Process Documentation Study

were submitted to the BRAC JPGSPH Institutional Review Board (IRB) and these were refined based on the comments received from the technical reviewers.

The main focus of the interview guidelines was to capture the entire picture of the modification, contextualization and adaptation of the telecommunication approach in the existing programme models and intervention. Thus, the major themes were divided into sub-themes such as developing the telecommunication script by modifying the curriculum, familiarization of service provision through telecommunication, capacity building of the staff through telecommunication and virtual communication platforms, issues and challenges faced during implementation etc.

Data Collection

Due to the government-enforced nationwide lockdown to reduce the spread of COVID-19 in Bangladesh, it was difficult to commence field visits to conduct the interviews. However, the incredible development in the virtual and telecommunication technology presented the opportunity to conduct the interviews remotely. Therefore, interviews have been conducted through mobile communication using various virtual platforms according to the respondents' preference and convenience such as voice over internet protocols (VOIP) platforms Skype, Google Meet and WhatsApp as well as simply over telephone calls as preferred.

Telephone surveys have been used widely in public health research internationally; the use of this survey methodology has been dominated by market research companies globally and has only recently been used for public health-based research[25]. However, telephone interviews are largely neglected in qualitative research, and often depicted as a less attractive alternative to face-to-face interviewing. The absence of visual cues via telephone is thought to result in loss of contextual and nonverbal data and to compromise rapport, probing, and interpretation of responses. Yet, telephones may allow respondents to feel relaxed and able to disclose sensitive information, and evidence is lacking that they produce lower quality data[26].

Keeping the objective of the study in mind we have targeted our respondents from the management staff from our corresponding population of interest mentioned earlier in the Table 1. The table 2 describes the methods used to extract data from our targeted respondent categories:

The data collection was commenced by a group of trained qualitative researchers and co-author of this study under the supervision of the principal investigator.

Data collection was conducted in three steps. At first, the research team had virtual meetings with senior management staff from BRAC IED and identified the target

25 M Boland and others, 'Emerging Advantages and Drawbacks of Telephone Surveying in', 7 (2006), 1–7 <https://doi.org/10.1186/1471-2458-6-208>.

26 Gina Novick, 'Is There a Bias against Telephone Interviews in Qualitative Research?', *Research in Nursing and Health*, 31.4 (2008), 391–98 <https://doi.org/10.1002/nur.20259>.

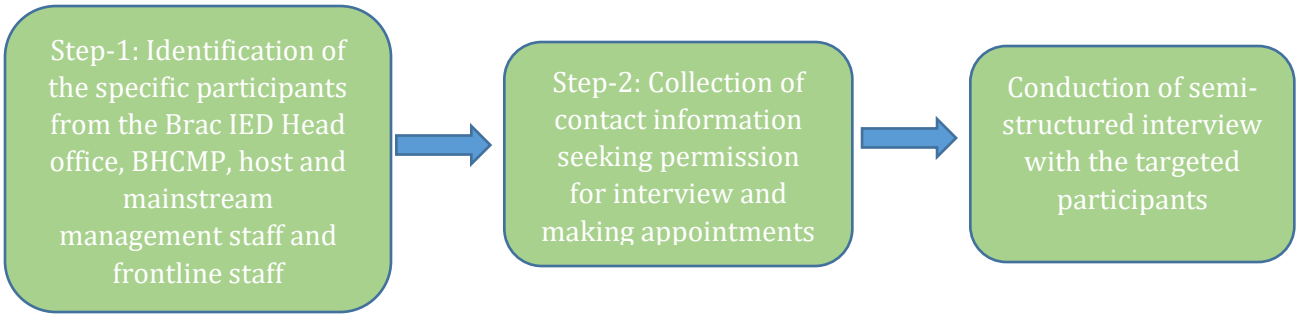
participants from head office, field office and among the frontline staff involved in the study. Their suggestions and assistance on this regard was instrumental to identify appropriate participants for the study.

Table 2: Methods and sample size of the telecommunication process documentation study

Methods	Respondent groups	Target Participants	Unit of interviews
KII	Technical Experts	Core team Content Developer Monitoring and research Psychologist/senior psychologist Advocacy and communication	5 2 2 5 1
	Management Staff from field offices	Field Operation	1
		CFS Manager/Manager	4
		PO	2
		PA	2
		Training team	4
		PC	2
	Frontline staff	PL	6
		Mother Volunteer	5
		AV	2
		CMW	2
Document Review	Workshop reports, minutes of meetings, background papers, event programs, program proposals, power point presentation, curriculum-script, advocacy material, training guidelines etc. shared by the Programme.		

Secondly, the research team collected the contact information of these targeted study participants. Permission and appointment for the interviews were taken right after collection of their contact information. Thirdly, semi-structured interviews were conducted with these specific personnel.

Figure 2: Steps of Data Collection



As aforementioned interviews were taken using various telecommunication methods depending on the resource accessibility of each of the respondents. Respondents were asked during the step of seeking permission and making appointment for interview about their convenient method of communication. Based on their choices we have used google meet, skype (technical experts and field level management staff), WhatsApp and direct phone calls (frontline staff and field level management staff) in their preferred mobile network for those who do not have virtual communication media.

During making appointments, respondents' preferred timing for the interviews were asked for ensuring their convenience and not to interrupt their regular duties. Many interviews with the technical experts were conducted after business hours due to their busy schedule. A few managed to give appointments in the afternoon. Similar interview scheduling was also conducted with the field level management. The frontline staff usually managed time for interviews in the afternoon as they remained busy with their service provision during the first half of the day.

All the interviews were recorded with the consent of the respondents. Simultaneously extensive notes were taken during the interview. Following each interview, extended notes were prepared for each of the interviews. Besides, regular debrief meetings within the team were held which helped getting all the team members up to date with the collected data. It also helped the research team to discuss the initial findings and work through ideas and concerns.

Document collection and analysis

Another very important part of data collection was to collect documents from the programme implementation team to have a better understanding of the process of implementation and document it accordingly. Here we have used document analysis to supplement data and to verify findings or corroborate evidence from KII. Research reports usually have greater credibility when there is convergence of information from different sources. The Research team had collected all the associated documents (both printed and electronic) with the programme implementation. Programme team shared their brief concept note, workshop report, script, audio recording of the script, training guidelines, meeting minutes etc. with the research team. Besides, representatives from the research team also participated in and documented most of the trainings and workshops. Programme team also shared their monitoring documents, google sheet and list of trainees with the research team. As aforementioned the implementation and the study incepted at the same time. Availability of associated implementation documents is sometimes difficult to manage from any new programme implementation. The unprecedented circumstances presented by Covid-19 added further difficulties. However, programme team cooperated with the research team throughout the whole study period and provided with any and every available document. We have collected over 50 documents from various thematic areas such as research, monitoring, advocacy, content and curriculum, etc.

Data Analysis

All of the interviews were conducted in Bangla. As aforementioned, extensive field notes were taken during the interviews aside from being audio recorded. Followed by each of the interviews, extended notes were prepared for each of the interviews by going through the audio recordings and highlighting the relevant verbatim quotations. Debrief meeting among the team members were also held regularly to familiarize the team with the progress of data generation. Therefore, simultaneous notes preparation and data generation gave the research team ideas and topics to clarify and follow up in the subsequent interviews. Concurrent analysis along with data generation, allowed emerging themes and concepts to be reflected on with subsequent participants[27]. Extended notes usually provide major points from the interviews and salient quotes. The simultaneous process of data collection, notes preparation, sharing initial findings in debrief meetings also assisted in better understanding of the data as well as allowed for identification of gaps and hence need for follow up or associated data.

After the completion of data collection all the extended interview notes were thematically analyzed using inductive codes. A chronological order for flow of events was followed during interview conduction. The initial field notes were also thoroughly reviewed. Then events, experiences and perceptions were organized in chronological order by identifying the common factors. Based on initial analysis, gaps were identified especially if any crucial information had been left out or missed. Several follow-up interviews have been conducted and incorporated into the final analysis. Finally, the report was prepared and compiled by multiple meetings among research team members.

Ethical Issues

As aforementioned, ethical approval was collected from the IRB of BRAC James P Grant School of Public Health, BRAC University to undertake this study. No sensitive questions were asked to the participants. Privacy and wellbeing of the participants was given utmost priority to avoid any unforeseen risks; the interviews were conducted, one-to-one through telephone or virtual communication platforms where the privacy of the interviewees was maintained. Confidentiality of the respondents was ensured by not disclosing their identity to anyone other than the research team. Informed verbal consent was taken from each of the respondents after clarifying about the study objectives, voluntary nature of their participation, and rights of withdrawal at any point of time during the interview.

Data management

Both soft and hard copy data has been stored in a secured database (both locally and in cloud-based infrastructure google drive) to facilitate robust collection, secure storage and appropriate and secure sharing of data. Accessibility to the database has been kept strictly between the research team members with the supervision of the principal investigator.

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27 Marilyn Kendall and others, '& Reporting Use of Multiperspective Qualitative Interviews to Understand Patients ' and Carers ' Beliefs , Experiences , and Needs', 340.january (2010) <https://doi.org/10.1136/bmj.b4122>.

Appropriate authentication and access control mechanisms have been implemented. All data has been stored using approaches that are compliant to globally recognized information protection standards (e.g. HIPAA compliance).

Data will be stored long-term for future use for further research purposes. Data access will be regulated by the Principal Investigators who will assess written requests for access to data. Data access processes has been and will be kept transparent and auditable, and without unreasonable barriers to appropriate use of data. The Principal Investigator also holds the authority to establish outreach to potential data users to maximize the use of the data for research and policy decision making. Data sharing will follow all relevant national and international guidelines and legislation; in particular, the research data will only be shared in an anonymized format (i.e. all personal identifiers removed) to ensure preservation of privacy of participants.

Limitations

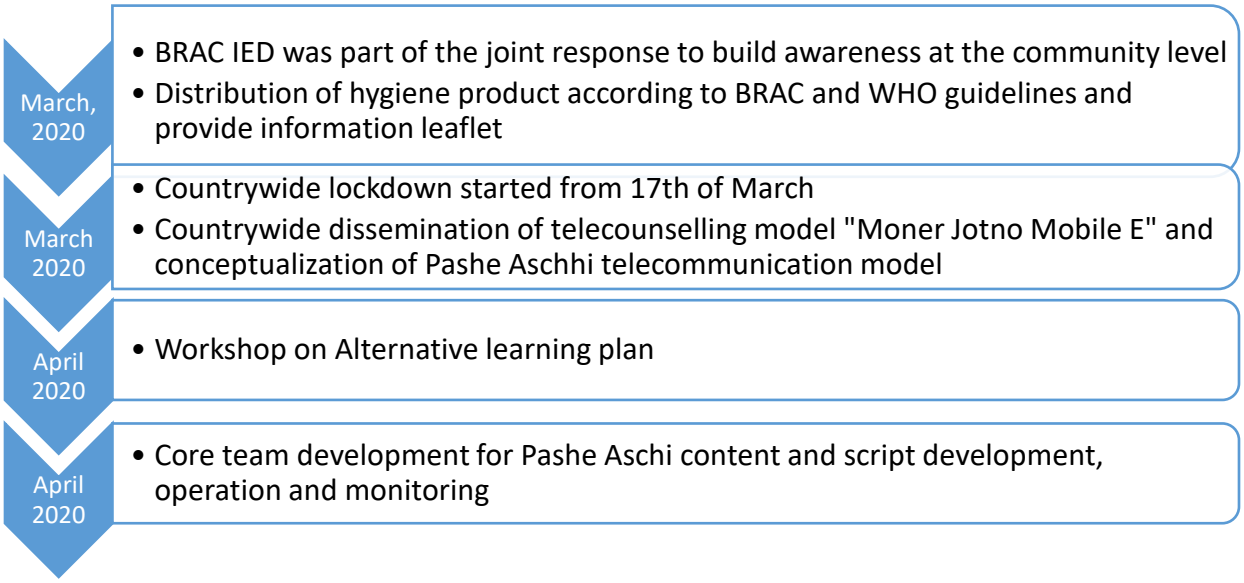
The major limitation of the study was the inability of the research team to be physically present on field to collect the data. Usually, being physically absent on field during data collection presents risks of losing contextual and nonverbal data. It also poses risk of missing out on observation and interpretation of interview experiences by the researchers. However, due to most of the respondents being programme implementers who were cooperative in sharing their experiences in a detailed manner; this challenge of data collection through telecommunication was minimized. As aforementioned all the interviews were conducted through telecommunication or virtual communication. The researchers tried to address this limitation by asking repeated probing questions subsequently for clarification and triangulating information from multiple sources.

Chapter Three: Groundwork for the Pashe Achhi Telecommunication Model

Introduction

Any project or program cannot materialize without proper groundwork; there needs to be a background idea or inspiration that sows the seed of its design or implementation. The same has been true of the Pashe Achhi model for which this process documentation has been prepared. It is important to know how this process arose for the intervention and how the idea for Pashe Achhi was seeded through BRAC IED's prior experiences with providing early childhood development and psycho-social interventions through telecommunications during COVID-19. We will discuss some key highlights occurring during March and April 2020, including creating an emergency response for COVID-19, delivering mass awareness and mental health support and making alternate plans to sustain learning which led to the creation of the Pashe Achhi model.

Initial phases of Pashe Achhi Telecommunication model



Emergency response during the Pandemic

The global pandemic was completely unprecedented for Bangladesh like other countries. In the initial days of the response, BRAC IED, like all other departments under BRAC, aligned with the overall goals of the organization. Since the first week of response in March 8th, BRAC IED was part of the joint response to build mass awareness at the community level and camps in Cox's bazar regarding COVID-19 utilizing its wide reach. Along with BRAC, IED had distributed an information leaflet focusing on health and hygiene issues aligned with BRAC and WHO guidelines as well as hygiene materials. To complement this, another leaflet was produced by BRAC IED which was more focused

towards their target beneficiaries' needs. It emphasized on early childhood development and mental health and wellbeing (healing from trauma, stress relief, learning through play), advice on child protection and parent involvement were also created in three different languages –Bangla, Chittagonian and Burmese and distributed in Rohingya camps. Also, the Bangla leaflets simultaneously distributed to the mainstream and host areas at the end of March 2020. For those who were unable to read the leaflet, the play leaders used to read out the information to them. Some door-to-door activity was ongoing where the Pls, Mother Volunteers and Program Organizers under BRAC IED were disseminating information and leaflets to HPL/Play lab beneficiaries in Rohingya camp, mainstream and host community.

However before distributing these leaflets, field staff and volunteers were trained on the way of communication and distribution (Details are in capacity development section). The topic covered hygiene and cleanliness, social distancing, avoiding going out, using mask while going out, using hand sanitizer, having nutritious food, demonstrating hand washing for 20 seconds and other health awareness. During March to April, 2020, IED distributed 68,000 communication materials and 101,956 hygiene and safety materials to family members both in camp (214,321) and host (12901)[28].

Physical shut down in the field and emergence of telecommunication

After Bangladesh Government's directive to shut down all education centres on the 17th of March, all HPL centres in the camps and Play Labs in the mainstream and host Govt. primary schools needed to be closed. Frontline providers were no longer able to carry out door-to-door activities. The child protection subsector asked to close all CFSs and learning centers in the camps to maintain social distancing.

The programme implementers became somewhat detached from the HPL and Play Lab children who could no longer come to the centres. Since April 8, the government mandated lockdown placed strict restrictions throughout Bangladesh including in the camps hampering mobility of implementers and frontline workers. However with the exception of 3 or 4 emergency sectors (child protection, education, health, food and nutrition) working in the camps, no other staff were allowed in or out. Those who were working required permission from the Camp in Charge (CIC).

It was needed to shift all the efforts to telecommunication methods to continue spreading awareness against COVID-19 and also to continue learning activities and connecting with the children. During the first week of April, 2020, BRAC IED had launched a tele-counselling intervention called '*Mon er Jotno Mobile E*' (Mental Health support on the Phone-MJM) to provide nation-wide psychosocial support to anyone experiencing distress or frustration caused by the COVID-19 pandemic. They set up a national hotline number for anyone to call and speak. A team of 28 psychologists began receiving calls from the community every day to provide psychosocial support and tips on wellbeing during the crisis period. The conceptual framework, ethical guidelines and safeguarding

[28] SITREP-1

policies, script and call anatomy were all developed during this process of setting up MJM by mid-April and promoted through Facebook.

Not only for the general population, a total of 3761 of BRAC's frontline health workers were also provided ongoing tele-counseling by the MJM team to reduce their anxiety and stress developed while working for the community during the pandemic. The feedback from MJM was very positive – beneficiaries had realized how important it was, especially during this time, to remain connected and MJM had made them feel safe and connected which influenced the concept of the Pashe Achhi model. BRAC IED management could see a connection between the two; they thought, "Why don't we talk to, and give mental health support to our HPL/PL beneficiaries through a similar modality as MJM?". This, then, became the base of the 'Pashe Achhi' model. A senior HCMP staff said this in the following way:

> *"BRAC IED's tele-counselling was a landmark step for our beneficiaries when people were anxious, suffering from depression, frustration and fears during living with Covid-19"*

On the other hand, we should also remember that the Play Lab project under the umbrella of government primary schools (GPS) were also affected by the pandemic and all the activities were extremely hampered due to the COVID situation. In the same way, BRAC IED was then trying to explore the way of communication with the children, their families and teachers of GPS. As the existing tele-conversation framework developed, BRAC IED was exploring how they could use this telecommunication framework to build rapport and empower them. In the later sections we will see using the telecommunication framework, how BRAC IED built a model extension to reach out to head teachers and assistant teachers of the GPS, where Play Labs are being implemented.

Alternative learning plan

Before the lockdown, the modality for the intervention was going door to door to reach beneficiaries. Due to the lockdown, alternatives were being planned regarding how the programs will go to the field. Prior to starting work with the telecommunications model, a small workshop was held during the first week of April 2020, to discuss whether a telecommunications model would be feasible. Every content team such as for mainstream, host community and camp participated in that workshop. Through this workshop, the mode and style of delivery were discussed. Their experience with MJM's platform gave the teams a good idea on how to shift into the telecommunication modality. It was decided that the model should not only aim to deliver the message but also be conducted in a conversational style such that the beneficiaries feel as if they are part of a conversation. At the same time, the important messages would be inserted into the conversation. To accomplish this, they needed to produce a script which would include the content of the messages as well as act as a guideline for the conversation. Three main issues emerged from the workshop which were – technology, communications and content. A senior manager described,

"At BRAC IED, one of my responsibilities was to figure out alternatives across different interventions. We were holding a series of workshops to figure out how we could come up with alternate options once the lockdown came into place. It was true that we were not being able to physically reach out to our beneficiaries but to maintain our project goals and objectives, we needed to figure out a way."

To build rapport and stay connected with the families and children, IED's trained frontline workers began calling the beneficiaries twice a week in conversation around messages of psychosocial services (PSS). Continuous follow-up with the front-line service providers regarding their experience of tele-conversation with the families and children helped in refinement of the messages. These processes gave valuable insight to the BRAC IED experts about the method of tele-conversation and clearly indicated that the messaging containing topics of ECD, child protection and wellbeing were not engaging the children adequately at that point. At the same time, the program team were also having the realization that, in order to accommodate the telecommunications modality, all front liners including Play Leaders, Mother Volunteers, Para Counselors, Adolescent facilitators, AVs, Case Workers and other staff needed to further develop their skills to effectively communicate with children and their family caregivers, make them feel respected and heard while nurturing positive relationships with them.

Foundation work for the Pashe Achhi Model

A mobile phone assessment was then conducted to understand the technological aspects – what types of devices did frontline workers and beneficiaries own? How many owned smart phones and how many simple button phones? What modality could be used to contact them? Once that was determined, collection of mobile phone numbers from HPL and PL beneficiary families commenced. Although this was easily accomplished in mainstream and host community, implementers found it a challenge to collect beneficiary phone numbers. From the camp areas only 55% of numbers had been collected in the beginning. The WG sectors have approved the telecommunication service to communicate with the Rohingya's, although there were issues of legal mobile phone ownership. As per government directives, there were issues of legal mobile phone ownership by Rohingya refugees[29]. Hence, beneficiaries were initially hesitant to admit that they owned mobile phones or active numbers. However, everyone was aware that almost every household had at least one mobile phone set. Field staff reassured that once participants were aware that they were giving out their phone numbers for the purpose of connecting with their children and their wellbeing, and that this posed no harm to them, they would be more willing to cooperate. Indeed, this was found to be true later, when 80-85% numbers had already been collected from camps which covered a majority of

[29] Bangladesh bans mobile phone access in Rohingya. The Straits Times; Sep 3, 2019 https://www.straitstimes.com/asia/south-asia/bangladesh-bans-mobile-phone-access-in-rohingya ; Govt curbs 3G, 4G mobile services at Rohingya camps, surrounding areas. BDNews 24.com; 3Sep 2019 https://bdnews24.com/bangladesh/2019/09/03/govt-curbs-3g-4g-mobile-services-at-rohingya-camps-surrounding-areas

beneficiaries. For Pashe Achhi, the collection of phone numbers was a major challenge for the host and mainstream as well. To mitigate the issue of uncollected phone numbers of beneficiaries, the program team had to go through neighbors, respective school head teachers and pre-primary schoolteachers. Atypically, two managers located in the Rangpur (mainstream) and Cox's bazar (host) district mentioned that during the initial survey to determine the beneficiaries of intervention-age, 4-5 years for Play lab, he noted down the phone numbers of every children's parents. As such, he did not face any difficulty with phone number collection. Proactive managers such as this made some strategic decisions to ensure proper reach of beneficiaries – including collecting number of neighbors and other family members. The issue of call drop was less frequently reported from the mainstream but in the host community, it was a similar issue as in the camp. Within 1 week of the lockdown in March/ end of the month, most of the groundwork of the program had been completed.

Initially, the process started with trial and error and beneficiaries were being called simply to check up on how they were doing through 3 to 5-minute telephone conversations. The pilot calls had no designated script; they were simply being conducted to understand the situation. Beneficiaries were asked about their family, their children, any troubles they were facing. This seemed to make them very happy as they had not heard from program staff in a while and nobody was asking about their wellbeing; they had assumed that they had been abandoned as not many non-government organization (NGO) staff were coming into the camps as well others other's intervention areas. The assumption was that they had probably all been affected with the disease (COVID-19) and were being avoided as such.

Lessons from community consultations

Overall, the community people from the Rohingya camp, host and mainstream were very pleased and happy to receive calls from BRAC staff. Mothers and children loved hearing from their Mother Volunteers and Play Leaders and felt valued and safe. The initial messaging was continuously refined based on the feedback from the community. Both frontline staff such as Play Leaders & Mother Volunteers and beneficiaries such as mothers were consulted to know about what types of things they would like to hear or know about. Beneficiaries admitted that not everyone in the community was aware about COVID 19 and safety measures and it would be good to disseminate such information. Thus, messages regarding child protection and family violence were soon added to the content of COVID-19 related tips and wellbeing. The community women also wanted to know what they could do about their children who were increasingly becoming restless at home and wanted to go outside.

Reflection from running the MJM activities also inspired the team to simplify the messages to communicate with families. With positive response from beneficiaries, BRAC IED management decided to go ahead with piloting a simple script. The initial conversations gave management some ideas regarding what kind of content they should incorporate into the program and served as a base for the script. This preliminary script included such things as asking, 'How are you doing?', 'How is your child doing?' and

providing some COVID-19 related awareness messages from the leaflet content – staying at home, washing the hands well and frequently etc.

The team shared telecommunication plan with field team (Managers, Program Officers, Play Leaders, Program Assistants, Para Counselors and Mother Volunteers) to do a piloting test. The piloting had been conducted by the Mother Volunteers as well with the 120 children and their caregivers/parents. After the piloting, based on the feedback of 15 play leaders among those 60, some changes were included in the module. Then again, the telecommunication session was fine-tuned. This session design included both counseling session for 4 min's and learning content for the rest of the 4 min's.

However, two things came into consideration. One being that the quick 5-7minute conversation was inadequate. The session time would need to be increased in order to build rapport and to accommodate for time lost due to poor mobile phone network and hence call drop. To aid rapport-building, BRAC IED management decided to integrate empathy and healing with learning to enhance parents' and caregivers' wellbeing and engagement with the children. Essentially, it was the tele-counseling efforts and script that guided the approach for tele-learning. At the same time, it was decided that the script needed to be simple yet effective and needed to flow like a dialogue. They needed a balance between content and communication strategy and there was also the matter of technology. Then finally it was decided that all the beneficiaries will receive sessions on tele-counseling and tele-learning. While the frontline service providers will be given tele-training by the pool of trainers, the head teachers and the assistant teachers will be directly trained by BRAC program staff through one-on-one phone calls (details are in chapter 8).

Core team development

The executive director (ED) of BRAC IED created a content core team in the workshop and along with the entire curriculum team, they held another workshop to determine the modalities to design an alternative learning plan for children aged 0-6 in the emergency context of COVID-19. The curriculum team with the involvement of the field operation team arranged this workshop. The existing curricula such as the HPL curriculum, ECD curriculum, mainstream and host curricula etc. were reviewed and through the reviews from that workshop, they determined what activities should be in the modality that will ensure child proper physical and cognitive development. The field team was kept involved in this workshop to make sure that the information from the field and planning from the head office were on the same page. Play Leaders and Mother Volunteers were also kept connected since this telephone modality was entirely new to them and they needed to be eased into the process.

From the beginning, the HPL Programme Head and Head of Psycho-social teams were supervising the Pashe Achhi project overall. There are many teams in BRAC IED from the curriculum content and mental health part. Each team works by aligning with content and mental health components respectively. However, since September, 2020, when

phase two of the Pashe Achhi intervention began, there have been some changes to the coordination of both teams which are not going to be described here in details.

Conclusion

In this chapter, we have considered core team and script development to demarcate the end of the first phase or stage of Pashe Achhi. The following chapters will describe how the program team planned and developed the content and script as well as the operation, training and execution plans and rolled them out to the field.

Chapter 4: Content and Script Development

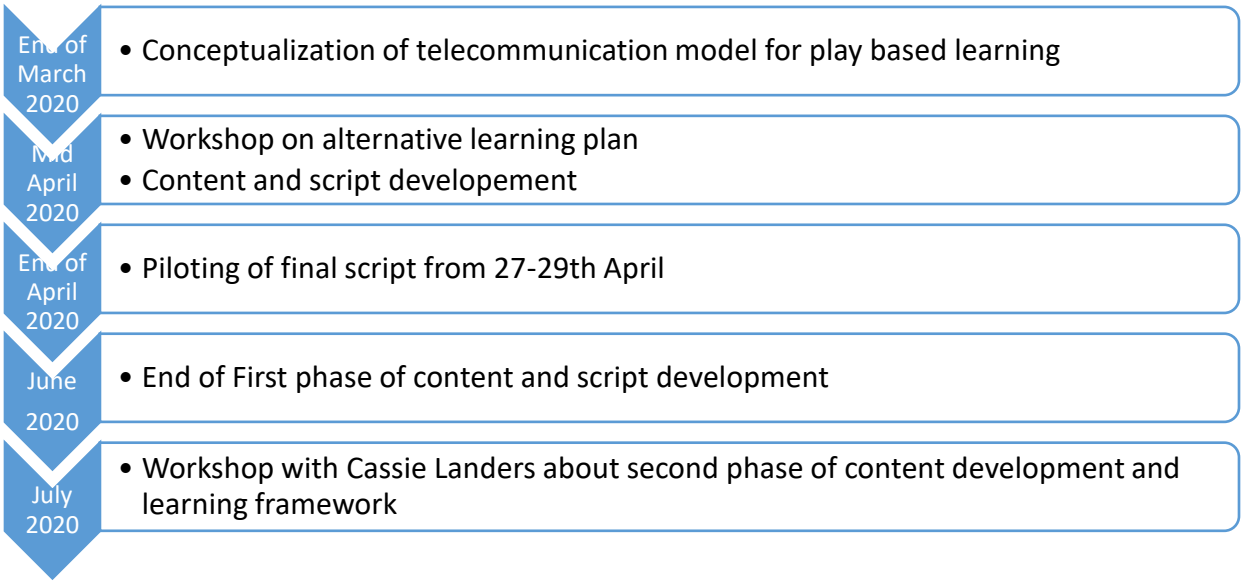
Introduction

Due to the nationwide lockdown, BRAC IED initially thought of providing health awareness messages through teleconversation and started developing a curriculum which was originally adopted from the main Play Lab curriculum. Also, for content development, it was emphasized that the child and mother's healing should be prioritized. In this section, we will see how the BRAC IED experts developed content and scripts for the Pashe Achhi intervention.

Section Highlights

- Content team development and work pattern
- Content selection process
- Preparing draft scripts
- Piloting and feedback
- Finalizing the scripts and proof editing
- Challenges faced and overcome during the development of content and script

Content and script development at a glance



Content team development and work pattern

After the initial awareness-building activities with the beneficiaries, very shortly, the implementers found the need for delivering some psychosocial counseling components to their beneficiaries. The lockdown had forced people to remain indoors and this long-term isolation from the outside world had psychosocial impacts. Rohingya parents were

already suffering from trauma due to their displacement and added to this, was the loss of livelihoods and income due to the lockdown resulting from Covid-19. On the other hand, mothers from camp, host community and mainstream were struggling to look after the family and their children as everyone remained at home all the time. Fathers were frustrated due to remaining indoors, and if they had lost their source of income, they were likely to take it out on family members. Additionally many children from the Rohingya camp, mainstream and host communities were suffering from restlessness, sadness and other psychosocial issues due to not being able to attend the HPL/Play lab centres and government primary schools respectively. These reasons helped the content team to decide on who the target audience for the Pashe Achhi intervention should be – namely mothers and children. Even still, there was a discussion to include fathers into the intervention in the near future. Hence, BRAC IED management decided to include a psychosocial component to the telecommunications script.

HPL, ECD, host and mainstream curriculum team were already working in their own fields. When this model was set, then the Executive Director created a core team that we know of from the previous chapter. This core team came up with a decision through discussion and then they passed that to the curriculum team. In this way, the two teams were divided. The core team decided that the beneficiaries must be reached in a manner that is easily grasped, so they would need to deliver the content slowly. Since the modality was new to the Play Leaders and Mother Volunteers, that is why each content was developed simply. It has also come up from the piloting that providing support to children and their mothers over telephonic communications was becoming quite tough for them and it was clear that the Play Leaders and Mother Volunteers also wanted a more contextualized and simpler intervention.

At the end of April 2020, BRAC IED gathered 37 play-based curriculum developers and 37 psychologists to develop a curriculum integrating wellbeing with learning through play-based approaches. The teams worked in various layers. There was a core team under the larger group. The core team would then break up into smaller teams to work on their own and reconvene later. For the counselling portion, the psychosocial experts at BRAC IED started working on the issue after the workshop. Similarly, the material and content development experts involved with the HPL and Play Lab projects, started working on the tele-learning portion.

Smaller teams followed the instructions of their respective lead/core teams. As such, 0-2 group and 2-6 group for HPL intervention, 1-3 and 3-5 age group for mainstream and host intervention, adolescent group and case management group from camp based intervention- all had their respective team leaders who gave out instructions to their respective groups. One of the core team members described the process in the following way:

"As a core team member of the learning part of Pashe Achhi, we have decided how play leaders communicate with mothers, the way of conversation with the children, on which content etc. Not only that, we have decided the dialogue pattern between facilitator and recipient in the script and instructed our team members. We also figured out how the play leaders would encourage the child after finishing the rhymes".

All the smaller team designated for mainstream, host community and Rohingya community would work in the same modality**,** using the telecommunication model. If *kabbiya* (folk/ traditional Rohingya rhymes) was added to the Rohingya curriculum, then in the mainstream and host curriculum, rhymes were given to make it contextual for everyone. The core team had to decide which content such as *kabbiya* or rhymes would go under which week of the service implementation schedule. The leaders from these teams then met and finalized the work. For example, one team under the 0-2 group might be working on the psychosocial aspect of the script while simultaneously another team was working on the learning aspect. Then, once their work was complete, learning and psychosocial teams would convene to finalize the script for 0-2 age cohort based on feedback and support from their team leaders.

Content selection for tele-learning part

The basic of the framework was mental well-being and learning. But since beneficiary group was different, keeping the design right and the main structure same, the content had to be developed keeping their needs in mind. Based on this framework, many age cohorts have been aligned. For example, among the 0-6 years' age range in Rohingya community, there are two different programs – a program for 0-2-year age group and another for 2-6 years' age group. On the other side, children from mainstream and host community are also there. Furthermore, adolescent group had to be dealt in a different way. Unaccompanied and separated children are also a very sensitive group with unique needs. Their design needs a lot of care, which is why a separate team worked on this.

From our previous process documentation research, we have seen that keeping in mind the diverse age group of children and target groups, content and curriculum designing was not an easy task for the team. When both psycho-social team and learning team started work on script they decided that the selected existing content from respected curriculum will be included into the script. The team kept the main/base theme of the learning part intact and then modified the activity portion according to the target group. The mental health part was entirely addressing the wellbeing of mothers. As BRAC IED always works focusing on children, and operations have already started with mothers in the camp, the mental health team noticed that the complete wellbeing of the children can't be ensured without adjusting the mental health of the mothers.

For example in the context of HPL intervention, for 2-6 age cohort they picked *kabbiya* from the HPL curriculum and took additional information from the Play Leaders to make it contextual for the activity portion, whereas, the rest of the dialogue in the learning portion of the script remained the same. For 0-2 age cohort, telecommunication has been

decided with the pregnant mothers who are in the last trimester (7th-9th months), newly delivered mothers and mothers who have children aged 46 days to 2 years.

As in the main curriculum, two simple but major learning components were considered for the mother. It was decided that messages should be focused on child development and wellbeing as well as covid-19 related coping in case of fear or trauma in the child.

Content selection for tele-counselling group

As mothers are most connected with their children and feel happy seeing their children studying or playing, thus the BRAC IED team motivated mothers that they could practice the techniques Play Leaders used with their children. Hence, they smoothly included the mothers in the learning process of the children.

A notable mention here is that in the tele counselling part, mothers were asked about their mental health condition in the simplest way. The reason behind this was, whenever counselling or mental health-oriented training took place, rapport building was universally implemented to be the first task. At first, there is likely to be some hesitation from subjects, that is, "will they believe what I am saying?" Even then, it is impossible to tell what the subject will bring to the table. Therefore, it is necessary to enforce global practices such as asking "how are you?" This is even implemented in Bangladesh's culture. "How are you?" - This phrase is such a general question that it will cause the subject to begin talking about their present and eventually talk about their past.

> *"If I ask someone initially how they have been for the past one month, then the people will get lost in themselves. People do not know where to start, which is why we need to keep them grounded. Ergo, we asked them about the present or ask them about the last counsellor they saw whom they sought service from. From hearing about the present, we form a bond. Then they are able to open up about their past history."*

The women often panic when someone directly asks them what their issues are. For example, if the facilitator asks them how they were at 10 am yesterday, it is a very real possibility that something has already happened in that time that would later result in trauma. So, it was not easy to ask such questions at the beginning that can make them open up with something so specific. It might lead to more harm than good. That is why the content developer team needed to be very thoughtful about which question to lead with. By asking some opening questions about her and her child, they were trying to shift the focus from them to the person they have a responsibility with. In this way, if the facilitator addresses and counts the person who they are going to talk to, it helps them settle down and consequently ensures receiving proper information. So, the question “How are you?” was decided upon careful speculation about how they can get the most information.

The mental health team were also careful about the cultural aspect. For the Rohingya community, it was not just the lockdown that was taxing. They have a lot of past trauma as well. They have been tortured and uprooted from their own country, only to end up as

refugees in another. It takes quite some time for people to settle when they move from one neighbourhood to another. They have had to deal with a lot of psychological pressure in these regards. And then, they also have to deal with the COVID-19 issue on top of that. They are having to deal with a series of mental health issues at the same time. That is why no such content has been included that might do more harm than good. That is why presenting the staying-at-home aspect of the lockdown beautifully to them was a an issue of concern as well. If the Rohingya community were asked to stay at home which is mandatory, that might have faced some hostility. So, the mental health team tried to look for a friendlier alternative to present it to them. Locking people up in a contained area when they have just been displaced from their own lands could have been a negative trigger for many. If they were just told that they cannot go out and must stay in a contained space, it was very easy for them to be plagued by flashbacks of how they were kept and mistreated in confined restricted areas back in Myanmar. There remains a chance of having a relapse from the trauma. And that is why the mental health team have had to design the contents in a friendlier way and have had to explain to people in a way that is easy to grasp and understand.

Altogether, the mental health team kept some suggestive questions in the script such as 'who do you love more' or 'who do you want to spend time with' or 'what activity would make you feel better and if we all stayed home, did these activities together', 'do you think it would make the environment of your home better?' So that the mother can realize by themselves how to maintain healthy and happy family connections. This way, when they realised that family relationships were getting better, they would also realize that there is no need to go out if it not really needed. Now there is a virus outbreak in the world and everyone is getting infected, so, if everyone maintains a good environment inside the house and does not go out of the house unless required, then the family can stay happy and healthy together. Without telling someone that staying inside the house is mandatory directly at first, a good environment needs to be set. That is why, it takes time to approach mental health issues step by step.

Preparing a draft script and first piloting

At the same time, when content had been finalized, the script development started. The principle of the Pashe Achhi model was such to keep scripts with essential contents simple yet effective. Management's strategy was that an emergency situation such as this required slow delivery of easy content according to need and demand, rather than delivering a lot of complex content that might not be easily grasped by the target audience and frontline service providers.

The team also realized that the initial 5-minute conversation with the new contents would be too short for the script as they would need to provide some technical skills here. In the workshop, it was being debated whether the total duration of the telecommunication session should be 8 minutes or 10 minutes and that in such time, if confusions arise, they need to run constant field testing and piloting. At that time, activities were collected from the Play Leaders and Mother Volunteers for the curriculum.

The first piloting started from the camp on 28th April 2020. All the feedback was recorded in the google doc platform from that day as well. Findings from the pilot indicated that the *Kabbiya* that was being given as content was considered good and timely for the 0-2 and 2-4 age cohort especially. For the 4-6 age cohort, it was deemed that some writing needed to be changed; some wording was then replaced to reflect this feedback. The scripts were translated to Chatgaiya/Chittagonian dialect in order for the delivery to be smooth. Another feedback regarding the script was that it should be read through multiple times before the facilitator delivers it, as the conversation is smoother if they have practiced. As for the section on counseling, the feedback was very positive – mothers were interacting well and took the entire initiative positively. However, mothers of 0-2 year olds were eagerly waiting to be contacted by the program. As the *Ajjukhanas* (0-2 pockets) had closed temporarily, they wanted to have a continuation of the services to know how to manage their young children. The overall feedback was that the 2-6 category children were very happy and were eager to talk more.

There were some challenges, however. Although the content was easy to deliver, the mother volunteers faced an issue to prolong the calls due to frequent call drops. Other feedback included to decrease the number of tips given by prioritizing important ones or to organize it better according to sections. These suggestions were incorporated into the subsequent scripts produced.

A piloting was also done with the mainstream population. Here, the 1-3 age cohort script was tested with and without loudspeaker to reveal that children preferred when the phone was put on loudspeaker. Overall, the children were very interested, especially in the learning part. The feedback was that rhymes or songs needed to be introduced to the mother first before the child. Mothers were found to be very spontaneous. Children were mostly engaging in the content although there were some who would often be moody and not in a state to talk. Greetings or salaam were introduced into the script to make it more acceptable to the community. Play Leaders informed that due to the issue of call drop, the call duration often increased beyond the allotted time.

In this way, with the suggestions of field team, *kabbiya*, *kissa* in HPL context and rhymes and stories in mainstream context were included in the content. Also, some physical activities were included in the content. During the workshop, managers, Program Assistants and Play Leaders were being consulted with on a regular basis for every step. Based on their feedback, the content was modified accordingly. Even after the implementation had started, there was a 4-5-hour long meeting where the Head Office teams listened to feedback of the Play Leaders from different districts.

The teams of curriculum developers, researchers and architects had meetings with the Play Leaders and Managers from the front lines and discussed in details while developing the curriculum. For example, they suggested that the rhymes would be helpful in enriching the children's vocabulary and since physical activities cannot be provided

through telephone, therefore, first two months there were just rhymes. Afterwards, BRAC IED took feedback from the field and incorporated it.

> *"... at first we thought whether we could include any other activity besides rhymes. Then the Play Leaders shared that, the children could recite the rhymes with them they could talk to the mothers regarding hygiene, but not the other activities. So, the module has been developed by collecting information, opinions and experiences from the field."*
>
> - *Play leaders from host community*

Second piloting on draft script

In that same workshop, 3-4 *kabbiyas*, 1 *kissa* and play activity were selected by the HPL curriculum team to be put in the script design for the learning part. After sending the script design, another piloting was conducted in the field. Along with this feedback, the Play Leaders were asked to check how much the average conversation takes, how long they can keep the children's attention, how long they were willing to talk etc.

> *"... before receiving the training, I was told to talk to a couple of mothers and see how much time it takes. So, the following day, I talked to two mothers with their permission. I noted how long the conversation was, how many minutes and seconds, and informed the Program Organizer and Manager. Then they listened to the whole experience."*
>
> - *Play Leaders from Host community*

In this procedure, a draft script was created which was 10 minutes long. In a similar way, 3 draft scripts were created. In one draft *kabbiya*, in one draft *kissa* and in another draft play activity was included because this would cover all the development domains. So, when the scripts were being piloted one after another, they faced a big challenge. Call drops were being frequently reported from the field management. When the call drop issue had been taken into consideration, then it was decided that if the original script has been determined to be a 10 minutes' session, then the actual session delivered will be a 12-15 minute session inclusive of the time lost due to call drop.

The content team also felt that the play activity part was too complicated to be delivered through telephone. Along with that realization, it was first decided that the piloting script will be about only *kabbiya*. From the piloting, it was observed that children were connecting immediately while doing the *kabbiyas* as Play Leaders and Mother Volunteers mentioned that they were common and easier to understand for the children. At the beginning, piloting was ready with two *kabbiyas*. Play activity and *kissa* were eliminated so that they could get used to this new modality easily. In the last of April, however, during the piloting of 3 scripts, a change was made, and the decision was to start with *kabbiya*

only. This was because, FGDs from the internal field studies revealed that the *Kabbiyas* were very acceptable to the community across the camps. Additionally, it was observed that the children engaged much more with the *kabbiyas* rather than the other contents for example, *kissas*, play activity etc.

All teams had to design this updated tele-communication module according to the target group of the program and in alignment with other related programs. The mainstream and host curriculum team also worked for content development for the children aged 3 to 5 and 4 to 5. There had to be similar content and script for tele-counseling and tele-learning. For this, both teams of 3 to 5 and 4 to 5 age cohorts worked together and developed a unified session design for children aged 3 to 5 years. In this updated session design, contents were selected according to the what was immediately essential for beneficiaries in this emergency context rather than being ideal or perfect. Rhymes/ play/story telling have been selected based on the needs of the target groups. After designing the updated telecommunication script for 3 to 5 cohort, again 6 piloting tests (4 with beneficiary mothers and children, 1 with Play Leaders, 1 with Program Organizers) were conducted by the teams of 3 to 5 and 4 to 5. From the output of these piloting tests, a final touch was given to the script and updated accordingly.

Third piloting on draft script

To bring in the three angles – that of COVID information and awareness, counseling and learning, and to account for technical challenges such as time lost due to call drop, each call had to be for 15-20 minutes in length. Keeping this strategy, 16-20 minutes' scripts had been prepared for different types of beneficiaries of Rohingya, mainstream and host community whereas, extra 4 minutes were accounting for call drop issues. Piloting has been done before finalizing the '20 minutes' timeslot. Again, many parents did not really want to spend that much time over phone, and some were using their neighbors' phones. Considering the issue and after group discussion with the frontline service providers and parents, this time slot was determined. A cost-benefit analysis also revealed that a 15-20-minute conversation would work. A coordinator of mental health content development team said:

> *"So, the timing for the script was set to 20 minutes. Out of these 20 minutes, 10 minutes are for an open discussion with the mothers where they can share anything about their mental well-being. After 8 minutes, we enter the learning part through a transition. The 10-minute-long learning part is for the children and going through with this transition is a beauty of our framework, otherwise it might seem that we are jumping to the next part".*

Final Piloting of draft script

In total, 6 scripts have been prepared for 6 categories namely, 0-2 age cohort for Rohingya children, 2-6 age cohort for Rohingya children, 1-3 and 3-5 age cohort for mainstream and host community children, case worker for Rohingya community adolescent for Rohingya community. The content/script has been developed in the Head Office, and

later shared with the field team and frontline workers for their suggestions. Every implementation change was conducted only after piloting it first. Solutions for issues would come up from the field management team – through CFS managers, Program Officer, Program Assistant, Play Leader etc. from camp, host and mainstream, who were more in tune with the ongoing pulse of the field. Concerns such as how long to run a certain content, whether the mothers would be able to grasp such content, what are the common *kabbiya*s/rhymes that the children would easily be able to recite etc. would be discussed. As such, they had the scope of real-time piloting on field and then incorporating it into the scripts and guidelines.

Finalizing the scripts & proof editing

After multiple revisions by the content and scripts team, a curriculum emerged. Reading, spelling check, bridging between the conversation and language checking, editing and revising was done by one of the expert core team members with vast experience in curriculum, content and professional development.

Telecommunication scripts in the field

As mentioned in the table, core contents included basic health and hygiene and mental health during COVID-19 and for the 0-2 age cohort caring for infants and rest of the age group tips on engaging the children while being under lockdown. Telelearning part is only applicable for the 0-2, 2-6 and 3-5 age cohort which contains *kabbiya* or rhymes. As mentioned earlier, this *kabbiya*/rhymes have been captured from the existing HPL/Play Lab curriculum. It has been decided that in the later phase, some physical play and stories will be added in the telecommunication learning part.

Table 3: Highlights of first three scripts developed for the play lab beneficiaries

Age Cohort	Tele-counselling	Tele-learning	Duration
0-2 (Camp)	Basic health and hygiene and mental health during COVID 19. Caring for infants.	Kabbiya	16 minutes
2-6 (Camp)	Basic health and hygiene and mental health during COVID 19. Tips on engaging their child while being under lockdown.	Children engagement with activities e.g. *kabbya*	16 minutes
1-3 (Mainstream)	Basic health and hygiene and mental health during COVID 19. Tips on engaging their child while being under lockdown.	Children engagement with activities e.g stories, play, rhymes (On first three scripts only rhymes were used)	20 minutes
3-5 (mainstream and host community)	Basic health and hygiene and mental health during COVID 19. Tips on engaging their child while being on lockdown	Children engagement with activities e.g stories, play, rhymes (On	20 minutes

		first three scripts only rhymes were used)	

Once the first draft of the script had been produced, it was then field tested. Through many rounds of trial and error, the script was finalized. The calls were also piloted, to make the script easy for the frontline service providers and for content recall.

At the same time, a training guideline was also being prepared. Based on this, the training execution was being planned. Also, the scripts themselves somewhat worked as training manuals. However, some notes were added beside the scripts or within the lines in the scripts to give necessary directions. Apart from the script, audio-visual materials were produced to aid the frontline providers which was very effective, so that they could deliver the content in a uniform manner.

Preparation of Audio Files

At the start of Pashe Achhi, in collaboration with the content team, a member from the communications team was involved in script writing and preparing audio-recordings of the 7 categories of scripts. It was important for the responsible person to be constantly informed about the content; hence they were always present in all content team meetings. For scriptwriting, they provided insights and ideas from a communications angle, that is – how to make the non-face to face communication more effective and engaging.

The audio files were prepared for mainstream, host and camp for the following scripts.

Table 4: Audio recordings of Scripts

Month	Age Cohort	Total Audio Clips (Per Month)
May-August 2020	• 0-2 **(Camp)**. • 2-6 **(Camp)**. • Adolescent **(Camp)**. • Case management: 0-18 years old children & their parents/caregivers **(Camp)**. • 1-3 **(Host & Mainstream)**. • 3-5 **(Host & Mainstream)**. • Teachers & Govt. Officials.	7

For each category, there was one recording per month (or two recordings in case of different content in the same script), that is, a minimum total of 7 recordings per month. In case of any changes to the scripts, they were re-recorded to amend them.

The purpose of recording the scripts was to increase accessibility. At that time, due to the lockdown, every operation was temporarily shut down. Not every trainee was able to obtain the hardcopy scripts. It was decided that since it was not then possible to deliver printed, hardcopies of scripts to all trainees, they would also audio-record them and deliver them online as almost everyone has possession of a smartphone nowadays. Furthermore, it was mentioned that listening can aid understanding better in some cases as they can listen repeatedly and understand how the tone of voice should be in each part of the script.

Participants of the training received the recordings well. They appreciated that an effort was being made to record the scripts for their reference to listen to according to their schedule. In case of hardcopy, they could lose the guide, but the audio would be with them all the time for reference.

There were 7 scripts; all of them went to the field in the month of May. However, mental health part remained the same till August 2020. A decision was made that *kabbiya* for Rohingya children and rhymes for mainstream and host community children will run for 2 weeks while the second two weeks were covered by another *kabbiya* and in each month changes will take place. During piloting Play Leaders from camp, mainstream and host community were asked what they want, which *kabbiyas* and rhymes, *kissas* and stories should be put into the script. Then the Play Leaders asked not to put new *kabbiya* or *kissas* or play activities as it will be difficult to do the new ones in telecommunication. That is why except changing the two *kabbiyas* and rhymes everything were kept same as before. In this way, twice changes have been made for *kabbiyas* and rhymes. At first, repetition, was done in the 2 scripts in the 3rd month (July) because during that month, Play Leaders received training on psychosocial aid. In the refresher training, they received the training with the altered script where the *kabbiyas* and rhymes had been changed.

When the first script was sent to field in the month of May, they realized that the modality needs to be continued for a little longer for practicing. It was already mentioned that getting used to call drop and modality was a great challenge for the Play Leaders as in this modality, it has not only the tele-learning but also tele counselling which was merged and the scripts were made after those two things came into an alignment. The mental health team understood that rigorous practices are required for developing the skills i.e., the ability to listen to the emotions of people patiently and understanding and validating those emotions. The coordinator of content development team from both mental health and learning team said:

> *"No major changes were made in the mental health part. Skill practicing was focused more than content. Here, those who were more skilled would be able to address more accurately the inner emotions of people and would be able to support them regarding any issues by understanding their*

emotions. For these reasons, the scripts that were sent in the first 3 months (May, June and July) were sent to the field according to the script – no changes were made in the content."

"It was challenging for the play leaders of 2-6 age group since they didn't have any para counselor training. That is why they couldn't achieve the goals 100% the way it was supposed to go. As they didn't have the expertise on mental health, a tele counselling part was kept and a change was made – 2 Kabbiyas were changed. The written script was unchanged so they could keep on their normal practicing and to make it comfortable for the play leaders."

The mental health team perceived that it has been good for frontline service providers to make no changes to the tele-counselling part every month. Since they could not go door to door to learn the work, they were able to practice well by talking on the telephone rigorously for three months. According to them, theoretically after two/three months of practice, they would be able to understand things such as, the mother's unwillingness to work can indicate her relationship problems with any of the family members or that already existing strained relationships have been worsening. Through this, the para-counsellors (PCs) could gain experience in relationship issues and child-mother attachment. From repetitive practice, their knowledge would be developed.

Challenges faced and overcome during the development of content and script

Following the whole process of script development, the entire team had to face some obstacles. The first challenge was to work in distance mode. By telephone from a distance, a child and their mother are told that someone is by their side, but they are not able to see them in person to establish trust and honesty in that way. It was a big challenge to get it back into conversation style. The second challenge was to incorporate Rohingya traditional games into the curriculum, as opposed to how easy it was to incorporate the rhymes. Although it was noted that physical play has traditionally an important role in the Rohingya community, the first scripts did not include any games due to the challenges in delivering them through tele-conversation.

Despite the challenges, the biggest advantage was that the scripts for different cohorts were created using the same modality, in the same format. Only the contents had to be separated according to the age range. The contents were picked from all the existing curricula which made the content ready for the script within a very short time.

Healing and Learning framework: A landmark initiative

From August 2020, Pashe Achhi has been in phase 2. The Pashe Achhi team considered all previous activities before this date as Phase 1, which was considered a piloting period. Cassie Landers, a technical expert in early childhood development and education, who has had a longstanding relationship with BRAC IED sat in a 3 day's workshop with

content team. The workshop was held on the last 2 days of July and the first day of August 2020. Both frameworks – healing and learning, were developed mainly for Pashe Achhi project because the curriculum is already developed for the center-based and home-based group sessions that are conducted by the Play Leaders, Para Counselors and Mother Volunteers. The framework development for Pashe Achhi was in a slightly different format from HPL/Play Lab curriculum. The various teams – camp, mainstream and host community has created the frameworks differently for their respective target groups. Since September, the scripts have been going to the field based on this framework. The framework has been created for the duration of one year. As such, all the content teams respectively are aware of what contents will be going in which month, and how the resulting scripts will be accordingly. A small note here is that first, the framework for phase-2 was developed following which the camp framework was developed with help of the consultant. In the same workshop, a learning framework has been created in alignment with tele-counselling.

Healing framework for 0-2 years age cohort

Pashe Achhi telecommunication model set up a curriculum framework for 0-2-year-old age group in order to improve mother-child interaction and prompting better psychological development in the child of camp, mainstream and host community. The length of the framework was set to 10 months and each month was divided into four weeks. The first week focused on psychoeducation, while the rest of the 3 weeks focused on reflection. Each week has a 10-minute session where first 2 minutes is allocated for greetings, asking how they and their family members are. The next 5 minutes' content varies depending on the month. For the first two months, it is about secure base, for the next two months it is about metallization, in the 5th and 6th months, it is about mind-mindedness and in the 7th and 8th month it is about engagement. In all the sessions, the final 3 minutes are about closing, stabilization and gratitude.

Healing framework for 2-6-year age cohort (2-6 for camp and 2-5 for mainstream and host community)

Pashe Achhi telecommunication model also set up a curriculum framework for 2-6 year old groups similarly like 0-2 years age group with the same outcome- for improving mother-child interaction and prompting better psychological development in child. The length of the framework is set to 10 months and in each month is divided into four weeks. The first week is focused on psycho-education, the 2nd week is focused on practice while the rest of the 2 weeks are focused on practice and reflection. Each week has a 10 minutes session where first 2 minutes is allocated for greetings, asking how they and their family members are, and about mothers' mental health. The next 5 minutes content varies depending on the month and the weeks. For the first two months, 1st and 2nd week it is about previous session's information, how mothers can praise children for at least 2 positive tasks or behavior. For the 3rd and 4th week it is about reflection, mothers'

observations and feeling after praising the child, child's expression after getting praised etc.

In the 3rd and 4th month's first week, it is about providing information and rationale relating to the topic while in the 2nd, 3rd and 4th week it is about recap, how the mother can guide/motivate her child to do their own task, while mothers can help by giving instructions and praises upon completion.

In the 5th month's first week, it is about providing information and rationale relating to the topic while in the 2nd week it is about recap, how mother can assist her child in completing a task, and in the 3rd and 4th week it is about reflection, including mother's observations and feelings when she is assisting her child to complete a task, child's expression after finishing the task with the assistance of the mother.

In the 6th month's first week, it is about providing information and rationale relating to the topic while in the 2nd week it is about recap, how a mother can offer her child to make choices from themselves to increase self-control and decision-making by creating option for the child to make their own choices. And in the 3rd and 4th week, it is about reflection, mother's observations and feelings when the child is making choices, the child's expression when they are getting a chance to make choices.

In the 7th month's first week it is about providing information and rationale relating to the topic while in the 2nd week, it is about recap, how the mother can express her feelings and needs in a particular situation, to make the child understand, or to relate with the child's undesirable behaviors. In the 3rd and 4th week, it is about recap, how the mother can express her feelings and needs in a particular situation to make the child understand.

In the 8th month's first week it is about providing information and rationale relating to the topic while in the 2nd week it is about recap, how mother can engage the child in her activities and encouraging the child to engage with her different activities. In the 3rd and 4th week it is about reflection, mothers' observations and feeling when child is engaging with her and the child's expression and feelings after engaging with her mother.

The 9th and 10 months, it is the review period. The final 3 minutes in all sessions varies depending on the month too. In the 1st and 7th months it is about closing, stabilization and anchoring with positive moments with the child. The 2nd and 8th month it is about closing, stabilization and revisiting mothers' childhood memory (related to reward and engagement respectively). In the 3rd month it is about closing, stabilization and deep breathing. In the 4th month it is about closing, stabilization and finding out a daily activity that makes mothers happy (green activity). In the 5th month it is about closing, stabilization and the mother's experience when she is be able to do the desired task on her own. Lastly, in the 6th, 9th and 10th months, it is about closing, stabilization and gratitude.

Learning framework for 0-6 years age cohort for camp/HPL

During the phase 1 period 4, *kabbiya* (folk/traditional rhymes) and rhymes was operated for 2 months. That means in first 2 months (8 weeks), a household received 8 calls (one call per week) and children learnt 4 *kabbiyas* during this period. But the learning team also created their 10 months framework with the help of Cassie Landers. The processes were quite interesting at the beginning. At first they thought to make it theme based; for example- Flower theme: they will give a physical activity and a play. And they designed another type where a *kissa* will be given. And then the content team did piloting and field test. It was observed that the theme based activity was not working because already in the HPL curriculum, they have many *kabbiya*, *kissas* and physical plays which were being extremely tough to operate in the field over phone. Though in the meantime Play Leaders got used to operate telecommunication model and communication system. So, the content team along with Cassie Landers was making a framework using development outcomes since the theme based one would not work. As the content team was determined to achieved development area in the phase 2, finally a framework has been completed.

In the framework, a *kabbiya* was going in the first week, physical activity in the 2nd week, a *kissa* in the 3rd week and regular curriculum or repetition of the first three weeks activity on the 4th week. An important part of the framework was free play where the children can play as they wish and it covers a lot from their development area. So, with this in mind, the last week was made free choose section where children can choose between the 3 activities of first 3 weeks which one they want to play – *kabbiya*, *kissa* or physical play. In this way, they designed the 4 weeks. Later more findings were brought up before the 2nd script if iteration was needed anywhere.

Learning Framework for 0-2 age cohort

Similar to the healing frameworks, learning frameworks were also designed at BRAC IED. At first HPL team developed this framework for the context and then following that, mainstream team developed framework for 0-2 age cohort of mainstream and host community. The 0-2 learning framework was created with four outcomes in mind – language and communication, physical, cognitive and socio-emotional development of children. The tele-counseling portion (10 minutes) focuses on the mother and her mental health and wellbeing as well as providing some Covid-19 safety information.

According to this framework, the first week focuses on stories which addresses the language and communication domain of development. The second week focuses on play activity addressing the physical, cognitive, socio-emotional domains. There is also part for pregnant and lactating mother in the learning framework too. Third week is entirely dedicated to socio-emotional wellbeing addressing the corresponding domain and the fourth and last week is dedicated to rhymes addressing the language and communication domain once more.

For the storytelling during the first week, mothers are explained the content of the story in an easy manner and then asked to retell the story to their baby in an animated way with changes in tone of voice while maintaining eye contact. In total, there are 5 different stories that are delivered across 10 months. For the first two months, there is one story, the next two months, another story and so on. All the stories have some morals or learning behind them, such as making the child familiar to sounds, colours etc. or talking about the mother-child bond.

Before the play activity portion during the second week, the mother's reflection is obtained on the prior week's storytelling and how the child received it. Next, the play activity is discussed; according to the child's ability and age, selected play activity are explained to the mother that she will conduct with her baby. There are 10 different games designed to be delivered across 10 months addressing the various development domains explained earlier.

In the subsequent week, reflection on the parent and child's reaction to the play activity played in the previous week is obtained. The mother is asked to recall the story and play activity played in the prior weeks. Next the Play Leader discusses the mother's socio-emotional issues and she is asked to observe the emotional reactions of the child based on the subject matter taught in this section. Topics include the importance of physical touch, play, reacting positively to the child's needs, behaving well with the child, praising the child, positive social behaviors etc. Some of the topics such as importance of touch and importance of play are repeated in the upcoming months to reinforce on their importance throughout the 10 months.

For the last week of the month, the mother is asked to report any observations she has made regarding her child's reactions to the various content. Next, she is asked whether she knows the rhyme of the week, and if yes, to recall the rhyme. In a similar way to how she recited the story, she is then asked to recite the rhyme in an animated and fun way to the child while clapping and making various gestures in accordance to the rhyme. There are 10 different rhymes, each to be delivered per month, across the 10 month schedule. The whole learning part is to be carried on only with mother asking mother about child wellbeing and lastly a covid-19 message is given.

Learning Framework for 2-5 age cohort:

Pashe Achhi telecommunication model has also prepared a learning framework for 2-5-year-old groups for mainstream and host community with similar outcome- for improving mother-child interaction and prompting better physical and psychological development in child. The framework focuses on four development domains of children; development of language and communication, physical development, socio-emotional

development and cognitive development. The length of this framework is 10 months and each month is divided into four weeks. The four weeks are divided into four specific themes such as the first week rhymes, second week play activity, third week stories and the fourth week free play. Each of these approaches are designed to complement the focused development domains of children.

At the beginning of every call, the first ten minutes is dedicated for tele-counseling with the mothers. At first, after greetings the mothers are asked about their and their family's whereabouts and how they are doing. The following part is to discuss the mental health of the mothers. This section remains common throughout the 10 months of the 2-5-year-old learning framework.

The four weeks of learning framework are divided into four specific themes as mentioned before. Each tele-learning session starts with a greetings session and following the greetings, there are safety messages for COVID-19 on the first and third weeks of the month and messages of values and ethics on the second and fourth weeks of the month. The safety messages for COVID-19 consists of messages of hygiene and measures to be taken to be safe against COVID-19 such as "not going outside unless it's necessary", "washing hands for 20 seconds frequently", "avoid touching face, eyes and mouth", "avoid crowded places and always wear a mask when outside", "'covering face while sneezing or coughing" etc. Messages of values and ethics contain messages like, "love our family"; "listening to the elders and abide accordingly", "organizing our own toys and things and take care of those", "always tell the truth", "sharing your things with the family", "not touching someone else's things without permission" etc.

As mentioned before the tele-learning is focused on four specific themes, rhymes, play activity, stories and free play[30]. Every month's first week is allocated for rhymes. On the first month the children are taught the rhyme 'Projapoti Projapoti', second month 'Itol Bitol Gaach er Pata', third month 'Mini Mini Ayna', fourth month 'Oi dekha Jay Taal Gaach', fifth month 'Amra shobai phul er desh e', sixth month 'Kaath Birali', seventh month 'Bhaat Khai Shakk Khai', eighth month 'choroi pakhi r kichir michir', ninth month 'Chokh diye dekhi ami Kaan diye shuni' and on the tenth month 'Railgari jhik jhik'.

The second week of every month is allocated for play. On the first month the children are given play 'Durbin diye khuji', on the second month 'shure shure guni' (learning to count 1-10), third month 'pocket bhora golap phul', fourth month 'porer shokhyti ki (what is the next number)', fifth month 'tultuli boleche', sixth month 'gacher pata jhore pore', seventh month 'choli o thami/borof pani', eighth month 'prani chena (learning the animal)'. Ninth month 'pakhir moton uri' and on the tenth month 'gari chalai bho bho'.

[30] Free play is a term recognized worldwide and used in the curriculum. In this framework on 4th week children choose and activity from last three weeks and PL conducts that with them giving importance to the children preference.

The third week of every month is allocated for stories. On the third week of the first month the children will be told the story 'chuye dekhi', second month 'tui tui kichir michir', third month 'guchiye rakhi', fourth month 'khelt e jai onek dure', fifth month 'Diyar Bhabna', sixth month 'Ki naam tomar', seventh month 'Nitur Neel Gari', eighth month 'Amra Shobai Bondhu Holam', ninth month 'Bubun bhuter khelar jogot' and on the tenth month 'Schooler prothom Din'.

The fourth week of every month is kept for free play where the children can decide which play of rhymes would be played or recited. After the greetings and messages of values and ethics the children get to decide what they want to do that day.

At the end of every call, the children are assured that the Play Leaders would call them back and the parents are encouraged to spend time with their children.

Throughout the ten months learning framework the children get to learn from 10 rhymes, 10 stories, 10 plays and also counting from 1-10 only. Besides the children also learn hygiene and safety measures to remain safe from diseases. Alongside the children learn messages of values and ethics. All of these are very precisely designed to develop children's language and communication skills along with enhance their physical, socio-emotional and cognitive development.

Framework Implementation Challenges

During the time of interviews with key content developers for this study, we learnt that some feedback has already been received from the field, which the content team perceived as a big challenge to work with the learning framework. For the 2-6 age cohort for HPL children script made in phase 2 of Pashe Achhi, mothers noted that it would be better to make separate learning content for various ages within the cohort as the play activity s are sometimes too complex for younger children which was a challenge. Additionally, it was noted that it will be very difficult to make the physical activities a part of telecommunication, especially in the camp context, as play activity such as elephant play, frog play, rope play etc. are usually played by children in groups. It is a big challenge to convert these play activity for an individual child as has already been tried and tested through piloting. In the first month, a popular play activity for Rohingya children, frog play, was included. To make it appropriate for the telephone modality, they decided on teaching the children the sounds a frog makes and then asking them to jump like a frog and make the sounds. Simple changes such as this were made to make it telephone appropriate.

Conclusion

The entire process of content and script development has been conducted in a structured manner. A workshop was held after which the field team has been collaboratively worked with to implement the content designed. In a stepwise manner, piloting has been accomplished. Further piloting has helped to finalize the scripts. One of the major

strengths of the development process was to prioritize a bottom-up approach, that is, the involvement of the field management and frontline workers in every step of the process.

In the subsequent chapters, we will observe how the feedback from the refresher trainings and the monitoring data and research findings have helped to fine-tune the scripts.

Chapter Five: The Final Product (Scripts) for Pashe Achhi Telecommunication

Introduction

After the first month of intervention, contents of all the scripts has been slightly modified as decided in the earlier phase. Play Leaders provided feedback from their and community perspectives. Based on their feedback two new *kabbyas* and Rhymes was incorporated in the learning part. Also added COVID-19 messaging around handwashing techniques, and reinforced the provision of safe water, sanitation and hygienic conditions as preventative measures. In this section we'll describe first round of scripts developed for the multiple target audiences

Section Highlight

- Script 1: Pashe Achhi Telecommunication script for 0-2 age cohort
- Script 2: Pashe Achhi Telecommunication script for 2-6 age cohort
- Script 3: Pashe Achhi Telecommunication script for 3-5 age cohort
- Script 4: Pashe Achhi Telecommunication script for case management_0-18 age cohort
- Script 5: Pashe Achhi Telecommunication script for adolescent girls and boys, parents(Acknowledgement, self-esteem, aspiration)
- Script 6: Pashe Achhi Telecommunication script for 1-3 age cohort

Script 1: Children aged 0-2 years cohort in Rohingya community

Normally, the situation in the Rohingya camps is quite a challenging environment for children to grow up in. That is why, BRAC IED introduced HPL to provide some quality time for children while ensuring the appropriate mental health support by engaging with them through playing. Due to COVID-19 the service had to shut down temporarily. Since mental health of children are very important and complete shutdown of the service might undo all the progress that has been observed, BRAC IED has come up with a new system to continue the service through telecommunication. In this new system the Mother volunteers contact with the mothers of 0-2 children so that they will remember them and will develop an assurance that they care for them. The mothers are taught some techniques such as telling *kabbiyas* and *kissas*, playing with safe household objects etc. to engage with children through the Mother Volunteers, so that the mother can act as the role of Mother Volunteers to the children and ensure the appropriate mental support to the children until the lockdown withdraws.

The whole segment is completed in approximately 20 minutes. In the first 2-3 minutes the Mother Volunteers provide their identity, why they called and very carefully try to ask for the permission to talk with mothers in 0-2. The wordings are chosen very carefully to

assure the mothers that Mother Volunteers are trying to understand about this hard time and want to be a help to the children.

In the next 5-6 minutes, instead of directly going to the main point, the Mother Volunteers ask slightly personal questions with permission, such as –how they are doing, what type of obstacles they are facing than the normal time and let them know that their words are guaranteed to remain within the office so that the parents feel the encouragement to talk freely. When mother talk, the Mother Volunteers listen to them very carefully and use verbal cues such as "yes", "hmm" etc. to let the mothers know that they are paying attention to their words. Mother Volunteers do not interrupt the mothers while they talk and do not immediately point out wrongdoings (if there are any) as this might discourage mother from opening up. If the Mother Volunteers feel the impression that the mothers are having a bad time with the children or they are angry with their children, the Mother Volunteers try to console the mothers and try to motivate them such as, by saying "how you are tackling this hard situation is praiseworthy" and then give them some tips carefully so that they apply them with their children. At this point, the Mother Volunteers also remind the mothers to take care of the children, keep them clean and exercise at home regularly. The Mother Volunteers remind parents that the children need care and close attention as the lockdown can negatively affect their mental health due to the added environmental stressors. By discussing these ideas and encouraging mothers to apply these techniques to deal with the children, the Mother Volunteers are suggesting the mothers to play the role of Mother Volunteers in their own home.

In the next 7-8 minutes, the Mother Volunteers politely ask the mother what the baby is doing at the moment, how they are reacting as they can't take the baby outside, how the mother is managing taking care of the baby. The Mother Volunteers then suggest playing and engaging with the baby more to tackle these situations and to have a good time. The Mother Volunteers also listen if the mother has anything to add. They ask and try to get the feedback about if the baby is having fun listening to *kabbiyas*. They try to teach them other *kabbiyas* and suggest the mothers and as well as the other family members to recite them making animated gestures such as shaking their hands, head and making other physical movements. By this the babies will be familiar with the *kabbiyas* and recognize it once the HPL service reopens.

If it is for pregnant women, then the Mother Volunteers remind them, it is extremely important to keep up the good health for the baby to remain safe. The Mother Volunteers assure the mothers that their words are extremely safe with them and it will not be disclosed anywhere except for the programme office. They try to convince the mothers about the situation and tell them why physical and mental health is important for the baby. The Mother Volunteers also remind the mother to go to the nearest hospitals whenever danger signs like bleeding, high fever etc. are observed. The Mother Volunteers tell the mothers to ask for help from other family members without hesitation if required. They also tell the mother to be careful with the newborn, to breastfeed properly. Mother Volunteers refer the mothers to Para Counselors if they have lost appetite, do not feel like talking, sleeping or have become reluctant to take care of the babies. After finishing, the

Mother Volunteers promise the mothers to communicate with them the next day and express gratitude for allowing them to talk with patience. However pregnant women were not promise to talk on next day rather suggested to communicate with them if needed. There were another part in the same script for the lactating mothers of children from 1-45 days old. The main focus of the script is to understand if the new mother is coping well, encourage her for self- care, tell her to visit nearby health care centers/ service providers if there is any physical problem arise.

Script 2: Children of 2-6 age cohort in Rohingya community

Similar to the 0-2 cohort session, the entire segment is completed in approximately 15-16 minutes. In the first 2-3 minutes the Play Leaders provide their identity, why they called and very carefully try to ask for the permission to talk with parents and the children.

In the next 5-6 minutes, instead of directly going to the main point the Play Leaders ask slightly general questions with permission such as –how they are doing, what type of obstacles they are facing compared to the normal scenario etc. Play Leaders assure parents of confidentiality so that the parents are encouraged to talk freely. When parents talk, the Play Leaders listen to them very sensibly and say "yes", "hmm" etc. to make parents feel that their words are being given importance and being heard. Play Leaders do not interrupt the parents while they talk and do not immediately point out wrongdoings (if there are any) as that discourage parents from opening up to them. If the Play Leaders feel the impression that the parents are having a bad time with the children or they are angry with their children, they try to console the parents and try to motivate them such as by saying "how you are tackling this hard situation is praiseworthy" and then give them some tips carefully so that they can apply them with their children. At this point, the Play Leaders also remind the parents to take care of the children, keep them clean and practice some exercise at home regularly. Through this, the Play Leaders emphasize that the children need care and closer attention during this time as the lockdown can negatively affect their mental health. By discussing these ideas and encouraging the parents to apply these tricks to deal with the children, the Play Leaders are supporting the parents to play the role of Play Leaders in their own home. In the next call, Play Leaders ask parents whether they play or tell stories or *kabbyia* to their children or not in home.

In next 2 minutes, the Play Leaders seeks permission to talk with the children along with the parents through loudspeakers. This session is to remind the children that their Play Leaders did not leave, they are maintaining a communication with them so that the Play Leaders don't become strangers to the children once the lockdown is withdrawn and HPL service is reopened.

In the next 6 minutes, the Play Leaders try to engage with the kids by playing *kabbiya* to have a quality time as well as to understand the mental situation of the children and ensure proper development in making communication, learning new words and being able to use sentences. Through *kabbiya,* the Play Leaders try to engage their parents in it so that later the parents can perform something similar with the children. After finishing,

the Play Leaders promise the kids and the parents to communicate with them soon and express gratitude for allowing them to talk with patience.

Script 3: Children of 3-5 years cohort in (mainstream and host community)

As mental health plays a vital role in the growing up process of children, BRAC has introduced *khelar jogot* for a quality time to ensure right mental health support for them by engaging through play. The Play Leaders try to understand the children's developmental stage by learning through play with them and then provide support accordingly. Due to COVID-19 the service had to shut down temporarily. Since mental health of the children is very important and complete shutdown of the service might undo all the progress that has been observed, BRAC, IED has come up with a new system to continue the service through telecommunication. In this new system, the Play Leaders contact with the children so that they can remember the Play Leaders and develop an assurance that the Play Leaders care for them. At the same time, the mothers are taught some techniques to engage with children, so that they can assume the role of Play Leaders in their absence, and ensure the right mental support to the children until the lockdown withdraws.

The whole segment is completed in approximately 16-20 minutes. In the first 2-3 minutes the Play Leaders provide their identity, why they called and very carefully try to ask for the permission to talk with parents and the children. The wordings are chosen very carefully to assure the parents that Play Leaders are trying to understand about this hard time and want to be a help to their children. Play Leaders always use the name of the children and explain in details very politely and calmly if the parents ask any questions.

In the next 5-6 minutes the Play Leaders ask the mothers few important questions like how are they, how are their children's doing, how are they passing their time with their children, how they are tackling this situation etc. While asking these questions the Play Leaders are very gentle towards the mother as of the mothers need an assurance to feel comfortable to answer these without hesitation. The Play Leaders listen to the mothers attentively and make sound like ''hmm'', ''yes'', ''hu hu'' so the mother can feel that they are given proper attention to. The Play Leaders are very careful about responding to the mothers, they try to feel the mothers' situation by wearing their shoes. While responding the Play Leaders encourage them saying such as "how they tackling the situation is praiseworthy" and carefully remind them to take care of their health, to play, exercise with children etc. The Play Leaders remind the mothers that it is a tough time for both the adults and children. So, regardless of the pressure, it is important to try the level best to be patience with the children's and giving them enough attention.

In the next 7-8 minutes the Play Leaders request the parents to talk with the children. The Play Leaders ask normal questions like, "How are you?" and tell them to wash their hands properly, use a napkin before sneezing etc. After that the Play Leaders try to engage with the children through reciting poems to have a quality time as well as to understand the mental situation of the children. Through reciting poems/rhymes the Play Leaders try to keep the continuation of the services from the *khelar jogot* to the children so that when

the service are reopened, they will not have to teach the poems from the beginning. The Play Leaders request to put the phone on loudspeaker so parents can also listen to the poem, and later they can perform something similar with the children. After finishing, the Play Leaders tell the children it was a nice time and remind them that their *khelar shathi* cares about them. Then the Play Leaders promise the children and the parents to communicate with them in next week and express gratitude to the parents for allowing them to talk with patience.

Script 4: Case management of 0-18 years cohort in Rohingya community

The tele-counseling portion of the Pashe Achhi intervention focuses on parents and caregivers. The script has been designed to be a 20-minute conversation broken down into 4 parts – the first two for both parents and other caregivers: 'Greetings', 'What to say during the conversation'; and the next for parents only: 'Conversation about Family Relationships', followed by 'Closing Statements'.

Talking to Parents (Mother or Father) or Caregiver

The first two minutes of the conversation are spent in greeting. The caseworker (CW) greets the parent (mother/father) or caregiver who picks up the phone with the traditional Muslim greeting of 'Salaam' and then introduces themselves. They explain the current situation and the purpose of the call. CWs are instructed to take permission from the recipient before beginning the conversation and encouraged to talk to whoever shows interest – be it the mother or the father. If the parents are busy at the time of calling, then an appointment should be taken for when they are available.

If given permission, the CW begins by asking about how the HPL-attendee child/children and the rest of the family have been doing during the lockdown. They are instructed to speak in a manner that would make the beneficiaries feel as if they are conversing with a close relative or friend who has called to check up on them. The CW then asks parents to share their thoughts and feelings with them if they would like to. If the parents have any questions, the CW should clarify and explain things to the best of their ability.

The next 6 minutes are spent in conversing with the parent. During the conversation, the CW asks parents a number of questions such as 'How are you?', 'How is (HPL attending child)?', 'How are they spending the time during the lockdown?', 'In this situation, how are you managing the child and yourself?', 'Are you spending time with them and how?'. The CW asks the questions one by one and waits to hear their reply before proceeding to the subsequent questions. There are some things that the caseworkers must keep in mind during the conversation – they should listen attentively and give verbal cues that they are paying attention to what is being said. They should also give the respondent the opportunity to speak without interruptions and judgement so that parents are willing and able to open up to them. It is also important to be empathetic in order to be able to understand their situation.

At any point during the conversation, if the CW feels that the family is going through a difficult time, is worried about their child or is angry with the child, they are instructed to

show sympathy and counsel the parents. For example, they could say "I understand that you are worried about your child." On the other hand, if the family seems to be doing well, this should also be acknowledged. In this case, the CW could say something like, "You are doing everything so well, it is really praiseworthy!". Following this, some tips would be given. These include taking care of self (eating and sleeping well, drinking pure water etc.), washing the hands for at least 20 seconds, taking part in activities that they like, spending time playing with the child, practicing breathing exercises etc. To close this part of the conversation, the CW asks the parent or caregiver whether they liked talking to them. They reassure them that it is normal during this difficult time if they are unable to carry on activities like before, but that it is important to come together as a family and try to spend this time well to keep mentally sound.

Meeting with Mothers and Fathers Together

The next portion of the conversation involves talking to parents about family dynamics and relationships. The duration is roughly 8 minutes and the CW talks to both parents together while the phone is on loudspeaker. Here, parents are again reminded of the limitations of the unprecedented situation they are currently facing. As the children are not being able to go to the HPL centre right now, they are unable to spend time playing there and seeing their friends. As such, the child may be feeling agitated or lonely at home. Parents are reminded not to behave roughly with the children. Instead of scolding or hitting them when they misbehave, parents are urged to make them understand the situation nicely. The caseworker inquires whether the parents are giving enough time for their children. In that regard, they are reminded to spend more quality time with their family, talking and telling stories to the children, having meals together etc. Children want love and affection from their parents, so parents are encouraged to be affectionate towards the children regardless of their gender. Another important reminder that the CWs disseminate is that of the role of mothers and fathers in the household. They are reminded that not only the mother, but the father as well plays an important part in the child's life. Parents are encouraged to divide household tasks between them. The CW tries to make the fathers understand that their partners are already doing many of the household chores. Therefore, if he were to take part in activities such as feeding the child or spending some quality time with them, then both mother and child will be happy, and it will bring peace to family life. The idea is that if the parents remain happy, then the children too would be more likely to remain happy.

Before closing the conversation, parents are reminded of some COVID-19 awareness messages such as washing hands more frequently and maintaining coughing and sneezing etiquette. They are asked about their feelings regarding the entire conversation and reminded once again to spend the time well. Finally, the caseworker thanks the parents for their time and tells them they will call next week.

Script 5: Acknowledgement, self-esteem, and aspirations of adolescent girls and boys

As mental health plays a vital role in the growing up process of adolescents, BRAC has introduced pocket session service to ensure right mental health support for the adolescents by engaging with them through talking. The counsellors try to understand the adolescents' mental situation by talking with them and then provide support accordingly. Due to COVID-19 the service had to shut down temporarily. Since mental health of teenagers is very important and complete shutdown of the service might undo all the progress that has been observed, BRAC has come up with a new system to continue the service through telecommunication. In this new system, the counsellors contact with the adolescents through cellphone and talk with them so that they can ensure the right mental support to the adolescents until the lockdown withdraws.

The whole session requires approximately about 20 minutes. In the first 2 minutes the counsellors say greetings to the adolescents and then give their identity, why they called. In case, parents receive the call then the counsellors tell the parents about this process and answer questions if parents ask any. The counsellors try to explain everything as clearly as possible if the parents have any confusion. The counsellors then ask permission from the parents to talk with their children. If they are not around, then the counsellors ask when they can call so they can call at that time. Upon permission the counsellors request to talk with the adolescents.

After saying greetings, in the next 6 minutes the counsellors ask the adolescents how they are doing, how they are passing their time, what they are going through, how they are dealing with their families. While the adolescents answer these questions, the counsellors very carefully listen, try not to interrupt them and says "hmm", "yes" so the adolescents can feel the counsellors are listening to them. The counsellors don't say anything negative as that can make the adolescents not be comfortable sharing what they are going through. If the counsellors feel that the teenagers are going through a tough time, then they try to console and encourage such as saying the way you are handling your situation in this tough time is praiseworthy etc. The counsellors also give them some tips to take care of themselves such as to sleep enough, eating healthy, pass time with family, do breathing exercise etc.

In the next 8 minutes, the counsellors provide suggestions about anger management. They ask if any harm was caused to the adolescents due to their anger, if anger harmed them physically or mentally. The counsellors listen to the adolescents answer carefully and then give them instructions about how to control these emotions such as regularly doing light exercises, expressing thought to close people, trying to think through before taking an action, taking deep breaths when they are too angry to cool down etc. The counsellor then suggests the adolescents to do something that might calm their nerves such as draw or sketch pictures, learn to sew or origami, reading books, listening to music or to learn something new etc.

Lastly the counsellor tells the adolescents to take care of their selves and to maintain the precautions to be safe. The counsellors promise to check up on them through calls and ask the adolescents to call them if they need to talk or need any suggestions. The counsellors then thank the adolescents for giving their time and sharing their minds and then with goodbye they end the conversation.

Script 6: Pashe Achhi Telecommunication Script for 1-3 age cohort

In a similar way to the 0-2 and 2-6 scripts for Rohingya children based in the camps, BRAC IED has also prepared a telecommunications script to reach out to 1-3 year-old children from the mainstream community who attended the '*Khelar Jogot*' intervention, and their mothers. The script duration is 20 minutes and is divided into two halves – conversation with the mother and conversation with the mother and child together.

In the first 2 minutes, the Play Leaders exchange greetings with the person answering the phone, give their identity and explain the purpose of why they are calling. It is emphasized that during this troubled time, the purpose is to reach out to, listen and provide support to the parents and their children. If the father picks up the phone, the Play Leader exchanges some small greetings and asks for the mother and the child. In case the father is busy or outside the home, they ask to reschedule and end the call. On the other hand, if the mother answers the call, she is greeted similarly and given space to share her sorrows and joys.

It is important to note that the Play Leaders must seek permission before beginning the conversation. They are instructed to speak to whoever is more enthusiastic about talking – the mother or the father. Words are chosen carefully to assure parents and children that they understand the tough situation they are going through and are wanting to help them and be beside them. Play Leaders are instructed to always use the names of the children and to explain in detail, politely and calmly in case the parents have any questions.

In the next 6 minutes, the Play Leaders ask mothers some questions such as how they are doing, how is their child, how are they spending time with their children during this lockdown, how are they handling the situation etc. The questions are not asked all at once, rather, one by one according to the flow of the conversation. During the conversation, Play Leaders are instructed to take care that they listen attentively to the mothers without interrupting them and to provide verbal cues to ensure the mothers that they are paying attention. Furthermore, Play Leaders must remain a neutral, non-judgmental attitude and imagine themselves in the beneficiary's shoes so that they can empathize with their situation.

While speaking to the parents, if there is any indication that they are going through a difficult time with the children or otherwise, the Play Leaders reassure them by saying words of affirmation such as "I understand you are going through a difficult time right now." If they are handling things well, a praiseworthy comment is made such as "It is admirable how you are handling everything so well". Having listened to the mother, the Play Leader then reminds them that it is a universally difficult time for everyone, adults and children alike and gives them some tips to manage the situation including advice on

health, hygiene, spending time with the children, breathing exercises etc. Closing this part of the session, the Play Leader asks the mother to reflect on how she felt speaking to her, and then ends the session by reminding her that even though and has brought many changes to their lifestyle, it is important to spend the time well and take care of their and their family's physical and mental health and that it is important to try and be patient with the children as well.

The next part of the session is between the child and their mother and the Play Leader and lasts around 8 minutes in total. Through reciting rhymes, the Play Leaders try to keep the continuation of the services from the *khelar jogot* to the children. Firstly, the PL asks the mother to sit with the child, greet the child on her behalf, and put the phone on loudspeaker if possible, so the child can hear. In case that is not possible, the Play Leader asks the mother to repeat what she says and conduct the activity with the child following Play Leaders instructions. The mother is asked such things as, how she is managing the child if they become restless, angry or throw a tantrum and explains that it is normal during this time. The Play Leader then provides some tips on how the mother can spend some quality time with their child through storytelling, reciting rhymes or playing games.

The Play Leader then starts a rhyme-session with the mother and child dyad. Two rhymes are included in the script – the first is recited on the first two weeks and the second, for the latter two weeks. The Play Leader recites the entire rhyme first, asking the mother to listen attentively to it, and then, to repeat line by line after her and encourage the child to recite it too. After this, she asks the mother to repeat the rhyme in a fun, enthusiastic manner along with the child and praise the child if they are able to do it. The Play Leader praises the mother for doing a great job and asks her how she felt about the session.

To end the tele-conversation, the Play Leader thanks the mother for her time and asks her to remain safe and well. She reminds them of their session same time next week and also thanks the child affectionately for their participation.

Conclusion

In this chapter, we have described in details, the content of 6 different Pashe Achhi scripts. Apart from these, we did not include the *Ghore Boshe Phonalap* and psychosocial scripts which can be found in chapter 8 and 9 respectively. The scripts were prepared after rigorous trial and error process. Through piloting and incorporating feedback, they were tailored to the target groups, as well as frontline service providers due to being simple and easy to deliver. In the next chapters, we will see how the scripts were accepted in the communities after field implementation.

Chapter Six: Capacity development and Training Execution

Introduction

Capacity development is essential for making a sustainable contribution to address any community-based intervention. Face-to-face training is one of the best methods to develop organizers' capacity to carry the programme effectively. However, online based training is always challenging for any development organization. It is not merely a simple choice between online learning and face-to-face learning; rather, there are a plethora of models that may be adopted and provided in a mixed-methods approach to supplement face-to-face learning including the use of online learning, computer-based learning and learning using mobile phone, radio and television. In this chapter, we aim to describe what types of training were provided and in what ways; how the modality shifted from face-to face to e-learning and telecommunication initiatives.

Capacity development at a glance

Timeline	Activities
April, 2020	Workshop on alternative learning plan
	In-house training to the programme staff
	In-house piloting by mangers, Program Officers, Program Assistants, Para Counselors, Play Leaders and Mother Volunteers Feedback
	Second piloting for fine tune the initial script
	Piloting the final script (27-29, April, 2020)
May, 2020	2-day Basic training of trainers was provided to the Master trainer and trainers
June, 2020	First Refresher training for the trainers and frontline service providers
July,2020	3-day workshop on 1 year learning framework development supported by Cassie Landers
	Psycho-social training
August, 2020	Training for the frontline service providers for "Pashe Achhi phase 2 " Intervention

Creating a training pool and its function

Within April 2020, the Pashe Achhi model design was complete. Then the BRAC IED management planned to use a cascade mechanism to deliver the training which was tested and found to be effective. A core group of people decided to develop the training modality and how the training guideline will be. In the camps, already 304 HPL centres, along with 50 home-based centres and 1000 home based centers for 0-2 age cohort were already existing. In total, near about 40-50,000 families were served by the HPL model. On the

other hand, in the mainstream and host community, children aged 1-3 and 3-5 were served through government Play Lab project. To reach all these families, almost all front liners needed to be trained because the calls would go out from them directly. To reach the huge number of front liners, a bigger training pool was a necessity. Then it was decided that the 74-member expert group could create a large training pool.

Box: Distribution of 37 content/curriculum developers from various programmes

- 3 trainers from 4-5 age cohort
- 5 trainers from childcare
- 9 trainers from 1-5 age cohort
- 5 trainers from 0-2 age cohort
- 7 trainers from 2-6 age cohort
- 2 trainers from adolescent programme
- 2 trainers from case management programme
- 4 trainers from play accelerator programme

Master trainer (MT)

The MT were the team of play-based curriculum developers and trained psychologists. In the first phase of the model, they represented as MT for the trainer pool. However, in the later phase during the month of June, 25 trainers from 211 trainer pool again trained as master trainer to provide refresher training to the frontline service providers. Regarding this selection process, the field staff played an important role. According to the Managers of the host community:

> *"... among the 20 Play Leaders who do you think is the best, who the other play leader would listen to, who would be able to provide training, would be good in communication. I had selected two Play Leaders accordingly. Among them one was selected as Master Trainer after talking to the Regional Manager."*

Trainer

Since trainers had a major responsibility to train Play Leaders from all over the country, it was imperative to select the best people for this job. There were specific criteria for selection of the trainers. The managers were mainly responsible in selecting them as they had long experience working with them for the last few years. The criteria included ability to conduct training, responsible, having access to android mobile phone, possessing skills, attitude and knowledge on curriculum, having good performance and grasping the model quickly etc. In this way, in the later phase, a total of 211 front-liners including Program Officer, Program Assistant and Para Counselors and expert Play Leaders (from camp, host and mainland) were chosen as trainers. Para Counselors should be particularly mentioned here because they are especially related with the 0-2 age group. During these sessions, Mother Volunteers get trained by shadowing the Para Counselors. Essentially it is very much a job in training, wherein the Para Counselors supervise the Mother Volunteers activities. Another reason to include Para Counselors is because they are close with Mother Volunteers and it is easier to communicate with Mother Volunteers if Para Counselors are present there. Hence, in this training process, the curriculum team members do not directly train Mother Volunteers; rather, the Para Counselors take the training to the Mother Volunteers. When Para Counselors finish their trainings, then the Master Trainer group conducts follow up from time to time.

Training Process

After several discussions among the implementation team, the training framework was prepared (see figure). In the first phase the expert group, 37 pairs of MTs, provided

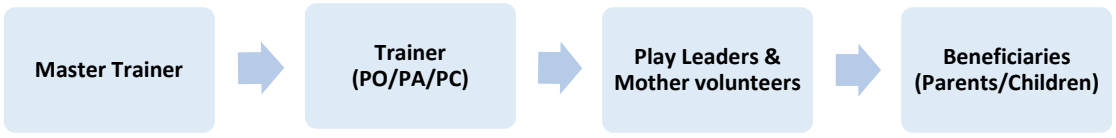


Figure 3: Training Framework

training to the trainers to create a pool of trainers including Para Counselors, Program Assistants and Program Organizers. They were oriented for 1.5 hours by the senior management to give out training to the rest of the cascade. After the piloting, the 37-pairs of MTs took part in a training which was focused on script only. First, the team received orientation on the psychosocial portion of the script and then on learning. Both groups received both types of training since ultimately, beneficiaries would need to be provided with both types of content, as such, all trainers needed to know the entirety of the content of the script.

The training took place over a long period of time, after which, MTs followed their own schedules had to disseminate the training to the frontline staff. One pair was responsible to complete 1-hour training session to 3 groups a day.

Preparing the training guideline (ToT)

Though scripts itself worked as training manual, a few training guidelines have been prepared for the trainers' group. Usually, the script was made ready first before the training guideline was made final. For the counseling portion, there was a standard script, however, the learning portion differed according to the target group. Once the script and guideline were both ready, they were sent to the field together. The reason why both script and guideline were sent together was to check whether the timing was accurate, and the script and guideline went together well, if not completely, then to a major extent. Once it was verified from the field that the guideline and script were okay and that mothers were being able to comprehend the language, piloting with the trainers commenced.

Trainers received a script along with a recording; they would read the script and listen to the audio at the same time to aid understanding. Having an audio recording was also important for those trainers who did not have access to emails and so could not view the documents if there were no hardcopies. Almost all of the Play Leaders and Mother Volunteers whom we talked to for this research mentioned its importance in this way:

> *"... the audio script has been very effective. Because in that audio script it was demonstrated how we will have to talk during the tele conversation.*

Listening to that I had understood properly how to talk when I make the calls."

A TOT guideline was created in May, 2020. The TOT was to be held over a duration of 2 hours broken down into smaller segments – the initial 10 minutes for greetings and introduction, the next 10 minutes for telecommunications and getting to know the script, the following 50 minutes for tele-counseling and 40 minutes for tele-learning and finally, 10 minutes for general instructions and closing. The following table highlights the topics covered in the ToTs.

Table 5: Schedule and contents of Training of Trainers

Schedule	Topics covered
10 minutes	Greetings
10 minutes	Telecommunication Script Overview
50 minutes	Tele-counselling
40 minutes	Tele-learning
10 minutes	General Instructions and closing

Greetings and project overview (10 minutes): After introduction, an overview of what will be done in the next 2 hours was first provided. The MTs were given instructions on how the training they were receiving would be used by them to train the frontliners – Play Leaders/Caregivers (for the host community)/Mother Volunteers/Case Workers/Adolescent Volunteers. MTs were also asked for their opinion on how this training could be made successful in a short time. They were also given some Dos and Don'ts during the training – for example, instructions included switching off mobile phone during the training and encouraging participants to ask questions if they had any confusions.

Telecommunications Script Overview (10 minutes): Within the next 10 minutes, the telecommunications script was explained in brief and in an easy manner to all participants. The Pashe Achhi model was described as having two components; tele-learning and tele-counseling for mother and child. While the tele-learning portion was mainly focused on the child, the tele-counseling portion was targeted at the mother to give her support for mental health. It was aimed at improving the mother's mental health and give her some instructions on how to engage with her children in a playful. Both tele-learning and tele-counseling scripts were read out to the master trainers.

Tele-counseling (50 minutes): A psychologist briefed the trainers on how the counseling should be carried out with the aid of the tele-counseling script.

Tele-learning (40 minutes): First, the script was read out to all participants. Following this, after demonstration a role-play session took place. All participants took on a role – either that of a frontline worker – Play Leader/Caregiver/Mother Volunteer/CW/AV of that of a beneficiary – parents/children/adolescent girls or boys/other caregivers. During the role play, they followed the script and carried out a mock conversation between frontline worker and beneficiary. At the end of the session, participants were asked for

their comments and suggestions – what areas of improvement they saw in script or way of conversation among others. MTs were counseled on phone-etiquette with beneficiaries which they would pass along to the frontline workers. They would instruct their trainees to talk softly, in a gentle manner and such that the beneficiaries felt they were conversing with a close relative or friend. In this way, the script was followed to train MTs on how the conversation would be carried out in the 1st, 2nd and 3rd weeks of the intervention.

General instructions and Closing (10 minutes): The closing 10 minutes were spent in giving out further general instructions to master trainers such as taking thorough preparation before disseminating the training to the frontline workers. As frontline workers were also part of the Rohingya community, master trainers were reminded to behave well with them and follow the protocols given out earlier when conversing with beneficiaries.

Training Execution: Basic Training

On the very beginning of May, 2020, a basic training guideline has been prepared under Pashe Achhi telecommunication model for the front-liners. From May-3rd -May 6th onwards, the trainer pool started training throughout Bangladesh. Having received the TOT, MTs were instructed to provide basic training based on their 2 hours training and script for the front liners. 37 pairs of MTs were responsible for completing 3 sessions a day to train the trainers pool. The content of the 2 hours TOT for MT and 1-hour basic training for front liners were almost similar but were more concise and were presented in a simpler manner.

The following table highlights the themes of the Basic Training for the frontline providers:

Table 6: Schedule and Contents of Basic Training for the front liners

Discussion Time	Discussion Topic	Summary of Methods
5 minutes	Greetings and Introduction	Greetings and introduction Brief discussion on Pashe Achhi Tele communication model Implementation process
25 minutes	Tele-counselling	Discussion on Tele-counselling script
25 minutes	Tele-learning	Discussion on Tele-learning script Comments on script and process Explanation of weekly basis tele-learning script
5 minutes	General instruction and closing	Way of conversation Do's and Don'ts while dealing with children Reporting system Generate interest to the beneficiaries for the next, safeguarding policy and Closing statement for the trainees.

In the first 5 minutes, after the end of the introductory episode, an overview of the model is given to the participants in the simplest way. Especially they explain why this model needs to be implemented in the covid 19 situation. At the same time, the front line workers give ideas on the implementation process. That is, they explain how to conduct a 20 minute session with a child and their mother in each week.

The next 25 minutes is for tele-counselling. The MT thoroughly reads the tele-counseling script step by step and explains to the participants how and why the beneficiaries (parents / children / adolescents) should be talked to/conversed with.

After the tele-counseling part, there is a 25-minute discussion on tele-learning. Once again, the master trainer explains the part of tele-learning to the participants step by step by reading the script. Here, the MT participates in the role of participant and continues the conversation as the participating mothers / child, adolescent. After reading of the script, the MT explains the activities from 1st to 4th week of the learning part. If there is any problem in understanding, then the master trainer explains the content again to the participants.

The last 5 minutes are treated very crucially. Play Leaders and Mother Volunteers must follow some basic rules of conduct. For example, they have to be soft spoken while interacting with the children and mothers during conversation. They are reminded to assimilate the script confidently before conducting the session with the mother/children/adolescents. They are also instructed to talk politely as they talk with their relatives about their daily life, make a further call if any call drop occurs, not to pressurize children if they are reluctant to listen to the *kabbya*, to inform the supervisors about the call schedule by regular contact, etc. Finally, the session ends with a thank you note.

Moving the training to the Field: Training of Trainers

The MTs from BRAC IED Head Office (HO) selected trainers from the field who are basically Program Officers, Para Counselors, Program Assistants or Play Leaders. In the mainstream and host community, the master trainers were all selected among the existing Play Leaders. Regarding the selection process, they considered Play Leaders expertise of the Play Lab/HPL curriculum, communication skills, internet connection etc.

> *"... for Master Trainers, we were told to select the best Play Leaders; who could teach and also have online (internet) access."*

The modality used to train the MTs was through Skype and Google Meetup. The training of Trainers (TOT) was provided by the BRAC IED expert trainers via conference calls where three trainees had received training at a time. Due to network issues in the camps, not every Trainer was provided training simultaneously. In the first phase, MTs picked a few Program Organizer and Program Assistant to train who then later transmitted the training to the rest of their colleagues in subsequent phases. Finally, the Trainers provided one-to-one training to frontline providers such as PL and Mother Volunteer. The training content was almost similar except the duration of training time. The expert trainer group

emphasized on the TOT as they would provide further training to frontline service providers.

The Training of Trainers (TOT) was organized on 6th and 7th of May, 2020. Eighteen POs, 43 PAs, 49 Psychosocial counsellors, 5 CW and 15 Adolescent Facilitators (AF) received this training. They were selected by their supervisors.

Table 7: Total Number of Trainee received Pashe Achhi Tele Communication model by month of May		
Front line worker	**May**	
Project Organizer (PO)	18	10 (Centre) 8 (Home)
Project Assistant (PA)	43	
Psychosocial Counsellor (PC)	49	21 (Centre) 28 (Home)
Case Worker (CW)	5	
Adolescent facilitator (AF)	15	

For the mainstream and host community, a total of 12 MTs were selected from three districts namely Dhaka, Narsingdi and Tangail districts. The Program Organizers and Play Leaders selected from these districts were already engaged in their respective centres. The 12 MTs then trained 36 Play Leaders and Program Organizers. Each MTs was responsible for training 1-3 trainees although there was no fixed number under each MT. Among the 36 trainees, 5 Play Leaders had been selected from community Play Labs and the remaining had been selected from government primary school play accelerators.

Receiving and providing on-line based training for Play Leaders was a whole new thing. But they have been eventually habituated to talking over mobile telephone since they are having to have trainings and conversation through mobile phone due to the COVID-19 situation.

> *"... before when I used to conduct refresher training at the Leda office, I used to demonstrate the activities and was not habituated in providing training through mobile phone. Now I am habituated, since all trainings and conversations are being conducted through mobile."*

ToT reflection and lesson learned

After receiving the ToT, the trainers and trainees reported some of their reflections. Some technical difficulties were faced such as connectivity problem and some participants had trouble handling technical instructions which is why the training duration increased. Additionally, some of the Program Assistants/Program Organizers did not have their own mobile phone or IMO account which made connecting with them difficult. The first few

trainings especially took longer than 2 hours. There were also many positive aspects. Trial calls and pre-planning aided trainers in connecting with their participants. Particularly, sending the scripts to the participants prior to the ToT helped participants receive the training well and the training duration was shortened. Participants performed very well during the demo session. The language used in the script was also well-accepted and easy to understand for trainees. Although bringing the participants in a group was challenging and conducting the trainings over phone added to the challenge, having smaller groups was a plus as the trainees could connect to each other well. They were eager to learn more skills to teach the beneficiary parents and said that they would apply the skills learnt to their personal lives as well.

Front line execution: Training of Front liner

The training for front liners took place from 10th to 14th of May after the TOT was received. The training guidelines were shared with the ones who had internet connectivity and access to platforms such as IMO, viber and whatsapp. *"... those who had IMO, had received the guidelines through the platform, and those who did not have it, collected from the office."* We had also found that Play Leaders received guidelines and hard copies of the script and materials from another Play Leaders (Master Trainer) house when they went there to collect their salaries. In total, 1540 frontline service providers from 11 different cadres were trained. The distribution can be found in the table 8. They were working under various projects funded by the Lego foundation (camp), GCC (camp), Dubai Care (camp) and UNICEF.

Table 8: Total Number of Trainee received Pashe Achhi Tele Communication model by categories on the month of May,2020

Front line worker (Camp)	Gender		Total (May)
	Female	Male	
PL(Camp)	677	-	677
PL(Host)	96	-	96
MV	303	-	303
AV	109	42	151
CMV	16	15	31
PO	19	23	42
PA	18	-	18
PC	82	-	82
AF	27	14	41
CW	12	16	28
ORW	58	13	71

From the beginning till now, the programme implementers and trainer pool faced multiple challenges. Especially, sharing the guidelines with the trainers was the most challenging since they did not have email address or any other internet based different virtual communication platform like WhatsApp, IMO etc. Even the script could not be

delivered to some places due to the lockdown. To address this problem, the Managers read out the contents to them over mobile phone and they took notes from them. As one of the managers said,

> *"We made arrangements to deliver the scripts to some places from time to time. And those who have Android mobile were given the scripts online. Arrangements were made so that the trainees could write down every line with their notebook pens when they could not reach the places, where the distance was too much and during the training there I was able to give them the total script in different ways."*

The trainers had to face many problems while providing training due to network problems and call drop. Especially this problem was apparent in hilly areas of Teknaf and Ukhia.

First refresher training

The same procedures are followed to train refreshers. MT group passes information about what will go there on the training to Para Counselors, Program Organizers and Program Assistants and then they train frontline service providers. In this way, the team is involved in this process. The refresher training was conducted from second week to third week of June. During May-June, 2020, the expert group created guidelines for the refresher trainings based on the feedback from the field for all the interventions during the previous months. The refresher guideline of the following month is shared with them prior to the refresher, which they have to share with the PL so that they can be ready during the refresher. The content was almost same except the rhymes/*kabbiya*. From a participant of the training, we learnt the following:

> *"... this month (June) I was asked how I was conducting the session (tele communication), they wanted to hear my experiences. They told me the same thing about hygiene which I was told at the previous training. There was one new thing, the breathing exercise. The mothers will have to be told how to do the breathing exercise herself and how to do it with her child. Besides this, there were two new rhymes which will be taught to the children this month."*

Refresher training for camp

MTs received a refresher training from 7th to 10th of June, whereas other volunteers received the same training from 11th to 18th of June. A total of 2515 providers received the refresher, a breakdown of which can be found in table 9. During the refresher training, 15 Play Leaders and 1 Mother Volunteer dropped out due to various reasons such as getting married, social barrier, family disapproval and other personal problems. One CMV and 2 Play Leaders were unable to receive the training due to illness. Program Officers replaced volunteers who dropped out by recruiting anew.

Table 9: Camp based refresher training status by trainer and trainee (June 2020)		
Trainer/trainee	**Total number**	
Master trainer	48	PO(1), PA(17),PC(12),CW(1),ORW(4), AF(9),Sr. CW(4)
Trainer	99	PO(11),PA(32),PC(43),ORW(2),AF(11)
PL (2-6)	1411	
MV (0-2)	588	
CMV	61	
AV	308	
Total	2515	147

Refresher training for mainstream and host

Similarly, for the host community, the refresher training was organized between 13th June and 15th June in three shifts – 9:30 am -10:30 am slot, 11:00 am – 12:00 pm slot and 02:00 pm – 3:00 pm slot. A total of 364 Play Leaders and Program Organizers were given the refresher training via one to one mobile telephone calls. They hailed from 36 upazilas and thanas under 9 districts, namely, Narsingdi, Gazipur, Gaibandha, Rangpur, Manikganj, Pabna, Rajshahi, Cox's Bazar and Dhaka.

Feedback from the trainers

The refreshers trainings provided everyone – from MT to front line service providers, an opportunity to share their experiences about the calls as well as their facilitation processes. From the content and script designing phase, we have observed that these facilitators endlessly provided feedback from their calls to help technical experts to understand the needs of beneficiaries, and the way forward. Because of their feedback, technical experts were able to understand caregivers and children's responses. The success of this project is only if the child and their mother respond positively. Since there was two *kabbiya*/rhymes in the learning part in the first month, the technical experts were more interested to know how the children were taking it. It has been seen that children were connected and engaged like previously. We know that in this model, mothers are receiving calls from Mother Volunteer and PL at the same time. In this case too, mothers were becoming more comfortable with sharing their feelings of anxiety and stress and willingly sharing their struggles and efforts. Below is one of the Play Leaders reflections about the training:

> *"... it was pretty much the same training. Asked me about the mother's reaction. Wanted to know about my experience. Asked me about the effectivity of this tele-communication."*

From the facilitator's recommendation, tele-counselling and tele-learning part was kept typical till September 2020 before developing the healing and learning framework in July.

This feedback session helped make one more big decision that the monthly refresher trainings should be continued to obtain helpful insights to improve the whole model.

Challenges faced in training operation

We have heard that Program Officers and Managers suffered a lot in order to get the scripts delivered to the trainees during the lockdown. For some of the trainees who had online access through IMO or Whatsapp, the documents could be sent easily. But those who did not, needed the scripts delivered physically, either when they came to receive their salaries at the office, or through Program Officer/Managers who went to a convenient meeting place where they could come and receive it. This was observed more so in the initial days of training. Time management was also an issue due to call drop and network difficulties. Sometimes, the sessions that were scheduled for one hour were exceeded by another hour or so. In that case, if the trainer had two consecutive trainings, they had to cut the next meeting short. Later, this issue was overcome through practice. From mainstream, one master trainer recounted:

> "Taking longer than the allocated time has another challenge, if the training is conducted on google meet then its fine, but if the training is being conducted on conference telephone calls then every extra minute costs me extra money."

From host community, a manager recalled his experience of receiving the first training:

> "Due to network difficulty and call drop, the training that was scheduled from 9am-10am continued till 12pm!"

Another challenge resulting due to network problem and call drop was that there were trainees who missed the sessions as they could not join the conference call. To make up for them, the Master Trainers had to arrange separate sessions.

The Managers read out the contents to the Play Leaders over mobile phone conversation and they would take notes from listening. Despite these challenges, all the training sessions were completed in a very orderly manner.

Conclusion

A systematic training and operation plan existed from the very beginning which was a major strength of Pashe Achhi. The scripts acted as training guidelines for the frontline service providers, as such, repeatedly working with the script gave them a thorough grasp of it very quickly. This helped both trainers and service providers. As there were no major changes to the script apart from *kabbiya* and rhymes, there was a smooth transition between them. The changes in the learning part was in 0-2 script four different activities in 4 weeks had been introduced. 1st week- kissa, 2nd week- *Khela*, 3rd week- discussion related to child development and growth, 4th week- *kabbiya*. The refresher trainings also served as feedback sessions where the frontline service providers were able to voice their concerns regarding the script, delivery, community acceptance and much more, which was helpful for the content developers to make contextual changes. Additionally, it served

as a motivating factor for service providers as their opinions and suggestions were being valued.

Chapter Seven: Implementation and operation process of telecommunication

Introduction

Field operation is usually responsible for the identification, planning, development, execution, monitoring and reporting of any project or implementation. Within this boundary, the team leader and his/her corresponding staff oversee daily operations, ensuring regulatory compliance, identifying and addressing problems and opportunities. Without a good field operation planning and management, it is difficult to run any project smoothly. One of the strengths of the Pashe Achhi model was its strong operation team both at the HO and on field. In this chapter we will discuss how this operation team made a remarkable plan from the beginning and executed it on field and obtained successful results with minimum setbacks.

Chapter highlights

- Collection of phone numbers from beneficiaries
- Planning for online field training
- Field Operation
- Supervision and way forward
- Reporting system

Collection of phone numbers

The implementation phase of Pashe Achhi telecommunications model began with the collection of the phone numbers from beneficiaries located in the Rohingya camp, mainstream and host communities. To understand how to implement the intervention, a team at the head office started working and fixed several objectives. Since the intervention was designed to be delivered at grassroots level, the question arose regarding who would be delivering the service. Another issue was that the root level recipients were mostly from the Rohingya community with some from the host community who were Bengali. As such, the question arose, who would deliver the training to the local frontline providers and through which modes? Once it was decided that the Mother Volunteer and PL would act as frontline service providers, the implementers faced the issue of access to telephones in the beneficiary families – that is, would all families have access/connectivity through mobile telephone or not? To figure out the access issue for both frontline service providers and beneficiaries, two teams were created who would conduct a quick investigation regarding this issue. The results of the investigation showed that in both host and Rohingya communities, the frontline service providers had access to their personal or families' mobile phone. Whereas, for beneficiaries in the host community, 90% had at least one mobile phone in the family.

The next step was to collect all the telephone numbers. It is worth mentioning that as easy as it was to retrieve the telephone numbers from the host community families, it was equally as difficult to do so from the Rohingya community. The reasons being that legally, no Rohingya refugee residing in the camps were allowed to own mobile telephones. If mobile phone ownership by a Rohingya person came under the radar of the authorities, their phone would be at risk of being seized and the sim card destroyed. The exception remained in the case of *Majhis,* in whose case the CIC knew about ownership of mobile devices. Yet, the government does not legally allow either party to have legal ownership. Unofficially however, many Rohingya people living in the camps do own their personal mobile phones and those working in the camps are aware of this matter. Due to the legal restrictions, initially, the beneficiary parents were reluctant to give out their telephone numbers to the programme implementers.

However, the Para Counselor with Program Assistant and Program Organizers had a good rapport and professional relationship with the Rohingya Play Leaders, Mother Volunteers and some community members through their long-term work with HPL in the Rohingya camps. Additionally, during the initial awareness-related door-to-door activities, they were able to establish good relationships with the community. Based on these relationships, they were able to convince beneficiaries to give their phone numbers. This too helped in building rapport and trust with communities.

The work of collecting mobile numbers was accomplished in March and April, 2020. By the time movement began to be restricted in the camps, programme implementers had managed to collect a significant percent (42-47%) of telephone numbers. Yet, it was a very poor coverage to start the telecommunication from May 11. Around the same time, the piloting of the script had started in both communities. With uncertainty, calls started in May, but by the end of May, it was possible to collect about 70 percent of telephone numbers. With more than 50 percent of telephone numbers being collected in the fastest time, everyone was very optimistic about running this model. The field coordinator, child protection, BRAC HCMP said about it very confidently:

> *"Then the Executive Director became very optimistic that this percentage will increase in the future. Since we have crossed 50%, our Executive Director was very hopeful that we will be able to run the service. With the help of all the frontline service providers, by the end of June we got 87% to 92% of the numbers. The entire processes were done in three steps. In the first step we had collected 42-47% then 75% and finally 87-92%"*

Surprisingly, collecting phone numbers was quite a big challenge faced by the host community Play Leaders and managers too. There were some numbers which were unreachable or switched off. In these cases, the Play Leaders managed their numbers by calling their neighbours and persons who might be able to provide them with the beneficiary's reachable contact number.

> *"…. the phone numbers that we did not have, went to visit their houses during this lockdown, in some cases collected their numbers by calling*

people who might have their phone numbers. One of the Managers had also acknowledged this challenge, *"...at first we did not have all the guardians phone numbers. This was the first challenge, we had to collect it from other people. Sometimes from Head Teachers, from neighbours or relatives."*

One of the managers from host community also shared,

"... at first we did not have contact numbers of 141 children among the 872 Play Lab going children in my area. Later we have collected their numbers or any family members such as cousin's numbers from different sources. Also modified and corrected some contact numbers. In some cases, we had the father's numbers. Later when we built a rapport, we collected the mother's numbers."

By that time, it had been possible to slowly collect the phone numbers which had not been collected before. This entire process made it possible to answer the questions which had been raised during the initial workshop – how much of the population would it be possible to cover and who should deliver the services. The next step of the implementation was to fix the training modality and execution (detailed in training and execution chapter).

Planning for field training

In addition to collecting the phone numbers of the beneficiaries, another major responsibility of the operations team was to develop the capacity of the staff. So far, BRAC has been able to build a strong position in face-to-face capacity development. But this was going to be the first time they did this over telephone and/or through online-based modalities. However, when developing a training plan, the operation team considered a number of things. Training is something that should be planned and developed in advance. So, at the beginning, the team planned how the training will work in the field.

Communication between field staff and trainers

Trainers reached all the trainees through three ways of connection namely messenger, IMO and mobile conference. The platform of IMO and Messenger were only for trainees from outside Cox's bazar whereas conference call for trainees from Cox's bazar. A maximum of three trainees participated in a conference call. Since a telecommunications plan was being worked out with the GPS head teachers (HTs), Asst. teachers (ATs), Upazila Education Officer (UEO) and Asst. Upazila Education Officer (AUEO) a conference call was also made for them. These three staff members and personnel from GPS were accompanied by two MTs who would conduct the training activities. Before conducting the session, the two trainers discussed among themselves through conference call and decided in which way they would connect with each other. The trainers were instructed from their supervisor to check enough balance and charges available in their mobile devices.

Call duration for the participants

The duration of calls varied based on the intervention or training. For example, in case of training for field trainers, the duration was 2 hours while for the session conducted with children and their parents, the allotted time slot was 20 minutes. The daily schedules for various interventions were also planned out. The table below shows the type of participant, duration of call and schedule respectively:

Table 10: Call duration for the training schedule

Participants	Call duration	Daily time schedule
Field trainers	2 hours	Two conference call in a day: 10:00-12:00 PM 02:00-4:00 PM
Front line staff	1 hours	9:00-10:00 AM; 10:30-11:30 AM; 12:00-1:00 PM
Children' s and parents	18-20 minutes	
Head teacher, Asst. Teacher, UEO, AUEO	45-50 minutes	Three conference call in a day: 10:00-11:00am, 12:00-01:00pm & 2:30-3:30 pm)

Alternative plan for absence of participants

Due to Covid 19, every staff member under lockdown had increased responsibilities for daily activities at home. That is why there was no guarantee that everyone from the master trainers to the field staff would be able to participate in the calls. That is why, several decisions in this regard were already taken from the technical operations lead Some of them were like this:31

- If any MT from Mental Health and Psycho-Social Support (MHPSS) team is ill or unable to conduct the training, s/he will immediately inform Deputy lead of MHPSS, BRAC IED over phone.
- Similarly, if anyone from the curriculum unit is unable to conduct training, they will inform Deputy Manager and Training Coordinator, Play to Learn Project.
- These two people will take the initiative to fill the slot from the standby trainer pool.
- If any of the trainees working in the Rohingya camp cannot participate in the training or if the trainer fails to communicate through the mentioned medium, the trainers will inform Training Coordinator, BRAC HCMP.
- In the same way, if any of the trainees of all the programs running outside of the camp are not able to participate in the training or if the trainers are unable to

31 General Instruction for telecommunication plan

communicate through the mentioned medium, the trainers will inform the mainstream field coordinator BRAC IED.

- Both training coordinator, camp and field coordinator, mainstream, will inform this matter to Manager and Operation lead, BRAC IED, so that the next training plan can be made.
- Many times, the HTs, ATs, UEO, AUEO are not able to attend the tele conversation at the scheduled date/time then the schedule will be changed ten minutes before to keep up the pace.

A pair of MTs (one from mental health team and one from learning team) was on standby duty every day. If someone was ill or unable to conduct the training, a replacement from the list of designated trainers was responsible for conducting the training in that circumstance. In that case, Deputy lead of MHPSS, BRAC IED and Deputy Manager and Training Coordinator, Play to Learn project were responsible for taking the necessary steps.

Master plan for training schedule using google sheet platform.

The operations team created several timely databases with detailed training schedules. Anyone who wants to can go there and get all kinds of information such as when and how a master trainer has given training, along with their phone number, correspondence online social media activity etc. anyone missed their schedule, the next training plan was included in the Google sheets document. In this way the team prepared training schedule on Pashe Achhi for 0-2 HPL, 2-6 HPL, GPS Play Lab, Child Care, Community Play Lab, Adolescent & Case management, HT, AT, UEO, AUEO; Education Program, Cox's Bazar. All the MTs were asked to visit the appropriate link for him/her to know their training schedule with whom and when.

Operation field management responsibilities for training conduction

Two senior personnel were responsible for all kinds of field arrangements in this regard; the lead of Child Protection Field Operation, BRAC HCMP for the Rohingya camp, and Manager of field operations, mainstream, BRAC IED for the rest of the programme. The trainees (including HT, AT, UEO, AUEO) were informed by the concerned managers or respective staff at least one hour earlier of the training through mobile. MTs were not allowed to call any of the government staff before the scheduled phone call time as per official guideline, but could only do so at the appointed time. Not only the filed management, all MTs also checked the dashboard ten minutes before going to the phone call.

The lead of child protection, field operation, BRAC HCMP, and field coordinator mainstream BRAC IED, took necessary steps to prepare a training plan for the front-line staff for the camp and for the rest of the program. They prepared the plan in consultation with the respective program personnel. From the previous group, these two members of the team also prepared training schedule at the prescribed times in google sheet.

After each training session, managers or respective staff collected the information over phone from the field trainers and filled up the data in the respective google sheet schedule file.

Field Operations

By making 1 call per week, a volunteer would complete the telecommunications with the benefits assigned to him / her per week. This means that if a volunteer's call started on Sunday, her/his call would end on Thursday. However, if there was 1 day off in a week, then the volunteer had to complete the scheduled call within 4 days of that week. It is worth mentioning here that the camp, host or mainstream all started and ended the call at the same time. That means everyone had the same number of calls at the end of the week. It would be unlikely that someone was on call number 3 and someone was on call number 4.

Children of 0-2 age cohort

All Mother Volunteers used to go from pocket to pocket to provide home-based services to mothers. Under the Pashe Achhi tele-communication model, Mother Volunteers now served the mothers who were beneficiaries of the homebased intervention over phone. Mother Volunteers talked to 10 mothers every day who have 0-2-year-old children. The conversation revolved around how to feed the baby, how to take care of the baby, how to be careful during Covid-19, among other things. (Details presented in chapter 5).

Children of 2-6 age cohort and 3-5 age cohort

On the other hand, Play Leaders talked to 8 mothers and their children every day for 20 minutes each. First, they talked to the mothers for a while, then they talked to the baby. If mother and child were sitting side by side, they usually talked at the same time and the phone was usually kept on loudspeaker. Mothers talked about how to keep the baby well at this moment, what kind of behavior they should have towards the baby (Detail in chapter 5) etc. As even 4-year-old children are still too young to use a mobile phone, the mother usually puts the phone on loudspeaker and along with the child, they listen to the PL. After two weeks, the *kabbiya*/rhymes given are changed.

Adolescent programme

BRAC has introduced pocket session service since 2018 to ensure the right mental health and life skilled-based support for the adolescents by engaging with them through curriculum contents. There is a total of 22 adolescent facilitators (female 15 and male 7), they all are from the host community and there are 132 adolescent volunteers (female 90 and male 42), they are from the Rohingya community. Till August 2020, in 528 home based centres, 5280 teenagers have been brought under this project among whom 3600 and 1680 are girls and boys respectively. Each centre operates with 10 adolescents by gender specification [boys to boys, girls to girls]. There used to be 3 sessions each week before COVID-19, among which 1 session had 3 sub sessions. Each centre has 1 Bangladeshi facilitator who are also supervised by Bangladeshi staff while Rohingyas are volunteers of their community. They get trained every month based on life skills and then they operate the session in each pocket. There are 6 volunteers under each facilitator in

supervising roles who also work as co-facilitator. Adolescent facilitators are Bangladeshi staff while volunteers operate the session. This was the home-based structure before COVID-19.

For the COVID-19 situation, the model was changed and developed into home based tele-communication where the sessions are operated one to one through tele-communication in 20 minutes like others. 132 volunteers- 90 females to female adolescents and 42 males to male adolescents provide the service. Each volunteer supervises 4 pockets per week. Each pocket has 10 adolescents which now got reduced to 7 due to COVID-19 situation.

Case Management

Each targeted beneficiary will get a phone call once in a week and four times in a month. To reach all 391 unaccompanied and separated children, CWs developed a well-thought operation plan following the operation modality. First, they divided 391 children among them, so each Case Worker will deal with (391/ 16) = 23-25 children on an average. To cover 23-25 children once in a week, each (23- 25/ 5 working days in a week) = 5 calls should be made per day by each CWs

Supervision and way forward

All activities have been operating through an action plan from the beginning. But it was quite difficult to manage all the schedules for frontline service providers as the action plan was not organized then. According to the action plan, all the field staff were aware about their call schedules. All the staff in supervisory roles made another call to each beneficiary whom were communicated with by the volunteers.

Reflections were being taken from the volunteers, parents, service providers during the refresher every month. We already know that based on age and criteria of the beneficiaries, one script for every 4 weeks is used to work with the beneficiaries. According to this script, a guideline was also prepared on how and which content will be deliverable to them. The MTs from the head office provided refresher to the trainers and then trainers provided another refresher to the volunteers. From May 2020, the project was running in this way.

Donors' support to target populations

UNICEF, LEGO Foundation, Dubai Care, Grand challenge Canada (GCC) are working as donors for this project. Activities are different based on donor's requirements. There are individual activities of each donor on ongoing activities that are going on till September 2020. The total number of children in the age range of 0-2 years is 13574 out of which 11459 are being provided service. And the total beneficiary of 2-6 years' age cohort is 24142 people out of which 19,694 people are being provided service. The programme has all of their mobile numbers. The total number of case management beneficiaries are 322 under LEGO Foundation. Among them 261 are receiving services. On the other hand, total number of beneficiaries from 0-2 age cohort were 1920 from Dubai Cares. Till September 2020, 1355 were receiving services under Pashe Achhi. Under Lego Foundation, 316 (out of 488) from 2-4 age cohort and 230 (out of 369) from the 4-6 age cohort are accessible.

On the other hand, 3042 (5280) adolescent beneficiaries from Dubai care project and 588 (out of 738) from GCC were receiving services. Mobile number was in active and available with the programme.

Reporting System

Emphasis is placed on day-to-day reporting in the case of reporting of Pashe Achhi communication model. Program Assistants and Para Counselors collect reports from Play Leaders, and Mother Volunteers and then send to the Program Organizers by 3pm through mobile text messages. We know that there are multiple number of Para Counselors and Program Asssistants under Program Organizer's supervision. The Program Organizers then send a combined report with the data entry in Excel sheet (Google sheet) to the managers. Finally, the manager sends camp wise cumulative data to the head of operations through email communication.

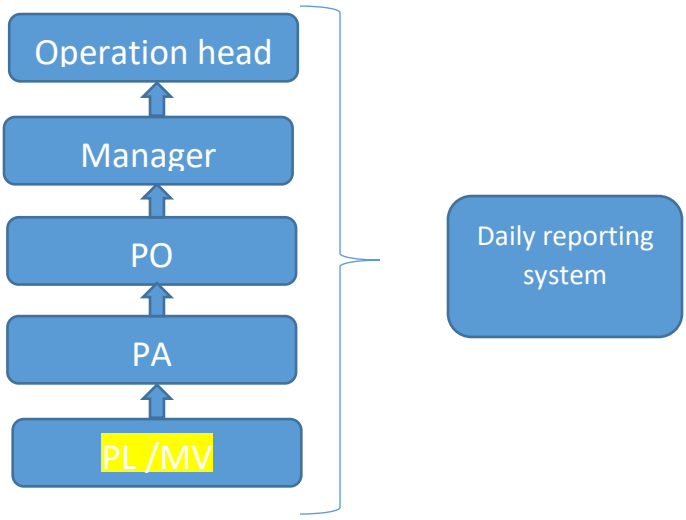


Figure 4: Reporting system

Previous Reporting System for play leaders and Mother volunteers

At the beginning, an excel sheet was prepared for reporting of information from the field. The sheet contained 21 columns wherein the major information was reported. This included a round (a round specifies a period of 5 days wherein all the children in a particular centre are reached; e.g. round 1 is week 1, round 2 is week 2 etc.), the project code (788 for Pashe Achhi), the camp number or upazila name (where the beneficiary was located), the date of the call, name of the staff calling, the number of the call (that is, the total number of daily calls; e.g. 15 total calls made from 3 different centres), the number of family members (which included both total and separate numbers of below and above 18 girls and boys), persons with disabilities, number of targeted child of the family (including separate and combined number of girls and boys), whether the facilitator made contact with the targeted child (including separate and combined number of girls and boys) and information on whether any family member was sick.

However, this reporting system was found to be confusing to the frontline workers due to the overwhelming amount of information. Hence, it was decided to simplify the reporting system. One initial challenge with this reporting system was that Program Organizers found it difficult to differentiate between the terms 'targeted children' and 'facilitator children'. They informed managers of the issue who clarified the terms. 'Facilitator

children' refers to the total number of children who have actually received the session. This number could vary from the targeted number of children. For example, if the number of targeted children was 2, and the Program Organizer was unable to reach one of them, then the 'facilitator children' would be 1. Although this was still later used in the new reporting system, the initial challenge was overcome after the clarification.

New Reporting System for play leaders and mother volunteers

From June 17th 2020, the Mother Volunteers and Play Leaders received a new refresher training where this reporting system was made easier. The new excel sheet for reporting consisted of 14 columns instead of the previous 21 to ensure all the information was still present but in a concise manner. This included, the call number, call date, project code (788 for Pashe Achhi), camp number or upazila name (for example 6, if the beneficiary was located in camp 6), the name of staff calling, the model/program which referred to which age group was being addressed: 0-2 or 2-6, the number of call, number of project children (combined and separate number of girls and boys), the facilitator talk to project children and a comments column (feedback from parents, call drop, disability child information, Below and above 18 children's information as those are removed from the previous reporting system. Program Organizers thought this information to be redundant because this group was not receiving any service from HPL.

Operation and its challenges

Working with any community during lockdown itself is a major challenge mentioned by the service providers due to the geographical proximity, the high living cost and the low literacy rate of the people. This combination made the people get involved in business and fishing while being a little indifferent about education. Poverty and the struggle to make ends meet is a reality for these children and their families. As long as these children's living standards are not getting improved, providing them with education is always going to be challenging whether it is tele-learning or centre based Play Lab or school. However, the service providers from *Ajjukhana, khelakhana* and *khelar jogot* mentioned several challenges while providing the services.

Unavailability of device at home

According to the Play Leaders from host community, one of the major and frequent challenges was the unavailability of mobile phones during the call. Most of the times, the father had the mobile phone with them, and they were outside of the home when Play Leaders called, therefore she had to call 2-3 times to reach a child. This challenge had been stated by all the Play Leaders we interviewed from mainstream and host community.

> *"... I usually call from 9:30 to 12 in the morning. If I cannot reach anyone within that time, then I call them back in the afternoon. I usually call someone twice, if unreachable then I call the next person; and after finishing up I call back the previous one. I mean I keep on calling like this until I reach that person."*

Not being able to reach the children due to the unavailability of mobile phone at the household has been echoed by other participants too. However, they have taken multiple strategies to reach mothers and child first time during the call including, collecting mothers/other family members phone number, informed about the timing of next call etc. In camp, the mobile phones are usually with the fathers, and since they are not home most of the time the Mother Volunteers started calling very early in the morning to reach the mother, or she would call 2-3 times to reach the mother. According to the Managers of host community,

> *"… the numbers we had of the guardians were mostly the father's numbers; who mostly stay outside. Later we have collected the mother's phone numbers or the contact number of other family members who is available at home."*

However, two managers from the mainstream community reported that some community fathers were so impressed with the intervention and interested in their children's learning that they had purchased a separate mobile device for their homes.

Lack of interest from children

Children aged 3 and above from Rohingya, mainstream and host community lacked interest in talking over the mobile phone for a longer duration which was found as another major challenge. However, it was requested not to force children to talk with the Play Leaders if they were not willing.

> *"… there were children who did not want to talk at all. For such children I have called 3-4 times a day. I even went to visit these children a couple of days and asked them, why they do not want to talk to their 'Khelar Shathi'.*

In this regard, the Play Leaders made a strategy they have used to make the children more interested in talking to them. The Play Leaders thus shared activities what they used to do with the children at the Play Lab. Some Play Leaders also spent more than the usual time for rapport building with the children to grow their interest.

Network difficulties

Another major challenge is the weak mobile network connectivity in some areas. Due to weak network connectivity, sometimes calls get disconnected in between sessions and the Play Leaders and Mother Volunteers from Rohingya and host community have to call a couple more times to complete sessions. In the mainstream community, this was comparatively less challenging. This interruption in between sessions is also challenging to hold the mothers and children's attention to the session. Managers shared that the major problem of the intervention is the availability of mobile phones and the weak network connectivity. As one of the managers responded,

> *"…the main challenge is mobile phones. Sometimes have to call 3 times to reach one child. Sometimes fathers go out with the mobile. Sometimes the mobile network is unbelievably bad. For example, in Unchiprang, Teknaf,*

sometimes Myanmar standard time is shown in the mobile network. The mobile network in Hoaikong, Teknaf is also pretty bad."

He suggested providing tele-talk sim which has better network connectivity and coverage in that area.

Individual level challenge

Each PL has to provide sessions to at least 5 children daily to cover all the children in her respective Play Lab weekly. Play Leaders have to call more than once or twice sometimes even thrice to reach some children due to the mobile phone unavailability at home or due to weak network connectivity and call drop in between sessions. Play Leaders receive fixed mobile allowances on monthly basis depending on the number of children in their Play Labs. Such as, 1470 BDT is payable if the number of children in the Play Lab is 27 or less and 1760 BDT for 28-32 children. However, these challenges were atypically mentioned by the host community participants.

Master trainers mentioned that they do not receive any additional incentive or benefits for providing training to the Play Leaders and Mother Volunteers.

"... I receive 1770 BDT mobile bill for talking to the children like other play leader. But I do not receive any extra money for mobile bill for the training I provide. I talk to 9 play leaders; I do not receive any mobile bill for it. Provided 2-hour training to 6 play leaders last month, 12 hours of mobile talk time, but have not received any money for it."

According to the MT, she has already shared this challenge with her respective manager and the manager has assured her that this problem will be taken care of. However, one of the managers had mentioned that the MTs receive additional 550 BDT mobile allowance to provide training.

Conclusion

The operation team executed training organization, field supervision and management, and creation of an organized reporting system. A crucial task at the beginning was to collect 90% of phone numbers from beneficiaries which was not an easy task. This was accomplished due to BRAC IED's previous good relationship and work with communities through HPL, Play labs and other projects. This made the entire intervention possible. The entire process of implementation is simple and can be replicated for future telecommunications interventions for communities in hard to reach areas, in a non-pandemic scenario.

Chapter Eight: Pashe Achhi Telecommunication Model for Government School Head Teachers ('Ghore Boshe Phone Aalap')

Introduction

The intervention is designed based on some basic objectives emphasizing on the following factors: i) promoting a sense of appreciation for government primary head teachers and local government education officials for their hard work and resilience during COVID-19 pandemic period, ii) mutually discussing ideas about self-care, play-based learning, leadership and COVID-19 related safety measures in a respectful and dialogue-based tele-conversation, and iii) strengthening the partnership between the Directorate of Primary Education (DPE) and BRAC IED through working together in every aspect of the intervention. We have observed that *Ghore Boshe Phone Alap* intervention is closely linked with the play accelerator project which was started on March 2020 through tele-conversation with HTs, ATs, UEOs and AUEOs. The following sections will discuss in detail about the background work of the *Ghore Boshe Phone Alap* intervention.

At a glance: Timeline of Ghore Boshe Phone Alap

Timeline	Activities
March	Planning to train HTs and ATs under Play Accelerator project Locked down starts: all the schools and field-based activities were closed
April	Content, script development and operational planning development for tele-conversation model Discussion starts with DG about the Pashe Achhi-Ghore Bose Phone Alap
May	Tele-conversation starts with HTs, ATs, UEOs, AUEOs Proposal placed (15th) at DG about large scale intervention Verbal acceptance and acknowledged its requirement during COVID-19 situation
June	Tele-conversation with HTs, ATs, UEOs, AUEOs ends Written permission obtained (7th) from DG Content and Script development Operation planning
July	Discussion with DG on project launching Simulation of Learning support facilitators (LSFs) Postponed for government approval

Background situation before lockdown

In 2017 and 2018, the Play Lab project received a lot of appreciation from the government. During that time, BRAC IED also started a project with the host community in Cox's Bazar and thought about expanding this to more schools. A proposal was sent to the government

to seek permission for establishing the Play Lab in 1000 more schools at the end of 2018. By July of 2019, they had obtained an in-general permission to establish the Play Lab in 1000 schools. On that basis, so far, Play Labs have been set up in 400 government primary schools. As the Covid-19 situation arose in 2020, BRAC IED wanted to create a tele-conversation with the HTs and ATs of the 400 GPS. The aim of the tele-conversation would be to support them with the Covid-19 crisis, check up on them in general and provide them with related information. During BRAC IED's internal meetings, they were unsure whether they needed central permission to undertake something of this nature. They decided to speak to somebody from the Ministry of Education to get a feel for whether an intervention of this nature would be accepted. They spoke to a representative from the Ministry of Education who informed that it would not be possible to conduct face to face conversations given the coronavirus situation, however, BRAC IED could think about tele-conversation. Based on this response, some internal discussions were held.

The core team started to explore the possibilities from end of March to beginning of April. A focal person from BRAC IED then spoke to the District Primary Education Officer (DPEO) and Assistant District Primary Education Officer (ADPEO) from Cox's Bazar district who were very supportive and with whom a good rapport had already been established through IED's previous work. They remarked that since IED had already launched the Play Lab in 400 schools and built good relationships with the HTs and Asst. teachers in these schools, and as the intervention had already been accepted and appreciated, it was likely that the acceptability of the telecommunications intervention would also be high. They also felt that it was important to reach out to HTs and Asst. teachers during this time of crisis. It was anticipated that the guidance and communication would aid their mental wellbeing. This is why, the DPEO and ADPEO felt that central permission may not necessarily be required. They appreciated that they had been informed and asked BRAC IED to proceed on the basis on their established rapport. The team also cross-checked with field managers who work closely with the schools to see whether it really was feasible to go forward without seeking permission from the ministry, given that they had the go-ahead of the DPEO and ADPEO. Here too, they received re-confirmation of the acceptability of the intervention directly from the field and reassurance that central permission would not be required.

The plan was that from the 300 Government primary schools, 50 would not immediately include the intervention in case they were required for research purposes later on. BRAC IED approached the Ministry for permission for 350 schools. The design was such that from the 300 schools, 150 would include those with Play lab and the rest would include those without Play Labs and 50 would remain as is in that catchment area. In case they were needed for research purposes later, they planned to obtain permission at that time for the 50 schools that would not immediately implement the intervention as well. According to that proposal, BRAC IED had received a letter from the Ministry that they had been given permission to carry out the implementation as requested on the condition that they further explain their 'play age category' and clarify whether the normal school routine and curriculum would be hampered due to the Play Lab implementation.

However, by the time the team had prepared the draft letter with answers to submit to the Joint Secretary of the Ministry, the Covid-19 situation had escalated and the lockdown had been enforced in Bangladesh. All the government offices had been shut down and the letter could not be submitted. At that time, the DG and DPEO offices suggested that BRAC IED hold an online presentation for the DPEO officers, Board of Directors and Deputy Directors for their feedback. A date for the presentation had been fixed right before the start of Covid-19, however, due to the workload of the DG, the presentation had been postponed.

Initial tele-conversation with Govt. Head teachers and other staffs

Like other projects, from the beginning of March, the senior management started thinking about how to move the play accelerator project to a different modality. The Play Accelerator project was about developing curriculum and promoting learning through play for the students of grade 1-4 of GPS. From this perspective, the plan was to train HTs and Asst. teachers. However, activities of the Play Accelerator project had not started because Programme had still (March 2020) not received the Ministry's permission and for the unprecedented Covid-19 situation. However, there was an initiative taken by the management about the telephone conversation component of Play Accelerator training in May 2020. There was a possibility of changing the modality of training after the pandemic situation has died down.

The main objective was to train the primary school teachers about learning through play as all the Play Labs are situated inside primary school premises. Although the Play Labs were run by BRAC IED management and Play Leaders, the teachers of the school still held somewhat of a stake in them as it is a part of their school campus and they felt some responsibility towards it. As such, BRAC IED planned to run the classes using the content from the existing syllabus of primary schools. This is how they had planned to work with primary school teachers, train them on where and how they could insert the playful learning within the syllabus so as to involve them. Since this training was not possible to be held in person due to the lockdown, that is why, they planned to take the training over phone as much as possible.

First script of Telecommunication/Tele-conversation

This script was developed for telecommunications with UEOs, AUEOs, HTs and ATs. The duration of this script was approximately 45 minutes with room for extension if the participant was interested in talking more. The script was administered by trainers from BRAC IED; one expert from the psychosocial team and another expert from the content team joined the teleconference to speak to a participant from the aforementioned categories. The script focused on both tele-counselling and tele-learning as decided by the core team, including the contents: i) participant's mental health ii) Covid-19 related awareness messages iii) GPS children's learning and iv) learning through play with participation of parents and their children.

As the participants were respected government officials, the trainers were given some instructions or protocols and etiquettes to follow during the tele-conversation such as how

to address the participant, carrying out the conversation naturally, letting the participant speak without interruption, providing some verbal cues so that the participant feels like he/she is being heard and understood, having a non-judgmental and empathetic attitude, etc.

The first portion of the script involved exchanging greetings for a duration of about 2 minutes. This involved the two trainers introducing themselves and asking whether the participant was available to take the call at that moment. The participants were previously contacted to provide a time for appointment, however, if they were busy for some reason, then they would be called back later at a suitable time. Once the participant agreed to take the call, the trainers again explained the purpose and content of the conversation and the total duration of the call.

The next part of the discussion involved discussing the mental health of the participant for approximately 20 minutes. The conversation started with asking him how he and his family have been doing. Participants were reassured that they could disclose their thoughts and feelings which would be kept private within BRAC IED and the trainers would give them their full attention. Participants were also asked how their daily life was like and how they were spending their time during the pandemic. After listening to the participant, some tips were given regarding proper diet, sleep, water intake and breathing exercises to practice for mental wellbeing.

After this, the participant was given some Covid-19 awareness messages. This section lasted for about 4 minutes. The participant was gently reminded to follow health instructions such as staying at home as much as possible and wearing masks and gloves when going outside for emergencies, washing hands with soap water for at least 20 seconds, washing clothing after coming from outside, maintaining social distance etc. The participant was also asked how they were dealing with the situation at this time. If they mentioned that they were on government duty during this time, then the trainers were instructed to praise them for their national efforts.

The penultimate section of the conversation involved talking about the education and learning of government primary school attendee children for approximately 7 minutes. Participants were asked whether they were in contact with the guardians of children studying in their schools. If not, then they were reminded of the necessity of staying in touch. Then, they were asked for their opinions and suggestions as to what can be done in this situation when children are stuck at home and unable to carry on with their normal school routine. Participants were inquired regarding alternative modes of learning children may be engaging in such as – through government telecasts and how parents and guardians were helping children to learn at home. Emphasis was placed on how important that parents spend this time meaningfully with their children and their role in children's learning.

The last section before closing the tele-conversation was to discuss learning through play with the help of parents and guardians. Similar to the last section, this lasted for 7 minutes. Participants were reminded of the importance of learning through play for

physical and mental wellbeing of children. As they were not going out of the home, it was more important for them to enjoy these activities at home with their parents. Through play, they would be able to spend a joyful time as well as learn something new. The participant was then asked for their opinion on playful learning. Some examples of small activities and play activity were given, and the respondent was asked for further suggestions to improve children's mental wellbeing and learning.

To close the conversation, the last five minutes were spent on a positive note, reminding the respondent that working together with their help and that of guardians would ensure the proper growth and development of children and ultimately to overcome this crisis. The participant was asked to reflect on the entire conversation and how they liked it. The trainers greeted the participant and ended the call.

Process of initial tele conversation

Based on this script, one head teacher and 2 assistant teachers from each primary school of 400 Play Labs all over Bangladesh were trained by BRAC IED expert trainers. These trainers were in-house facilitators from BRAC IED. Every call had two facilitators present, a psychologist and a learning expert. The first round of the conversation involved discussing mental health and this required some expertise which was why the psychologist led this portion. Both facilitators spoke to one person and the calls lasted for around 45 minutes each (See in Operation and filed implementation chapter).

Feedback counted from Govt. Primary Head Teacher regarding initial conversation

The feedback from GPS HTs was, in a word, excellent according to one of the key responsible persons for this initiative from BRAC IED whom we spoke to. HTs expressed that as they were feeling very isolated during the critical time, they were very grateful that BRAC IED had started such an initiative to call and check up on them, advise them on how to be safe and well during this time and also how to inform the people at grassroots level to remain aware. According to the head teachers, this was an exemplary work and they thanked BRAC IED for it. In the later phase we will see how their feedback pushed BRAC IED personnel to develop *Ghore Boshe Phone Alap Intervention*.

Planning for Ghore Boshe Phone Alap

After successful initiation of the tele-conversation with GPS HTs and others in May, it was decided that this idea would be raised to the government to see if it could be further conducted in a larger population.

The materials that were created for the Play Accelerator project already had some training content designed for HTs and ATs. Since these had been designed with the face-to-face modality in mind, they could no longer be used during the lockdown. The Executive Director of BRAC IED suggested that the team work on this material and they designed a telephonic conversation called Pashe Achhi with it. Then the DG was called and explained about the problem and proposed solution. He suggested that a written proposal of the intervention be submitted. The team referred to the DG to the previous Play Accelerator proposal, while at the same time, developing a new proposal that served as the base for

Pashe Achhi. As the proposal was developed, the DG began to appreciate it and wanted to implement it on a larger scale. After consulting with several people at the DPE in early May, it seemed that this concept was quite in demand. From then, the Ministry of Primary and Mass Education (MPME) and BRAC IED started planning it in a joint venture. BRAC IED decided that a proposal should be placed in such a way that 2-5 thousand schools could be covered. On the advice of the ED, a proposal was then submitted to the DG of DPE. When the DG realized that there were many important issues being covered in the proposal including content, technology, mental support etc., he expressed his interest over the phone in delivering it on a large scale.

It should be mentioned here that the names '*ashbe alo*, *ashbe shudin'* or '*amra korbo joy'* were being considered for what ultimately came to be known as the '*Ghore Bose Phone Alap'* tele-conversation. The participants of this PDR repeatedly reminded us that this tele-conversation with HTs was by no means a training, but a conversation, and that the whole intervention was in no way to be seen as a tele-conversion model but a tele-conversion initiative as a part of Pashe Achhi.

Team Building and step forwarding

Considering a large-scale initiative, four teams have been working for the implementation of Pashe Achhi *'Ghor e Boshe Phone Alap'* in a coordinated and integrated way. The teams were: content and script; professional development, and an operation team. These teams work in their focused responsibilities for the implementation; however, any decision taken is done by integrated sharing in between the teams. There was a core team consisted of seven members including the Executive Director to supervise overall implementation.

A final proposal from the core team submitted to the DPE on the 17th of May, 2020. By 7th June, the DG provided his written feedback and comment on this proposal. At the same time, a written approval was also given, indicating that this tele-conversation will be introduced to all GPS HTs. Based on this approval, all the team members of this initiative started working on content and script development, recruitment and capacity development of the Learning Support Facilitators (LSFs), and an operation plan.

Content Development for 'Ghore Boshe Phone Alap'

On 15th June, a workshop was held to develop content for the Pashe Achhi initiative with special focus on sharing the script with the DPE. Based on the initial tele-conversation content and feedback from DPE the content of Ghore Boshe Phone Alap has been created.

Since BRAC IED had already worked out the four themes which they would discuss with the GPS teachers and others, they extended that to accomplish the telephonic conversation script (discussed in previous section). Specifically, the mental health portion was modified to include a discussion on self-care and wellbeing, with priority for the latter. They also included steps and initiatives that the government has taken to combat the spread of Covid-19 to the section on Covid-19 awareness. Additionally, they included what to do in terms of future preparedness for Covid-19. According to a representative from the content development team, one of the most interesting suggestions from the

DPO was that since Bangladesh experiences different types of disasters, BRAC IED could consider addressing how people can handle these crises by keeping their mind-set strong. Going by this suggestion, they included another theme. This entailed the role of HTs and ATs during a crisis.

It was important to revise greeting section since the tone of the facilitator during the conversation was a big concern. It was decided that the tone should be positive and inviting which would try and motivate the teachers and help them take ownership of the conversation. Relatively simple words were replaced by changing some complicated words from the preliminary draft. For example: the word '*monostattik bishoye*' (mental issues) has been replaced by '*manoshik shastho*' (mental health) as the word may have a negative connotation. Rather than saying 'coastal disaster', they have only used 'disaster' so as to encompass any disaster that may take place. Instead of '*proshikkhon model*' (training model), they have used of '*telephonic 'alochona'* / tele-conversation which may increase programme ownership of the teacher.

Apart from that, the discussion also includes a theme on how students can remain happy and well, and their education can be addressed. HTs and ATs are made aware of the different ways they can engage their students in games and playful learning through conversation. However, this is not a training of any kind, or a one-way lecture, it's a dialogue, a two-way conversation which is why it has been named 'Ghore Boshe Phone alap' by the DG.

Once the section on learning through play is complete, the next theme that is covered is on their role as head teacher. As a HT, they have a role in the entire school's management; they run various things and also influence those working under them. They have a part to play in making the others aware and creating an environment where group-work is encouraged. BRAC IED tried to place emphasis on this leadership role when they planned to talk to the more than 65,000 HTs.

At the closing, a few take away points from the entire conversation are briefly discussed so that these may be transmitted to many more people in the future. HTs were asked to relay the information to their ATs so that the gaps in student learning may be mitigated.

The ministry only specified the one-hour time slot but BRAC IED was able to remain flexible regarding how they designed the conversation within this time. They divided the content into several generated themes that we discussed in this section. The time slot helped with training as it kept everyone in alignment when practicing the script delivery. Training was provided to the facilitators in alignment with the script which was fine-tuned through multiple trial and error. Later part of this section we will see what themes are incorporated in each content.

Script development and finalization for *'Ghore Bose Phone Alap'*

Script development for Pashe Achhi GPS HTs has been started on second week of July and end by 20/21st July. One member from DPE worked closely with BRAC IED script development team. Before development of the script, it was decided by the team that the

script should be dialogue-based, informal, simple, optimistic in tone, and future-oriented.

As mentioned earlier that BRAC IED started initiating some calls with HTs in May 2020 as tele-conversation initiative based on script and contained four different themes. These initial calls served as a learning for the team and helped them identify areas of improvement through discussion with the facilitators. The team held many small reflection-sessions with the facilitators at different points in time to hear their experiences of what worked and where there was scope for change. The facilitators gave them many such examples which were all taken into account and the script was corrected accordingly. If they had any problems with the transition from one section to another, this was changed to make it smoother. Sometimes, the teachers would disclose some of their personal information or asked for suggestions and the facilitators would need to know what their response would be in such situations. Things of this nature came up from the reflection sessions and were all taken into consideration to update and modify the script.

After the script was fine-tuned in this way, it was piloted theme-wise in small groups in order to organize the script better and make sure the delivery felt right. The piloting was held with the Masters of Education (M.Ed) alumni of BRAC IED as many of them were working as teachers and education officers. Among them, there were also some HTs whom BRAC IED particularly consulted for the piloting. Considering all of their feedback, the script was finalized.

BRAC IED then held various meetings during different times with the DPE members where they shared the themes with the DG through presentations. The DG and his team members, including directors and education officers also present at the meetings, gave their feedback and suggestions to improve the script. The team then worked on this and prepared a draft which they called the 'Zero draft'. The Zero draft was prepared after discussion with different in-house teams at BRAC IED – not just the content team but also a core team which consists of senior members who gave their suggestions. Once the draft was finalized from BRAC IED's end, it was re-sent to the DPE. The DPE has their own core team, the lead person of which helped arrange different meetings between the DPE and BRAC IED so that they could have the opportunity for several discussions. The DG gave a written feedback on the draft that was submitted with specific suggestions and feedback which proved very useful to the team, especially in understanding the government's notion. Since the intervention was a joint venture between the government and BRAC IED, it was suggested that the facilitators start the greeting with something along the lines of "Greetings, we are calling from the Department of Primary Education and BRAC IED." The DG placed special emphasis on this as it would make the HTs feel good if they thought that the DPE was checking in on them and thus make them feel more at ease to talk. The DG felt positive that this initiative could make a significant impact on Bangladesh's primary education if a lot of people could be reached through this conversation. With this message and feedback, BRAC IED incorporated it all into the script faithfully and presented the amended version to the DG through various meetings.

On 3rd July, BRAC IED representatives presented their proposal and shared their piloting experience to DPE. The objective of the piloting programme was to amend tools and operation before starting the rollout what HTs share about their experience on content, operation and management of the call. During the meetings, they also shared findings from piloting the final draft script that was prepared after the DG's feedback. More than 1000 people received the pilot script, and this served as an important experience to understand what else needed to be added, what parts of the script were appreciated and what were not. Among them 649 headmasters from 13 upazilas of 9 districts were included. After this piloting programme, 24 head teachers among 649 were further interviewed to get their reflection on the script. Focus groups and feedback sessions were also conducted with the moderators. Through the pilot, it was found that the teachers really appreciated the respectful dialogue approach and space to talk that the conversation was providing them. They were able to speak openly about their likes and dislikes, their ideas and express their opinions on the initiatives the government was taking. Although the facilitators were sharing things, they were also giving the teachers equal space to talk, to hear their views, which was greatly appreciated. The HTs felt respected and were happy to know that somebody wanted to talk to them and checked up on them amid this crisis. Besides, the script was shared with the departmental deputy directors, the respective district and sub-district education officers provided their feedback and reflection as well. Therefore, reflection and feedback were taken from service providers, recipients and stakeholders from every level.

Thus, from the pilots, BRAC IED could sense that HTs would appreciate it if they rolled the intervention out on a larger scale enabling wider reach. This experience gave them confidence and reassurance. When they shared the findings with the DG, he too was very positive about it. However, a few people advised regarding breathing exercise, and time for personal health may be revised as a recommendation. Further feedback also came from this meeting and slowly, things such as design and logos, language editing etc. were incorporated and the script were finalized.

The final product: Script of Ghore Boshe Phone Alap

To keep up and ensure the quality of education sector, "Pashe Achhi-Ghore Boshe Phone Alap" has been introduced by the republic of Bangladesh's primary education directorates in collaboration with BRAC IED. This intervention was mainly a telecommunication session conducted with government officials who are working in the primary education sector such as HTs, officials of upazila recourse center etc. The whole session is approximately 1 hour in duration and topics such as self-care, pre and post awareness on COVID-19, responsibilities of headmasters and assistants during pandemic, well-being of students, teaching through entertainment, distributing responsibilities among others as a head of the school etc. are discussed.

Table 11: One hour script content for Ghore Boshe Phone Alap	
Schedule	**Topics covered**
2 minutes	Self-care
20 minutes	Pre and post awareness on COVID-19
8 minutes	Responsibilities of headmasters and assistants during pandemic
8 minutes	Well-being of students
10 minutes	Teaching through entertainments
10 minutes	Distributing responsibilities among others as a head of the school
2 minutes	Closing

In the first 2 minutes, the facilitator from BRAC IED expresses greetings to the participants and tells them the reason for calling and then seeks permission gently if the participants have 1 hour to have the session. Upon approval, the representatives request the participants to go to a quiet place to have the session smoothly.

In the next 20 minutes, the facilitators ask the participants how they are. If they answer in negative then the representatives try to console them saying it a tough time, feeling unwell is highly likely in this unexpected situation. The representatives try to encourage them to be strong mentally saying they are tackling a really hard situation and the way they are taking care of the students, fulfilling the responsibilities of not only the students, but also their own families – which is praiseworthy. The representatives then ask them how they are tackling the anxieties due to this pandemic and carefully listen to what they say. In response to the answers, the representatives make some suggestions accordingly, such as spending some quality time with family members, reading books, listening to music, doing something that calms their minds. The representatives suggest doing some exercise, maintaining proper sleeping schedule to make the mind and physical health more efficient.

In next 5 minutes, the facilitator asks the participants how they are feeling about the rules and regulations that must be maintained strictly by the government due to COVID-19 and if they are following them. The facilitators say that proper awareness can help everything get back to the original course. Since the participants are in the position of headmasters and assistant teachers - which makes them have a large network with the students and their parents, if there are any suggestions that might be a help to the students and parents other than reminding them to maintain the rules and regulations. The facilitators also ask the participants if there are any other ways to reach to the students and parents than mobile phone about the 31 commands (*dofa*) given by the prime minister. The facilitators also ask what safety measurements might be needed once the educational institutions are reopened.

In the next 3 minutes, the facilitators ask the participants about the steps they take during natural disasters and then praise them for those steps and remind them of other safety measurements.

In the next 8 minutes, the facilitators tell the participants to listen to the children very carefully and to mentally support them throughout this tough time and then the representatives ask if there are any more suggestions to take care of them. If the participants don't mention about the daily routine procedure, then the facilitators remind them about it. The facilitators then ask if the students are making progress so that there won't be huge learning gap once the school gets reopened and if there are any suggestions that can prevent from creating a huge learning gap among the students. The facilitators then remind the participants to tell the students to focus on mathematical, language skills and to tell the parents to teach their kids through entertainment so they will be able to learn words, increase their study skills. The facilitators also ask how the participants are working together with teachers, local educational officer, school administrative committee and what more could be done. The facilitators also ask about the views on "*Ghore boshe sikhi*" television study program.

In the next 10 minutes the facilitators briefly discuss with the participants about ways of teaching students through entertainment and playing. The facilitators praise the participants if the participants take initiatives to teach students through entertainment system and remind them that it is very efficient in order to develop creativity among the students.

In the next 10 minutes the facilitators discuss how the participants are creating good work environment and then distributing tasks among the employees. The facilitators also ask the participants about the steps they follow in order to make a good cooperative bond with everyone. The representatives then remind the participant that it is very important to reach the information regarding the COVID-19 to the parents and student to aware them as well as the update of new education system due to this pandemic.

In the next 2 minutes the facilitators thank the participants for giving their time, talk freely and discussing about their current situation and the ways they are engaging with the new education system. The facilitators ask the participants about their review on the telephone session. The facilitators then tell them to be aware and call or message 333 if anyone has symptoms of COVID-19. Lastly, the representatives end the session by wishing them well.

Recruitment and capacity development of the LSFs

Over 318 LSFs were recruited, oriented to be prepared to facilitate the tele-conversation. Among them 168 were newly recruited and the rest consisted of colleagues from BRAC IED and BRAC education who have prior experience in working in such interventions. Before the recruitment of new LSFs, their eligibility criteria, roles and responsibilities, expected competencies were set by the aforementioned teams collaboratively by having discussions within and in between the teams. Minimum educational requirements for the LSFs were set: candidates having at least a Master's degree or at least a 4-year Bachelor's

degree; candidates having psychosocial or social sciences educational background were given preference. Candidates having other educational background were selected based on their prior relevant work experiences such as prior experience of working in education related projects or being involved in education related activities or having relevant research experience. The applications were sorted based on these factors. To maintain an effective recruitment procedure and ensuring quality recruits; 5 selection panels were formed and a uniform tool consisting of basic questions of their roles and responsibilities and the barriers they will face while working on this project. This uniform tool used by the selection panels ensured the recruits had the basic background knowledge and communication skills. The selection panels consist of representatives from HR, technological expert and academic experts. The LSF pool consists of newly recruited LSFs following these procedures and 176 in-house education professionals who have prior experience.

The capacity development strategies of the LSFs were designed by the professional development team and finalized in coordinated integrated team meetings with the other teams. At first, a master trainer training was arranged for the expert facilitators. The expert facilitators' pool; who would work as the group facilitators consists of members from the professional development team, content script team, field operation team and psychosocial team. The implementation teams sat together and familiarized themselves with the contents, scripts, guidelines and designed the whole capacity development and operational strategies. The capacity development of the LSFs was designed as a self-learning, peer-learning and interactive approach, where the expert facilitators worked as the facilitators for these approaches.

> *"... we just provided the assistance and also we just tracked the queries they had during their self-study and learning."*

However, the expert facilitator pool consisted members from each of the teams designed the training to be a self and peer learning method with micro teaching approach.

> *"we are not calling ourselves trainers; we are calling ourselves expert facilitators. We are calling the participants facilitators. We used consistent approach so that they can learn not only from the sessions, but also from the whole process, procedure and the approach and the contexts we set for them."*

The capacity development approach is generally being mentioned as Learning Forum rather than 'training', due to the diverse and comprehensive approach.

> "*...because training at the sense is to deliver; that's why we use the term 'learning forum', as we will learn from each other.*"

All of the sessions were designed according to the predetermined learning outcomes. The expected learning outcome was also shared with the participants so that they are aware of the training objectives.

Approaches of capacity development:

The first approach of capacity development of LSFs were self-study approach. The LSFs were given focused reading materials immediately after their recruitment in order to familiarize them conceptually. Another approach was to experience sharing with experienced in-house facilitator. In this approach the experienced LSFs who were involved in prior such interventions shared their experiences with the newly recruited LSFs.

The virtual training of the LSFs were provided simultaneously by dividing the 318 LSFs in 7 batches. The training duration was 2 days. This training was provided in the last week of June 2020 (on the 25th and 27th). The first day, the LSFs were oriented on project overviews & basic principles and the Content Script along with designated session to allow them to go through the study materials. The second day of training was focused on mental health and field operations. The training was provided in 7 simultaneous batches. Since the training was virtual, the duration was not for day long. Therefore, on the first day there was designated time in between sessions for self-study. Similarly, the schedule of training was 9am to 1pm the second day so that the participants have time to self-study the rest of the afternoon.

After the training, piloting was started from the following day based on a peer learning and mentorship approach. In the piloting, 65 expert callers conducted telephone conversations and with each of them 2-3 newly recruited LSFs were joined by tele-conferencing. The newly recruited LSFS joined these tele conversations and listened to the expert caller's conduction. Open discussion on the feedback and reflection of the LSFs after the training and piloting was held to redesign the content-script, implementation approach. The main objective of the piloting was to restructure the script in terms of themes, language and approach of appropriate delivery.

> *"...the piloting was done with the hope of working on the themes and the language and getting feedback on the process of tele-conversation facilitation. Also, we wanted to get feedback on the content and process, especially as to what extent they can be applied to real-world situations in order to improve them even further."*

This whole interactive, self-learning process was undertaken in order to develop the whole implementation process along with developing the LSFs simultaneously. The piloting reflection was very effective in redesigning the whole approach of implementation by giving more contextual reflections and redesigning the script in a more feasible and suitable way which was discussed in the previous section.

Another week-long learning forum was held on the following week of piloting to familiarize the LSFs on the basic primary education system in Bangladesh.

> *"... one of the lessons from the piloting was that, only the content itself is not enough to facilitate effectively, unless the newly recruited LSFs and all other are very much knowledgeable in context of primary education."*

LSFs had learned about the content-script and conduction of tele-conversation during the training and piloting. However, the need of basic knowledge on primary education system was essential for them in order to have a clearer understanding while conducting the tele-conversation.

> *"... besides basic primary education system, they were also given clearer distinctive understanding about the stakeholders involved, so that it is clear to them what is BRAC, what is BRAC IED, and what is BRAC University. Besides, across the institutes of BRAC University; so that they have a clear understanding about this distinction and understand that Pashe Achhi is a joint venture of DPE and BRAC IED along with these stakeholders."*

Besides, they were also told the distinction between DPE and the Ministry of Education. Especially they were provided detailed knowledge on the administrative structures and issues related to education offices in the districts and sub-districts. The LSFs were also familiarized on the roles and responsibilities of the local education officers and Head Teachers, so that they have comprehensive knowledge to conduct effective facilitation during tele-conversation. Besides, familiarizing the LSFs on these basic knowledge, regular simulation of tele-conversation sessions and psychological aspects such as breathing exercises were also practiced in the week-long learning forum. Besides regular simulation, different tactical techniques were practiced in between, in order to further strengthen the tele-conversation approach, such as how to make appointment with Head teachers.

Screening and Assessment of LSFs:

The weeklong learning forum was followed by a comprehensive screening test of the LSFs. The objective of the screening test was to make sure that the LSFs have inclusive knowledge and are prepared to conduct tele-conversation. A 25-minute test paper was prepared for them where the LSFs were asked to complete 12 questions. It was expected that the LSFs who were able to answer at least 9 questions out of 12, were considered to have acquired the skills to conduct tele-conversations properly. In this way, almost 90-95% of the LSFs were eligible to conduct the session.

During the knowledge focused assessment screening, the implementation teams also had regular group meetings to discuss progress. In order to bolster the LSFs tele-conversation facilitation, assessment of each and every conversation simulation was conducted followed by their knowledge-focused assessment screening. An assessment tool was prepared, and the assessment was conducted in an integrated approach by the team members of professional development team, psychosocial team, content-script team and operation team. The assessment on all the LSFs was done based on some fixed determinants. For example, Mastery on the content-script, mastery on the facilitator's guidelines, response to the head teacher during conversation, tone of voice, dialect and pronunciation etc.

Those who could not achieve the expected level were given scope for improvement, expert callers within the team and expert facilitators provided individual session to ensure clarification on basic principles and knowledge. Couple of rounds of screening, assessment and simulation helped most facilitators to achieve the expected mastery accordingly. It was expected that the LSFs will continue being under the self-learning, peer-learning and mentorship of the expert facilitators.

Field Implementation and Challenges

The field implementation had been scheduled to commence on 11th July. However, this would depend on the readiness of the script. The decision was that if there were no major changes to the script, the same component need not be repeated. When the DPEO was consulted, he too suggested that the repeat may not be required. On the other hand, if there were some major changes or addition of major components, then the script might need to be re-themed and the overall script would need to be re-worked. Hence, the implementation depended completely on the script.

However, since there were team members who were already dealing with management and coordination for other projects with the government, they knew from experience that these changes were normal and bound to happen. With this previous experience, they were able to analyse and understand the nuances of challenges involving the Pashe Achhi project a lot better. They estimated that they would need a few more months and in the meanwhile have been rigorously working on the Play Based material for the Play Accelerator project so as to address the situations in the upcoming period.

Coordination with Government and BRAC IED Management

When undertaking any project, BRAC IED collaborates extensively with partner organizations, involving them in discussions for each part of the process. This was no different in terms of working on Pashe Achhi; from the very beginning, they discussed everything with responsible people from the government.

When the work for Pashe Achhi began, it was piloted with 500 Head teachers. Later, the plan shifted, and the team held meetings with primary education officers at upazila level to disseminate the information. Some formal letters were sent from the DPEO's office to the field level regarding commencement of implementation for Pashe Achhi Ghore Boshe Phone Alap. As such, the local level DPEOs and ADPEOs and upazila level government officers were all familiar with BRAC IED and the intervention. When these personnel visit Play Labs in government primary schools, BRAC IED Program Organizers and managers speak to them about the Pashe Achhi *Ghore Boshe Phonalap* intervention and they have mentioned that there is a lot of cooperation and support from their side.

This project was a major opportunity for BRAC IED as they had never worked such closely at such a large scale with the government prior to this. Hence, it also served as a learning experience. BRAC IED representatives said that the government was extremely supportive; the only challenging issue was the current pandemic situation and the fact that it was sometimes difficult to match schedules with the government as they were very

busy with work. However, from their end, the government representatives tried their best to give time after work hours and even during the weekends for meetings. All of them were present for the group meetings and gave their time with patience and sincerity.

The content team was rather small in May when the collaboration with the government had not yet begun. However, once the joint venture started, they realized that as this project would be representative of BRAC IED as a whole to the government, and as the intervention was planned to reach head teachers all over Bangladesh, they should bring in some experts from various areas. This included experienced members from BRAC IED who had strong backgrounds in working previously with the government, understanding their expectations and dynamics, ability to write and converse etc. Thus, the team began to grow.

The script was worked on in a theme-wise manner with the entire team meeting to compile the separate themes after small groups worked on it. The content team did not meet at any scheduled time, they sat every day for 4-5 hours minimum to work on the writing. They also met separately for brainstorming and for conducting meetings. From the content team, only the focal person attended all the core team meetings whereas for important presentations or sharing sessions, 1-2 members also joined them. The core team had a fixed time every afternoon 4-5 days per week when they would meet depending on everyone's schedules. Each meeting had a fixed agenda where focal persons from each smaller team shared their updates according to the agenda. Apart from updates, the members also looked at the script to see any new content that had been added. The content was briefed; members were asked for their observation.

The focal persons from Pashe Achhi team in BRAC IED had built up amicable relationships with the focal people from the Training division of the government. They felt that these relationships and communication channels helped them keep up to speed on the status of the project with the Ministry.

Current situation

During the discussion of Pashe Achhi with the DG and his group including Director of Training, Deputy Directors from various divisions, Education Officers etc., they all appreciated the intervention and supported it. The procedure for approval involved final approval from the DPEO and the DG which required a note from them. They knew that the procedure would take too long if it went through the Ministry due to the bureaucratic procedures. So, as the DG was very impressed, open minded, supportive and confident about the intervention, it was suggested that BRAC IED could start the intervention and they would inform the higher up concerned. He then gave his written permission after which BRAC IED could start their work.

Prior to starting work on 5th June, another meeting was held with the DG and field level officers on the 3rd of June where an Additional Secretary from the Ministry was also present. He too, appreciated the intervention. Next day, June 4th BRAC IED held a launching programme. Since the media would be present during the launching, they felt

it was more important to have a formal Ministry permission and they moved in that direction.

According to the plan from 5th July 2020 the learning facilitator was supposed to start the roll out. When capacity development of the LSFs by the professional development team was completed successfully, on 4th July the DG and additional secretary of the Home Ministry and other government bodies talked about the launching issue of the intervention. As per procedure and according to the DG's suggestion, this proposal was then sent to the Education ministry to get their official permission. The project is now waiting for the government permission for rolling out into the field.

Conclusion

Since the Pashe Achhi work has been put on hold for a while, BRAC IED has utilized the human resources involved to design a tele-conversation model for the 400 Play Lab HTs. Because the HTs and ATs have expressed interest in receiving the training that was given to Play Leaders in order to strengthen the Play Lab intervention service delivery. This was in its planning and conceptual stage after which the capacity building work has been started on August 2020. From 23rd August, BRAC IED plans to launch the tele-conversation model for 2400 HTs of the 400 schools. They will be followed in ¾ rounds. The first call focused on healing while the 2nd and 3rd calls on learning and a mixture of healing and learning respectively. All three calls are scheduled to end by November 2020 according to BRAC IED representatives.

Chapter Nine: Pashe Achhi New Phase: Psychosocial aid for the community

Introduction

BRAC IED has started to integrate psychosocial aspects into the Pashe Achhi model, however, there will be a separate research conducted on this broader topic. In this process documentation, we will highlight the key activities that were accomplished within the scope of our research timeline as this integration was done with the telecommunications model.

Para counselling training in the telecommunication model

The seniors who are working in the Pashe Achhi modality have been working in the Rohingya community, Host community and mainstream Bangladeshi community for many years. Para-counsellor model was started at first even before the Humanitarian Management in 2013. BRAC IED had a successful project called ' Scope' where para counsellors were called '*Shomaj Songi'* for the adolescent group. 'Scope'- had around 30 centres in total in Jatrabari, Banasree and Narsingdi in Dhaka. As a '*Shomaj Songi'*, they had rigorous experience of working with psychological support. This long experience was a huge blessing when they went for Humanitarian crisis management support. Thus, their mentoring didn't take much time. The new experience for everyone was to work within the Rohingya context.

Para counsellors were sent into the field; they would have long training sessions. After recruitment, they would spend 1 month entirely dedicated to attachment training. When senior counsellors went door to door for providing counselling, para counsellors would accompany them and observe their work. For the entire month, para-counsellors would have face to face observations. After that, para-counsellors would sit for an examination, where afterwards, the successful ones would be given individual cases to work on themselves. Those who did not do well in the exams were recommended for grooming - in order to increase attachment.

This was a lengthy process. One simply cannot give individuals one or two days of training and then let them handle psychological sessions alone. However, in this situation, the Program Assistants, Para Counselors and Program Organizers have given training to Play Leaders, Mother Volunteers, etc. The Mother Volunteers were given some training on barefoot counselling. But Para Counselors did not receive the same type of training as Play Leaders, Mother Volunteers, etc. since the Para Counselors training is more rigorous.

Upon receiving their scripts and orientation, para-counsellor's skills were given in practice continually to polish and upgrade them. Afterwards, it was observed that in the first 1-2 weeks, Para Counselors were able to identify emotions properly. They said themselves that they were slowly beginning to understand the content properly. For example, one mother said that she was not feeling like doing her work and that she did not feel like talking to anyone. The Para Counselors were able to firstly identify this

accurately. From this identification, Para Counselors were able to brainstorm ideas on how to bring back the mother's motivation. So the para counselling training for the total staff was built based on two major objectives:

i) To enhance the capacity of frontline staff in order to provide psychosocial support to beneficiaries through the telecommunications modality
ii) To enhance their knowledge and understanding of wellbeing, and skills related to providing psychosocial support and wellbeing

Content/script development

First meeting between ED and mental health team took place on 13th June where suggestions were made on how to have tele conversation with Para Counselors. On 20th June, in a big meeting, the support system to the frontline staff, Play Leaders and Mother Volunteers and beneficiaries were discussed, and 4 teams of psychologists were created among whom 1 was placed in the content team, while rest were placed in the operations team.

On July 1st, the mental health operation team received the first draft script and at the same time, feedback was provided by the ED and 2 senior psychologists. According to their suggestions, an additional 3 Para Counselors joined in the content development team along with 4 Psychologists.

The mental health team first went into piloting on 6th July with feedback from many sources, including mental health experts from BRAC HCMP and BRAC office. After receiving their feedback, the content was compiled smoothly and on 7th July, an operation plans on how to execute the training was finalized. On 9th July, piloting session was conducted by 2 Psychologists and 2 Para Counselors. The Para Counselors operated the one to one conversation and psychologists operated the phone conversation. Among the 8 participants from the piloting session, 2 were from the mainstream and host community and the rest were from camps. Finding of the piloting was shared on 10th July with every group and slight changes were made on note taking and uses of electronics for entertainment[32]. The final script was then handed over to the 40 master trainers on July 11th.

Capacity building

There were 4 Psychologists from the psycho-social team who were responsible as training coordinators for the Para Counselor Training. They again assessed whom among the staff had better psychological skills, selected them, and gave Para Counselor training directly to the group. They were mainly Program Assistants, Program Officers, Managers and Play Leaders. The capacity development for para-counselling training was completed in two layers. In the first, the mental health team made 30 expert para counsellors as master trainers. They were trained by the 10 psychologists in June 2020. Following the previous process, the psychologists gave them firsthand training so that they can provide training to others. In this way, BRAC IED reached 276 staff in total from the field level. They were

[32] See details in SITREP 7 on The Role of Mental Well-Being . July 31, 2020

trained to develop the script and contents in order to make Pashe Achhi's conversation simpler and easier, to address the right issues and to keep empathy for the parents during the conversation. The trainers then finally provided one to one training to front liners of the field, Mother Volunteers and Play Leaders, Case Management Volunteers.

Table 12: Paracounsellor training by trainer and trainee

	Camp					Host
Participants	**Lego**	**UNICEF**	**Dubai Care**	**GCC**	**Total**	
Master Trainer	29			1		60
Trainer	174	61	34	7		
PL (2-4 & 2-6)	646	19	23	-	688	
Mother Volunteer (0-2)	256	-	37	8	301	
Case Management Volunteer	9	21			30	
Adolescent Volunteer						

On 11th and 12th July, master trainers (30 para counsellors and 10 psychologists) were present for the orientation program. In first level, 40 master trainers trained 336 facilitators among whom 276 were from the HCMP and 60 from the mainstream and host community within the next 2 days. These were all female staff. Till August, no male staff received this training. Eleven MTs from the mainstream and host community provided the training to 60 participants in 2 sessions through a conference call, connecting 3 participants at a time. From 13-20th July, among the field staff, 646 were Play Leaders and 256 were Mother Volunteers, Case Management Volunteers were 9 people, Play Leaders were 19, 23 were AFs and 21 were case management volunteers. After receiving the training from the MTs, these 336 trainers further disseminated the training to 1548 field staff. Among them, 414 were distributed in the mainstream and host community, and 1134 in camp.

Through this training, now the frontline service providers are already receiving the Advanced level Para Counselor training. When they talk to mothers or play with children, they make sure that there is no judgment from the frontline workers. For example, if 3/4 children are talking about a game, quickly giving priority to one of them and other discriminatory attitudes like this should not happen. Another 'Don't is showing a soft corner to a specific child, ignoring others. In order to prevent this from happening, an orientation is done while taking basic training of frontline workers. So far, they have been made aware of how to deal with mothers and children. Now, they can give advance level psychosocial support. After receiving Para counselling training, they can provide the advance level service. For example, if someone is upset or angry, they know how to talk to them, the person can be emotionally healed, and if they share some tips, people's minds will be soothed. As a result, it was a big transition for them.

Training material/Script description

The training material or script contains 10 parts which are described below:

Introduction part (5 minutes)

With greetings, the associate trainer gives their introduction and asks the participants to do the same and reminds the participants that in this session everyone has to share their opinions and thoughts. Since the whole session is a participation segment, the associate trainers were instructed to say praiseworthy words such as "nice question", "good question" etc. in response to questions asked, to encourage the participants to share more.

Moner Kotha Boli **(Speak my mind)**

At the beginning, the trainer creates a scenario and asks the participants to guess what would happen if they went into a room where the doors and windows are closed, and light or air cannot enter the room for a long period of time. After hearing the replies, the trainers compare that the human minds are like the room and light and air are our words; while sharing or speaking is much like opening the door. If we don't share our thoughts, then it would be like keeping the door closed and just like the room was dark and damp, we would not feel mentally sound if we do not share what is in our minds. Talking, sharing our thoughts and feelings, our pains lightens the heavy weight we sometimes tend to carry. Our body and mind are related with each other and sharing our minds works in a similar way to when we take medicine to get well when our bodies get physically sick. The trainers then ask the benefits of taking care for our minds and tell the participants that the more we take care of our mind, the more we can focus on our daily lives smoothly and we will be in good condition physically too. This session continues for 8 minutes.

Moner Kotha Shuni o Sohayota Kori **(Listen to minds and help)**

In this 12-minute segment, the associate trainers ask the participants about the people they can share their thoughts with, and after listening to the answers from 2-3 participants, they explain which people to trust, which ability makes a person trustworthy and then tells them to think about their children who are stuck in the house and are having a lot of doubts, rage and questions about being at home. The associate trainers then ask the participants to assume how their kids and other household members are feeling during this pandemic. The associate trainers give one or two examples to give the participants an idea. After the participants share the assumed feelings, the associate trainers explain that people feel differently about a situation according to their ages. Since they will talk over phone, not in person, so to understand a person, they would need to listen to them, to keep their conversation confidential, try to understand their feelings by imagining from their perspectives and not be judgmental.

Monojog Diye Shona **(Listening attentively) (10 minutes)**

In the next 10 minutes, the associate trainers explain that when we talk with someone, we expect they pay attention to us and they expect the same and paying attention implies that we care about them and that voice, way of speaking plays a vital role during

telecommunication – unlike being with someone in person where apart from the mentioned things, facial expression, sitting style, eye contact plays important role as well. The associate trainers then ask the participants about their views on paying attention while listening and after listening to them carefully they praise the participants for replying nicely and then tell them paying attention allows one to understand about others' pain, makes it easier to praise for their good works, and it encourages others to share more with confidence. The associate trainers then give the participants some tips to be a good listener such as not interrupting frequently, providing verbal cues such as "hmm", "yes", to say "then?", "how" etc. within the conversation to let the other person know that they have their attention. At the same time, to summarize the whole thing to let them know that we understand their situation. At the end of this segment, the associate trainers thank them and praise them for their attention towards the topic

Je kothagulo shunben shegulo gopon rakhben (Keeping the conversation confidential) (20 minutes)

The associate trainers ask the participants to think of a secret that they did not tell anyone. After giving them 2 minutes, the associate trainers ask them how they would feel if their friends would disclose their secrets without their knowledge or permission. After listening from 1-2 participants, the associate trainers describe how it would hurt us, ruin relationships etc. The associate trainers again ask what if those friends didn't disclose the secrets. After listening to the replies, the associate trainers tell them as we expect our secrets will be kept and our trust honored, in a similar way, our friends expect the same. The associate trainers then proceed to ask more questions- what should we do if we feel the person we're talking to might be a danger for themselves or for others? The associate trainers listen to 1-2 participants for each question, and then tell them that we want the best for them, we don't want to see them getting involved in a complicated situation so we should contact with people who can take necessary steps to prevent these unfortunate circumstances. At the same time, we should be brief with the authorities – it doesn't mean we are breaking their trust, but rather it is for the betterment of everyone. The associate trainers then remind the participants to respect their decision, not to force them, and that we should not talk about secrets of people without permission or disclose more than they permitted us to, unless we believe the person might be a danger to themselves or others, or that the authorities maintaining law and order need information for the better of everyone.

Onuvutiguloke tarmoto kore onuvob kora (Feeling the way they feel)

The associate trainers in this 10-minute segment describe why it's important to try to empathize with others as people cannot interact with each other like before due to COVID-19. So, it's important to people if others can understand what they are going through. The associate trainers give some examples such as a single mother with children who isn't able to get work like before, or a pregnant woman whose husband beats her, remarried, abandoned her etc. and tell the participants to feel what they would if they were put in their shoes. After listening to the replies, they suggest the participants to try

and feel the way others are feeling – to understand the pain people are going through so it will ease peoples mind, people will find an assurance to express themselves.

Kothar valo-mondo bichaar na kora (Not judging while people sharing their story)

In this 15-minute segment, the associate trainers ask the participants how we should talk to other people, or how relationship with people will be if we don't judge them. After listening to the replies, the associate trainers describe and explain how we should be polite, humble while talking to people, how we should respect others' decisions since the thinking, behavior of humans are different, not forcing our opinion on them as it might refrain them from opening up to us. Whereas, if you do not judge people, they feel safe and assured and they express their mind without fearing retribution. The associate trainers then ask questions like what to say when kids are disturbing mothers more than usual, what to say when someone is sharing their financial problem, what to say if someone is scared due to the recent COVID-19 situation. After listening to the answers of each questions, the associate trainers suggest them to reply in a polite manner saying we all are facing tough times and soon enough things will go back to normal.

Coronay Amader Koronio (Our duties during Corona) (5 minutes)

The associate trainers explain that Corona virus is a contagious disease and what are the symptoms that are likely to be visible if people get affected along with the other unusual symptoms that are not common within the affected people. Then the associate trainers explain since now a day's people who are getting affected often don't have the symptoms of COVID-19, it's wise to follow the rules and regulations such as using mask, cleaning hands, clothing after coming from outside, maintaining social distance etc. to prevent getting affected by corona virus.

Moner Jotno Nei (Take care of mind) (20 minutes)

The associate trainers ask the participants to write down how they are feeling in this time of pandemic. After 2 minutes the associate trainers listen from 2-3 participants' answers and then patiently explain that we all are going through an uncertain time hence, it's normal for us to feel scared, pressured, or uneasy; so if someone wants to talk, we should carefully listen to what they have to say, try to understand what they are going through. The associate trainers then proceed to ask some more questions – what the participants are doing to keep their mind healthy, what they do when they get angry and then listen to the answers of each question. Then, they give the participants some tips and suggestions such as to do the activities that the participants find calms their nerves, passing time with family members, sharing what is on their mind with other people when they are upset or angry. The associate trainers encourage the participants to do activities or tasks when they feel upset or angry and thus suggest them to make a list of activities that they can do to calm down. At the same time, the associate trainers emphasize the importance of doing physical exercise, listening to music, watching TV, getting proper sleep, drinking water, doing daily chores in order to have a healthy mind and healthy physical state. The

associate trainers also teach the participants breathing exercises and suggest what to do when they feel upset.

Questionnaire (10 minutes)

The associate trainers take questions from the participants and answer accordingly.

Ending (5 minutes)

In this segment, the associate trainers ask for feedback from the participants and thank them for paying full attention to this training and by wishing them to keep healthy and take care of themselves, the associate trainers end the training.

Response from the field regarding Para counselor training

Two meetings were arranged for the camp & mainstream trainers during the month of August to share their experiences from the "Para Counseling" training sessions and to collect their feedback for the future roll out. Thirteen trainers (8 Para Counselors from camp, 4 Play Leaders & 1 staff from host community) shared their experiences. They shared that the basic skills of psychosocial support they developed from this training will enable them to handle counselling issues more efficiently than before. They also shared that self-care tips and COVID-19 awareness messages make mothers feel more comfortable with sharing their concerns more freely with Play Leaders. Regarding the content of the script, they shared that both trainer and trainee were comfortable with the script and two-hour training session as it was simple. Overall Para Counselor training helped front-line service providers to deliver the tele-counselling part more effectively.

Challenges faced by the mental health team

There was a major challenge for the mental health team to squeeze the 5-day training to 2 hours' content. There was much more emphasis and more detailed discussion and practice on the para counselling training within the group. However, one advantage of shifting to the tele-counselling modality was that the module was revised and made easier. The basic skills that a Para Counselor needed to have were reviewed, and they were trained using the mandatory barefoot training and how this training could be delivered in a more developed and easier way. Since there is almost no opportunity of face to face training due to lockdown, it had to be thought out differently how they would practice the skills through the phone. They had already grasped the content of the training and it was hoped that they would develop the skills through practice. After receiving the Para Counselor training it is expected that the frontline service providers have developed their skills; if a person is upset, they know what can be done or if they give support, it can help the affected to feel better. As the Play Leaders were basically working on "Pashe Achhi" modality, they have been given training so that if any issue arises, then they can give initial support to the beneficiaries. However, there was a plan to assess their skills on Para Counselor work. Based on this assessment further training will be planned.

Conclusion

From August 2020, all frontline providers received Para Counselor training and will continue to practice the learning through the telecommunication model. Though the basic Para-counsellor model is a separate program, they have added some Senior Para-counsellors who will take on a supervisory role. Prior to the lockdown for COVID-19, according to the four-tier model, psychologists supervised Para Counselors. The PC would go door to door and examine the case. If there was a case, she would consult psychologists directly. From October 2020, another layer has been created in the middle, which is that the PCs will listen to the cases by phone and provide counselling services. The new PCs will report and take supervision from the expert Para Counselors. Expert Para Counselors are from among the cohort working in the second layer, who have gathered relevant experiences in the last four years working at the MHSCP. Given their extensive expertise and practice, they have been selected and assessed on their skills. Now, they will be designated as Senior PCs based on the assessment. They will play supervisory role through listening to the cases from para-counsellors and guide them. Senior Para Counselors will take supervision from Psychologists.

Chapter Ten: Research and Monitoring & Evaluation in Pashe Achhi

Introduction

In any programme or process, Monitoring and Evaluation (M&E) is an important procedure required to assess the progress and performance of the program. It is a systematic process that helps to measure the effectiveness of programme implementation in order to ensure the intended outputs and can help in guiding the planning and allocation of resources to achieve the same. In this chapter, we will discuss how BRAC IED has achieved the M&E for Pashe Achhi during the Covid-19 scenario. The organization of this chapter will thus follow the three major areas – research in Pashe Achhi, Quality Assurance and MIS Data for Pashe Achhi.

Research in Pashe Achhi

Planned research before COVID-19 and Alternate Plans

Some of the regular research activities planned before Covid-19 were affected such as the impact of BRAC Play Lab on GPS, Implementation Research on HPL and Research on the Childcare Model.

> The alternative plan for research stated that the research team should focus on monitoring data such as collection of beneficiary phone numbers, instead of new research studies due to restrictions at that time. As mobile numbers had already been collected, it was suggested that some research based on telephonic research could be conducted such as the state of play at home among 4-5 year old children during COVID 19 or the primary and secondary school students' continuation of studies at home during school closures[33] among many other suggestions were there. All research would be conducted through remote telecommunications.

However, some new research studies were planned by BEP, JPGSPH and BIGD during this time.

[33] From the document: 'COVID-19 Alternative M&E Plan'

Pilot Studies

Prior to the launch of Pashe Achhi, when it was still in its design phase, BRAC IED research and monitoring teams had already started collecting data, in fact, they were doing so from the very beginning. The monitoring team at BRAC IED had always closely worked with curriculum development and research teams and they were continuously involved in all meetings to decide on program design, intervention roll-out etc. which had all been accomplished collaboratively.

Two pilot studies were conducted on:

1) The Knowledge, Attitudes, Experiences and Opinions of Trainers
2) The Knowledge, Attitudes and Practices (KAP) of Frontline Facilitators

With the research team's support, Knowledge, Attitudes and Practices (KAP) questionnaires were developed to conduct in-depth interviews with i) Trainers**:** 12 Master Trainers (Pairs), 6 Para Counselors, 5 Program Organizers and 3 Program Assistants and ii) Frontline Service Providers**:** 11 Play Leaders and 2 Mother Volunteers working at the field level. The aim of these questionnaires was to collect detailed information on the perception and experiences of trainers and frontline service providers about the telecommunications intervention.

For the pilot study with MTs and other Trainers, both quantitative and qualitative approaches were used whereas only qualitative approaches were used to collect data from Rohingya and Host communities for the frontline provider's study. Data was collected by all members of the monitoring group between 7th to 14th June. Recorded data were transcribed, and the results were summarized into two reports published in June 2020 titled '"Pashe Achhi " Program Tele Monitoring Report (Master Trainers and Other Trainers)" and ""Pashe Achhi " Model Monitoring Pilot Reflection of Play Leaders and Mother Volunteers" respectively[34].

Findings from the reports revealed that both trainer and service provider groups were positive about the intervention and how it was helping the beneficiaries. The reports also highlighted that both groups had sound knowledge of the program objectives. While all Master Trainers had positive impressions on receiving, delivering and providing training and phone calls, para counsellors, program organizers and program assistants said that it was a new experience for them, so there was a learning curve. Once they obtained training, they became more comfortable, and felt they were able to utilize the training provided to conduct the telephonic sessions with empathy, positivity, and effectively communicate with parents and children during the session. Overall, the service delivery experience was good, however, some participants did not reciprocate during the sharing and some seemed a little uninterested or conservative. Nevertheless, most parents were enthusiastic about sharing and talking to the facilitators and especially frontline providers mentioned

[34] From document review of '"PASHE ACHHI" Program Tele Monitoring Report (Master Trainers and Other Trainers)" and ""PASHE ACHHI" Model Monitoring Pilot Reflection of Play Leaders and Mother Volunteers"

that the familiarity they had established with parents helped them in this regard to open up and be comfortable sharing. Across the board, frontline providers mentioned that the learning portion of the intervention usually took more time than the psychosocial portion due to the content-heavy nature and because children needed some time to open up with them. Whereas, they could finish the counselling portion in time. However, para counsellors mentioned that their calls lasted about 40-45 minutes; they required some additional time to get to know the mother's mental state and hear about her daily issues to establish rapport and uncover underlying issues.

Most of the trainers and frontline service providers said that they did not face much difficulty in carrying out their tasks. Transition between the different segments was not an issue as they could follow them one after the other. However, one of the major challenges faced was call drops due to which they sometimes needed to restart the session which hampered the workflow. Nonetheless, over 64% (n=9) trainers and over 35% (n=4) trainers and frontline service providers respectively were satisfied in conducting the sessions despite the network problems and technical issues due to the novelty of the experience to them.
Frontline provider's advices were to increase the timing of the training session to account for the network issues and to receive a repeat training. Content-wise they suggested to add newer *kabbiyas* and rhymes, *kissas* and stories, and physical play. These findings from the pilot studies helped the programme team to make necessary changes to the script, design and training in subsequent roll-out of the intervention.

Formative Research on Pashe Achhi: Qualitative Studies in Rohingya settings

In June 2020, a formative research was conducted to explore the understanding and reflections of frontline workers regarding the script of Pashe Achhi telecommunications. Program Assistant, Play Leader, Rohingya Mother Volunteer/Myanmar Language Facilitators (MLF) working in various camps of Cox's Bazar were interviewed. This also served to develop the content of the Pashe Achhi script. Mother Volunteer/MLFs for the 0-2 age cohort and Program Assistants, as the direct supervisors of Play Leaders for the 2-6 age cohort were selected as research participants. Qualitative methods, namely, KII and Focus Group Discussions (FGDs) were used to collect data from 19 respondents between 14th and 15th June, 2020.

Both research and monitoring and curriculum teams created a semi-structured questionnaire with open-ended questions and both teams brought some data. Curriculum and research team's tools were more or less similar with the addition and subtraction of a few questions. As the monitoring team was not then occupied at the beginning of the launch, there was no face to face data collection ongoing, the monitors from mainstream, host and camps were working together for data collection. KIIs and FGDs were remotely conducted and were manually recorded. For the 2-6 age cohort, FGDs were conducted

with Program Assistants online, through a web-based app. However, 4 participants dropped out from the call on-and-off due to poor internet connection. For the 0-2 age cohort, KIIs were conducted with 11 Mother Volunteers/MLFs through conference phone-call with one researcher from the curriculum team, one para-counselor and one MLF being present in each interview.

Themes included the challenges of MTs while providing training, challenges faced by Play Leaders and Mother Volunteers while receiving training and delivering the calls, what were parents' reflections of the intervention, what age group of children were most responsive etc.

Key Findings from KIIs and FGDs

Although the questionnaires were short, they were able to retrieve in-depth data on which a report titled "Formative research on Pashe Achhi for 0-6 age cohort" has been produced in July 2020.

0-2 Mothers:

- Overall, mothers enjoyed the sessions and looked forward to them
- Mothers wanted to know more about Covid-19, the situation of their friends and neighbors and how to keep their family safe and cope with anxiety
- Mothers shared their frustrations and struggles regarding finances and family

2-6 Children and Mothers:

- Overall, reception by beneficiaries was positive; children and mothers enjoyed *kabbiyas* as they were more interactive and suggested to add *kissas* and physical plays to bring variety
- Program Assistants said content was easy to deliver over phone and they were able to establish connections with parents and children quickly
- However, psychosocial portion of the call became repetitive after a while and it was hard to hold children's attention during physical play portion of the call
- As *kabbiyas*, *kissas* and physical play were more accepted, Program Assistants started compiling them and suggested to add tips for mothers regarding household activities to pass time (sewing, crafting etc.) as well as nutritional messages

With the feedback from the FGDs and KIIs, the program team could make necessary changes to the script in order to make it more contextually feasible and appropriate. The content could also be used as points of discussion during the monthly refresher trainings for frontline service providers.

Monitoring and Evaluation for Pashe Achhi

According to senior managers, M&E for Pashe Achhi can be divided into two major processes:

1) Quality Assurance
2) Management Information System (MIS) Data

These issues are recorded and overseen by different teams as well. Quality assurance is a term which refers to the ongoing, continuous process of assessing, monitoring, guaranteeing, maintaining and improving the quality of a system, intervention or programme. In this section, we will discuss the quality assurance of calls made through telecommunications for Pashe Achhi. Quality assurance is conducted by the monitoring team and MIS data during normal situations is collected by the BRAC Humanitarian Crisis Management Program (HCMP) respectively. Due to Covid-19 being an unprecedented crisis, a temporary Data Management team was created as the project was achieving a large scale; Pashe Achhi not only consists of BRAC IED's HPL intervention but also Government Primary School Play Labs, Play Accelerator and all other projects funded by various donors. Later this team was also separated into smaller teams to enable better workflow.

Development of Quality Assessment Tool for Pashe Achhi Training

Three senior researchers with expertise in Education, Psychology, ECD and Play-based learning, and who had extensive experience in developing curriculum and conducting the Basic Trainings were responsible in developing the quality assurance checklist for training. In a similar fashion to the session rating checklist, they reviewed the documents and literature as well as program objectives first to select the checklist items. This was then reviewed by the entire team through discussion to prepare a draft version. During the next phase, the research team listened to audio recordings of trainings and used the draft checklist to rate them to figure out areas of improvement based on which the checklist was revised. Senior researchers reviewed the second draft and provided their feedback after which the final version was produced containing 66 items under 6 themes. Core themes included:

i) Rapport Building
ii) Training Management/Execution of Routine
iii) Speaking Skills of Trainers
iv) Quality of the Program Briefing
v) Quality of Content Delivery
vi) Interaction Between Trainers and Participants

Five points Likert scale (never seen, rarely, moderate, almost often, and always) was used for most of the items. However, few items were dichotomous (Yes & No). The total score of the checklist was 191, where a higher score indicates better quality. However, some of the items were excluded from the calculation of the total score and were analyzed separately, as those were not applicable to all the pieces of training or were not found in all recording for ethical reasons. The table below shows a breakdown of the scores:[35]

[35] From the document: 'Development of Quality Assessment Tool for Pashe Achhi Model'

Table 13: Quality of phone calls by themes			
Themes	Number of Items	Number of Items Considered to Calculate Overall Quality	Total Score
Greetings and Rapport Building	3	0	--
Training Management/Execution of Routine	10	7	25
Speaking Skills of Trainer	4	4	16
Quality in the Briefing about Pashe Acchi Intervention	5	5	20
Quality of Content Delivery	27	27	66
Interaction Between Trainer and Participant	17	16	64
Total Items	66	29	191

Quality Assessment of Outgoing Calls

Immediately after the launch of Pashe Achhi, the research team felt a need to create a tool in order to measure the quality of calls that were being rolled out to beneficiaries, that is, how the service was being delivered, and whether the skills taught to frontline providers such as PL and Mother Volunteer were being implemented correctly. Additionally, program required topic points for discussion in the first refreshers training that was upcoming, as a reflection of the calls. This was to inform the team members on their understanding of how effective the calls had been, what challenges were being faced by frontline providers, what could be modified, etc. Given these needs, BRAC IED decided to consult international experts as well as conduct some small qualitative studies.

The team consulted Dr. David White bread from Cambridge University and Dr. Hiro Yoshikawa from New York University (NYU) to obtain their suggestions and feedback regarding how these quality checks could be accomplished. It was suggested by Dr. David that the calls could be recorded, if BRAC IED wanted. The team at BRAC IED carried out on-the-spot call checks, though that was very time-consuming, especially since the calls were going out so quickly. But according to the suggestions provided by Dr. David, the team decided to record random calls and check quality of calls. The idea was to randomly select recordings of calls with beneficiaries who had provided oral consent for recording and to create a checklist to assess the quality of the calls.

The research team decided that in order to generate data from the recorded sessions, they would require a structured instrument to rate the quality of the calls. The instrument would need to be reliable and user-friendly and would need to address the unique and common features of all the Pashe Achhi projects. They tried to create a generic format of the tool to evaluate the calls so that it might be used for the various programmes apart from training, as that was different in nature. Hence, the resulting tools were similar to each other as the competencies they were looking at were also very similar.

Through a rigorous tool development process, a checklist was developed by the research for rating the quality of the recorded audio sessions according to different criteria.

First, the research team divided themselves into three sub-teams to explore relevant documents and literature which aided them in determining a conceptual framework for the checklist. Next, the sub-teams generated quality-measuring items and themes for the checklist, response formats and levels. During stage 3, versions created separately by the four groups were then shared when the teams convened and critically discussed together. Here, the sub-teams shared their draft checklists to a larger group with experts from various relevant backgrounds for their feedback to generate a debate and discussion to improve the tool. Subsequently, the suggestions from experts were incorporated to produce a final version of the checklist with 75 items under 12 clusters. Most statements fell under a 5-point scale and some under a 3-point scale. After this tool was ready, three research team members utilized it to rate six recorded audios of tele-conversations to identify redundancy, overlap and items that were difficult to rate. Apart from that, the appropriateness for rating points for each checklist item was also observed. Raters then convened to share their rating experiences and item-wise rating among each other and resolved inter-rating disagreements through discussion. Finally, they mutually agreed upon 70 items for the checklist under 12 existing themes; each theme too, was assigned a score. The table below[36] shows a breakdown of themes and number of items under each which were used to judge the quality of calls for Pashe Achhi. Some of the core competencies in the checklist were ethical protocol: rapport building; creating a child-friendly environment; communication and active listening; non-judgmental attitude; ensuring smooth transition; proper dissemination of messages; **i**mplementation of psychosocial skills. In the seventh and final stage, the checklist instrument was translated to Bengali and Rohingya by three independent translators. The three versions were then consolidated into a single version and again piloted on three pre-recorded sessions to check – comprehension, sentence structure and wording was appropriate.

Table 14: Theme wise Quality checker items of each calls

Theme	Number of items	Number of Statements Considered to Calculate Quality	Total Score
A.Greetings and Rapport Building	4	0	NA
B.Session Management	7	4	20
C.Speaking Quality	9	8	16
D.Listening Quality	4	4	16
E.Respectful Environment	5	5	20
F.Emotional Support	10	9	32
G.Message Quality	10	10	30
H.Ethics of the Conversation	3	0	0
I.Child-Friendly Tele-Conversation	7	6	24
J.Engaging Child in Play	5	5	20

[36] From the document titled "Development of Quality Assessment Tool for Pashe Achhi "

K.Participants' Feelings	5	3	12

Some Findings from QUALITY ASSESSMENT from recorded calls

In total, 5 calls were assessed from HPL, GPS Play Lab and Government School Head Teachers. Among these, for HPL and GPS Play Lab, the 1st and 12th calls have been assessed whereas only the 1st call has been assessed for Government School Head Teachers. In this section, we present in brief, the findings from the assessment of the calls. The calls were assessed by the ECD research team.

Play Leaders asked for the respondent or beneficiary's oral consent to record the calls. With their consent, calls were recorded from conversations with mother-child dyads of the Play to Learn (PtL) project, trainers and government school teachers.

Thus far, the following calls have been planned and recorded:

Table 15: Calls Planned and Recorded for Quality Assurance[37]

Program/Intervention	Number of Calls Planned to Record	Number of Calls Reached and Recorded
Humanitarian Play Lab (3 age cohorts)	120	120
Government School/Mainstream Play Labs	120	114
Government School Head Teachers	110	109
Training (one part) of HPL	35	30
Total	-	**373**

The list of recorded calls included calls from 30 trainers, 120 conversations between Play Leaders, Mother Volunteers and parents from the Rohingya community, 114 conversations between Play Leaders and parents from government school/mainstream Play Labs and 109 calls between Facilitators and government schoolteachers.

Six raters who had adequate listening competency in the Rohingya dialect rated the audio recordings using the translated version of the tool. Among these raters, three were from the core research team and the remaining were local Rohingya dialect experts trained to use the rating checklist. The quality assurance guidelines prepared earlier were used to ensure that each rater was following the same understanding and standard. Before officially rating the calls, an inter-observer reliability test was conducted between the raters to check whether everyone was on the same page regarding how they understood the rating process. The inter-over reliability was found to be very high; 0.99 which is

[37] Source**:** IDI with senior members and Sitrep 10

almost close to the highest possible number of 1. This meant that all of the raters thought processes were in alignment.

Descriptive analyses were used to analyze the data collected through the tools – that is, mean, standard deviation, range and percentages were produced for overall criteria as well as separated according to age groups. The 6 criteria for assessment were i) Greetings and rapport building quality ii) Quality of Call Duration iii) Overall telecommunication session quality iv) Psychosocial Support Quality v) Child-friendly telecommunication quality and vi) Call receivers feeling

Findings from Call Assessment in PtL Project

The first call was rolled out on the 2nd week of May 2020. The ECD research team started working on the call assessment immediately after that. Three months later, they began assessing the 12th call so as to compare whether the quality is improving or not.[38] According to a senior member of the team and the assessment reports, the results of the first call have been moderate to very good, although there are areas for improvement.

Findings revealed that overall, the quality had improved in most dimensions. Particularly, the ethical dealing with participants for the entire sample had increased visibly compared to the 1st call.

For the 0-2 intervention, compared to the first call, the quality had increased significantly on most dimensions as well. However, quality had decreased in terms of overall session quality, session management, active listening and showing empathy dimensions, although the decrease in quality was not statistically significant. The reason behind the non-significant decline in quality for a few dimensions might be because at the baseline, the 0-2 call quality was found to be relatively increased levels, as such, the scope for improvement was lower.

For the 2-4 age cohort, the quality was found to be significantly improved across all dimensions except that of maintaining ethical standard and child friendly conversation. In the former, the quality had improved from the 1st to 12th call but was statistically non-significant. As for the latter, the quality had declined a little but was also non-significant.

For the 4-6 age cohort, the quality had significantly improved across all dimensions with the exception of session management quality and ethical standard. For session management quality, the quality had improved but was non-significant and for ethical dimension, the quality of the two calls (1st and 12th) was the same.

Findings from Call Assessment in GPS Play Lab Project

Similarly, to the PtL project, the 1st and 12th calls were also assessed for the GPS Play Lab Project for the same purpose of comparing whether the calls were improving or not. It was hypothesized that the call quality would improve from the 1st to the 12th call as the

[38] Quality Assessment of First Telecommunications Session of Pashe Achhi Model: Humanitarian Play Lab (HPL); Draft Research Brief: Quality Assessment of Pashe Achhi Model (12th Call): HPL

facilitators were more exposed and experienced with facilitating the telecommunications sessions.

The overall quality of the sessions significantly improved except session management quality. Specifically, the improvement of call's quality, as well as facilitators' skills, was impressive. For example, the skill had been improved significantly (p value = 0.000) in 59.8% calls. The quality telecommunication skill in 12th call was 26.5% as very good compare to 8.9% in 1st call. In a similar way, about 53.30% of facilitators showed significant improvement (p=.000) in creating a respectful environment, in providing emotional support, around 52.3% of facilitators showed significant improvement (p=.005), in regards to quality of information delivery over telecommunication sessions 57% of facilitators showed significant improvement. Not only with mothers, the facilitators communications skills with children also improved significantly (p=0.000) in 46.10% of calls. Facilitators engaged more actively and playfully in 40.2% calls compared to the first call. (p=0.000).

Recommendation from ECD Research Team and Current Call Assessment

After the first call assessment of PtL Project, the main recommendation was that the callers needed further training on session management skills. Play Leaders also required training to show empathy and provide emotional support to mothers and children over phone including rapport building. From the GPS Play Lab Project, the main recommendation was to increase facilitator skills in psychosocial support, delivering content, time management, spontaneity, communication with mothers.

As the recommendations from the first call were incorporated in the monthly refresher meetings, facilitators showed gradual improvement in their skills over time through increased experience and learning. Though the 12th calls' quality for both PtL and GPS Play Lab Project had reached a satisfactory level, more training, role-play demonstration, and follow-up would be good in order to provide the best quality services for all the beneficiaries as a recommendation from the ECD research team. These findings were acknowledged to be crucial for both frontlines and program team alike.

There were plans to continue the process of quality assessment through several subsequent rounds. Currently, the 30th call is being recorded which will be rated in the next round.

in order to compare the quality improvement since the previous round of calls. Even though the tool has not yet been validated, it is being observed in use. The BRAC IED research team will undergo a rigorous process of validation very soon, for which BRAC IED is collaborating with NYU and there are plans to complete the work by the end of 2020.

Quality assessment of basic training of Pashe Achhi model for Play Leaders and Mother Volunteers of HPL

The objective of the study was to examine the quality of the basic training under the Pashe Achhi telecommunication model for Humanitarian Play Lab (HPL). Three researchers who understood the Rohingya language rated the data with a structured instrument to assess the quality of randomly selected 35 training sessions mostly recorded in June 2020. As the training quality was not satisfactory to transfer the learning to the front line workers by the trainers, the research team suggested more training for trainers to develop their capacity in terms of building rapport, psychosocial skills, providing necessary knowledge and skills to trainees.

Quality assessment of Pashe Achhi model (1st call) for Govt. Primary school Teachers

This study was conducted by the BRAC IED research team to examine whether telephone conversations were performed with expected quality to achieve the objectives of Pashe Achhi telecommunication. From 1200 calls, after analyzing 108 calls the research team found that the overall quality of the tele conversation was satisfactory and both the counsellors and the learning facilitators demonstrated expected performance in most cases.

Research Brief

During the time of development process of Pashe Ashhi model, number of research has been conducted by the ECD research team on Play Leaders. Mother Volunteers, Mothers reflection on the model etc. Besides the monitoring team, the ECD research team has conducted several research studies, these have been highlighted in the table 15 below:

Table 16: Summary of Research Conducted

Sl. No.	Study title	Study Methods/tools	Study areas	Sample size
1	Play leaders knowledge, attitude & practices, and mental health status (1st cohort)	PHQ-9	8 districts (Govt. Play Labs)	88 play leaders
2	Effects of Pashe Achhi model in improving parental knowledge, attitude and practices (1st cohort)	Quantitative, phone survey		688 parents (intervention 411 & control 277)
3	Effects of Pashe Achhi model in improving parental knowledge attitude and practice (2nd cohort)	Qualitative phone survey	Nine intervention areas	240 mothers who had 0-5 years old children
4	Trainers view on 0-5 Pashe Achhi Telecommunication model for 2nd cohort	Qualitative phone survey		Eight trainers

All these studies have contributed to generating evidence for the monitoring of the model and that it has had an effect on parenting. They highlighted that psychosocial support is needed, not only the children and mothers, but also for the fathers.

MIS in Pashe Achhi

In early March, when BRAC had initially started to respond to the Covid-19 crisis, BRAC IED joined in to provide support in raising mass awareness among various communities. Their target beneficiaries for this purpose were their own beneficiaries under their various projects – Humanitarian Play Lab in Rohingya camps, Play Labs in the host communities, government primary school Play Labs, community Play Labs, among others. Hence, the reach was very wide. The first task of the Data Management team following the government directive for lockdown was to develop formats for data collection and to design a database or the MIS for their data; this mechanism was present from the very start. They introduced the format using Google Drive with coordinators and all managers and field teams who were also trained on data collection and entry. Core team senior colleagues along with the monitoring team worked extensively to set up the system. Since data would be brought directly from the field, from the camp and host Play Leaders and Mother Volunteers, hence a pictorial tool was developed so that it would be very easy to understand what data should be inserted where. During this time, the monitoring team was collecting a large number of data variables beyond the scope of their direct beneficiaries who are primarily children and their immediate caregivers. This included recording basic information on number of family members, number of targeted children contacted, number of disabled and sick children in the homes of the beneficiaries in Rohingya Camps, the Host Community in Cox's Bazar, 300 Mainstream Government Primary Schools (GPS), the community Play Labs and Childcare Interventions. This was to aid the monitoring of mass awareness in the communities served. After the lockdown, some monitoring data was collected through telecommunications as well.

brac

Information form for Awareness program on Covid-19

Name of Play Leader/ Mother Volunteer/ Caregiver

Household #	Child's Name	Number of family members.					Facilitator made contact with targeted child (0-18) ✓ ×		Any family member sick. 0 or
		Girl	Boy	Female	Male	Person with Disability			

Figure 5 show the pictorial form used to collect the mass awareness data for frontline workers to compile the information respectively:[39]

[39] Collected from the document titled "COVID-19 Alternative M&E Plan" from BRAC IED

Alterations in MIS after launch of Pashe Achhi

After Pashe Achhi was launched, the core team met to discuss and decide which components would be rolled-out or implemented what way and when. Within the core team, each component team had to submit a plan to the ED outlining their work. For the research and monitoring team, a plan was initially created and submitted by the senior team members. They decided that as the intervention itself was being conducted over phone, the monitoring should also be conducted over phone as much as possible.

An immediate response from the M&E team was to create a database to record critical information. When the team sat together to discuss this, they decided that the easiest way to capture and record the data would be through google sheets. After brainstorming what critical variables needed to be recorded with the team, a senior manager created the first blueprint of the modified M&E database/google sheet. This would allow frontline staff such as Program Assistants, Program Organizers and Managers to enter the data remotely and upload the information to centrally controlled databases. The format for this sheet was based on monitoring form created during mass awareness of Covid-19; the form has been changed in different stages. As mentioned previously, initially, a wider scope of data was being collected, however, the team decided that for Pashe Achhi monitoring, they should keep data collection as simple as possible; they would just need the necessary data. Here, only the data on children and their caregivers was relevant so they were able to cut down on the excess family member data as they were not the direct beneficiaries of the interventions.

Some of the key information to be recorded included: i) how many calls were outgoing when and on what date from what project, ii) number of families called, iii) number of boys and girls in each household, iv) number of boys and girls who have spoken to the facilitator v) number of mothers reached etc. It must be noted here that the scope of data collected here in the modified database was narrower than what was being collected in the first place, during the mass awareness on Covid-19. The goal here was to provide stimulation to caregivers and children and ensure their wellbeing as well as calculating the reach of the intervention or how feasible it was in reaching beneficiaries. That is why maintaining the database was so important and training was held with managers in several rounds through a series of meetings to ensure they understood everything about the monitoring process properly.

The major challenges in data collection for the MIS was that all the families did not have mobile phones at homes, if one person from the family was in possession of a mobile phone, they may be out of the home and not present at all times. Furthermore, the beneficiaries of BRAC IED's interventions were small children who would often not be able to answer the questions over telephone conversation, in which case, the parents were the information source instead.

Fidelity test: A continuous processes of monitoring of the intervention

In order to monitor the Pashe Achhi programme, responsible monitoring team had observed the phone call session of Play Leaders/Mother Volunteers, children and parents,

through Fidelity tool from the beginning of the intervention in all three intervention areas. The main focus of the Fidelity was to assess the phone call quality of the Play Leaders and Mother Volunteers through Pashe Achhi Telecommunication Model. For this purpose, questionnaires and scoring guidelines were developed with the support from the Research Team.

Knowledge, Attitudes and Practices (KAP)

In order for monitoring of Pashe Achhi program, responsible monitoring team of BRAC IED conducted tele-monitoring conversations with parents. Through the questionnaires they observed knowledge, attitudes and practices towards child development and how Play Leaders and Mother Volunteers are giving support in different aspects like tele-counseling and tele-learning. Some work has also been done with Play Leaders to figure out their skills and competencies on the key indicators of the session delivery and their KAP on Pashe Achhi model. The questionnaires developed for the KAP surveys had been designed with the support of the research team.

Tele-Monitoring for Pashe Achhi

In order to Research and Monitoring purpose of "Pashe Aachi" program, responsible monitoring team of BRAC IED conducted a Tele-monitoring conversation with the Master Trainers, Para Counsellors and Counselling Psychologists to know their knowledge, attitudes, experiences and advice on training of Pashe Achhi as trainers or trainees respectively.

The fidelity, KAP and tele-monitoring reports were created monthly for camp, host and mainstream.

Mainstream and Rohingya Play Leaders, Mother Volunteers & mothers reflection on Pashe Achhi Telecommunication model

Frontline service providers from both communities learned how children can be entertained through rhymes, songs and stories over phone and how to keep a good understanding with the mother from this distant communication. Mothers from the both communities were found to be highly positive regarding the intervention and strongly suggested for the continuation of the programme after the COVID situation. Based on the findings it was decided that the short stories and poems could be implemented as a feasible play based tools.

Supervision and Monitoring Process

Monitoring for Pashe Achhi works in various layers. As shown in the flow diagram below, the process starts with the frontline providers; Play Leaders, Mother Volunteers and Facilitators who collect the initial data directly from their interaction with the beneficiaries. This is then submitted to their respective Program Assistant, Program Officer and Para Counselor to whom they are reportable. There are multiple Program Assistants/Program Officers/Para Counselors working under one Manager who then receive their respective data from them after they have organized it. Managers are then responsible for compiling all the data received and entering them into the MIS. Once the

data has been entered into the MIS, it is then checked and consolidated by a Data Specialist from BRAC IED's MIS team based in Cox's Bazar and elsewhere. At this stage, if there is any data that seems out of sequence or there are any other data entry issues, the specialist looks after it and works with this large volume of incoming data daily. Next, the Data Specialist in Cox's Bazar sends this data over to the Data Managers at BRAC IED in Dhaka for consolidating and reporting.

Altogether, data from the camp, host community and other projects such as the 300 government primary school Play Labs, community-based Play Labs etc. come to BRAC IED. Initially, the consolidation of all of this data was being conducted by a senior M&E specialist. Currently, two Data Managers have been trained to carry out the consolidation process and are taking it forward. Data from all projects are consolidating into one sheet which is called the top sheet. The top sheet is regularly updated, and reporting is done based on the data in this sheet.

After the start of Covid-19, when the processes were being fully reprogrammed, daily meetings were being held, and a daily report was being published internally. Externally, reports were being provided to donors when asked for. Other than that, for some of the biggest projects such as Play to Learn, a semi-annual report was being officially produced. In addition, the BRAC IED monitoring coordinator in Cox's Bazar sends a weekly summary report to the HCMP during normal situations (Details in Operation and implementation chapter).

Conclusion

As research for Pashe Achhi is an ongoing process, senior research team members mentioned that it is difficult to always map what is coming up ahead. However, they are always present in all program meetings to keep up to date on the ongoing program changes.

Thus far, one pilot study has been conducted along with some smaller qualitative action researches. For the new Pashe Achhi intervention, data collection has commenced in both camp and host communities on training effectiveness and quality of calls. In the near future, an overall program or model effectiveness of the new Pashe Achhi intervention is also being planned which will explore the outcome or effectiveness of the intervention in children, mothers and Play Leaders. A large-scale impact study is being planned.

Chapter Eleven: Communications and Advocacy

Introduction

Advocacy describes the methods, approaches and tools which may be utilized to alter policies and practices and give programs and projects a wider impact[40]. Communications goes hand in hand with advocacy in which targeted messages are used to influence specific audiences to drive said changes in policy or practice. For communications and advocacy to be successful, it needs to follow clear and specific objectives and goals, have ample knowledge on target audiences and use languages appropriate for the audience in question in order to develop the content. The content itself must be concise, to the point, and impactful to generate interest.

Certainly, during the crisis period that COVID-19 has brought, communications and advocacy are ever more important to deliver key messages regarding prevention from the disease, among other things, across to a host of audiences and stakeholders to build awareness and make critical policy changes. This can come in the form of formal presentations and research recommendations, generating policy reports, lobbying to decision makers, effective use of social media and mainstream media to get essential messages across. BRAC IED has been carrying out advocacy work for its various ECD interventions both locally and globally, and there has been no exception in case of the Pashe Achhi intervention, albeit in altered ways. In this chapter, we will see how the communications and advocacy team at BRAC IED has been lobbying for their work since the pre-COVID era till present date.

Structure and Role of Communications and Advocacy Team

The Communications team at BRAC IED is closely knit, led by a senior manager under whom there are currently 8 team members working. The team has expanded since January from 6 personnel to 8, due to the increase in workload during COVID-19. Their roles are more specific for communications, although 2 people are more advocacy focused. Under communications, there are two more teams that work closely with the content team – one to prepare audio recordings of scripts for training purpose and a graphic design team who prepared the logo for Pashe Achhi and formatting Pashe Achhi communications materials. In collaboration with the content team, the communications team also prepared audio-recordings of training scripts which have been described in detail in chapter 4. The team functions creatively and collaboratively, that is, whatever work is at hand is attempted by everyone together. For advocacy, there is a co-lead who helps the senior manager, whereas everyone has their own roles in communications which is communications strategy-specific, not project-specific. Each project requires the specialty and expertise of each member to bring it together hence why they operate in a collaborative manner; one person does give the lead, but everyone has the opportunity to participate.

[40] Hilary Coulby (2010), 'Advocacy Communications: A Handbook for ANEW Members'

Their work involves preparing written and audio-visual communications materials, managing social media, uploading information to the institute's official website and maintaining communications with donors and partners.

Internal and External Coordination

The members of the Communications and Advocacy team met weekly to touch base on their work status and always maintained communications with the lead via email or Whatsapp for regular updates. The lead collected information from everyone within and outside the team and reported to the Executive Director.

The team had to collaborate internally with other departments to collect information from various projects and from the field. One of their biggest internal coordination was conducted with the Monitoring and Evaluation team which was compiling MIS data from various projects. It was mentioned that due to the thorough nature of their work, the process went very smoothly as there was constant communications with them in real time. Their reporting structure too was very thorough and organized so that whenever the Communications team approached them for any information, it was easy to find and more importantly, reliable.

Apart from this, there were multiple levels of communication. Every day, they held meetings with various project teams, specifically the Core team for the Play to Learn project along with other project managers whose information and opinions are essential to communicate with donors. Twice a week, they held meetings with the leads of various external representatives from the Government to know the updates.

Advocacy and Communications in the Pre-COVID Era

BRAC IED works in close collaboration with its donors and partners. As mentioned in the previous section, the CEO of Lego foundation visited Bangladesh to see the Play to Learn project activities in the Rohingya camps in February 2020. During the Lego Foundation CEO's visit, he held meetings with Government representatives to promote Early Childhood Development and BRAC IED's initiatives in that regard. This was a big advocacy event.

Prior to that, the Sesame Workshop was held with partners on 28th February. This was a huge workshop wherein representatives from all four of their main partner organizations were present including Sesame, IRC, BRAC and Lego Foundation. In addition, there were representatives from various humanitarian agencies who work closely with the Rohingya community in Cox's Bazar and in the broader field of ECD elsewhere in Bangladesh; and from the Government's ECD programme as well. The primary objective of the workshop was to discuss how to promote childhood development in Bangladesh and to analyse the gaps in BRAC IED's existing Early Childhood Development programmes. Overall, the agenda was to invest in ECD, that is the period between 0-5 years of age for every child, every family and how to move that forward in the Bangladesh context.

January and February of 2020 were busy months for the Communications team at BRAC IED. This was just before the COVID-crisis began in Bangladesh. February especially was

a month of important events, one of the most prominent being a visit from the CEO of the Lego foundation, a major donor for the Play to Learn project run for the Rohingya community in Cox's Bazar. The highlight of his visit included a 'Community Event' which was held in mid-February in the Jamtoli Rohingya camp of Cox's Bazar. The purpose of the event was to have a day full of activities for the mothers and children of the Rohingya community who are beneficiaries of the Play to Learn Project. Just before this visit, an important workshop was held with BRAC IED's partner Sesame. Hence, the Communications team was busy preparing materials such as educational videos and activities for mothers and children for these events.

Advocacy during emergency response: Door to Door Leaflet and Hygiene Material Distribution

From early March, right after the international donors and partners departed, the COVID-19 crisis hit Bangladesh as the first cases emerged. Consequently, the entire work pattern changed for BRAC IED; they joined hands with BRAC in their united emergency response in order to raise mass awareness among the public as well as to deliver hygiene materials. During this time, in alignment with WHO and BRAC's guidelines, communications materials such as leaflets were being prepared to be delivered door-to-door by IED's frontline workers all over Bangladesh, including host and Rohingya camp communities.

"Our main priority then was to provide health and safety guidelines through messages. So, our Communications team was in alignment with BRAC.", said a senior Communications Manager at BRAC IED. However, they needed to contextualize the messaging for the Rohingya community in order to keep it in alignment with their culture so that the messaging was comprehensible and relatable. Even more important than that was to understand what exactly the community wanted, which was a priority area for BRAC IED as well. The program developers needed to convey the message that they were staying beside their beneficiaries at this critical time, that they were not being left behind; they would receive support and help to make them feel safe and secure. As such, they needed to figure out a way to remain in touch with the communities served.

The leaflets that were created using proper guidelines had been translated in English, Bengali, Chittagonian and Burmese. However, it was also decided to translate the leaflets into Rohingya language for the camp dwellers to make it easily comprehensible to them. When explaining how the process of translation went, the senior Communications Manager noted,

> *"It would not be possible without the help of our field team. If we sent the materials to them in English, they would get it translated with the help of relevant people in the camps. There are some Rohingya language translators who work with our field offices who could do the job as well. They regularly help us to translate communications materials for our projects, be it story books, educational materials, etc. If we want these in English, they can do that for us"*

As it was difficult for the team located in Dhaka to coordinate time between the translators, and for various reasons they did not have access to the relevant people, the process could take up to 2 days. Nevertheless, due the urgency of the situation, the field team managed to get the translations completed in due time.

In this way, within just two weeks, the leaflets and hygiene material were distributed to about 47,000 households around Bangladesh said the Advocacy lead, BRAC IED. The initial two weeks were an extremely crucial period and during this time, BRAC IED team continuously checked up on beneficiaries who were inaccessible to reach in person over phone calls. BRAC IED's mental health platform called '*Moner Jotno Mobile E*' was also launched by early April. These served as the foundations for what later came to be known as the Pashe Achhi model.

Logo Preparation for Pashe Achhi

The Pashe Achhi logo was designed by the communications team of BRAC IED. Before designing the logo, the designers of the communication team had meetings with the curriculum team around the start of the Pashe Achhi project. At first it was thought that the logo would represent a connection between the Play Leaders and the children. The first idea for the logo came from a childhood play where two tins of can would be connected with a string and would be talked into, pretending that it is a telephone. This concept of the connecting tin cans with a cable was the inception of the Pashe Achhi logo idea.

At first, there were three draft designs submitted by three teams, among which, one was selected and given feedback from the curriculum team for further modification (insert figure). Initially, it was thought that both parents and children could be put in the logo. However, the logo was becoming much too detailed and a lot of elements were crowding the logo. Thus, it was changed as it would be difficult to include everything within a limited space. Usually, a logo would be used in all the programme materials such as in documents, banners, posters etc. so, the logo would need to be streamlined and simpler. Therefore, the communication team proposed to simplify the logo – including one woman and one child, which was agreed and approved by the curriculum team.

As the logo would be utilized in all Pashe Achhi program across the board, including Rohingya community, host and mainstream, it was decided to translate it into three languages – Bangla, English and Burmese. After a few revisions, the Bengali logo was finalized. The English logo was then easily translated and finalized after crosschecking the English spelling of Pashe Achhi from the curriculum team. It was found that the typography for both Bangla and English fit easily into the logo. However, preparing the Burmese logo was a little challenging, mainly due to the language barrier. A dedicated Rohingya translator team in Cox's Bazar provided all the necessary support in translating the logo into Burmese. Pashe Achhi is a two-letter word in both Bengali and English,

whereas in the Burmese translation, it is a three-letter word. Accommodating it into the logo and keeping it similar to the original logo was challenging. Back and forth meetings between the communications team and the designated translator team eased the process eventually.

Next, a decision needed to be made regarding the colour of the logo. It was decided that, as the intervention would be launched into the communities as part of the BRAC family, the colours should be reflective of BRAC's usual style which includes the pink and white theme. This was decided from the senior management considering BRAC's widespread reputation in every sphere.

Awareness Raising on Social Media

Apart from door to door awareness raising, the Communications team was present on popular social media channels such as Facebook, Instagram, Youtube, LinkedIn and also managed their institution's official website. Their strategy here was to appeal to a wide range of audiences with access to the internet and social media. Facebook in particular has mass appeal in Bangladesh and is the biggest popular platform here with more interaction from the general public, both residing in Bangladesh and abroad. Since the goal was to engage the public as well as being informative, Facebook was chosen as a primary social media platform. Instagram and Linkedin too generated decent interaction according to representatives from BRAC IED communications. On Youtube, all the videos created were posted.

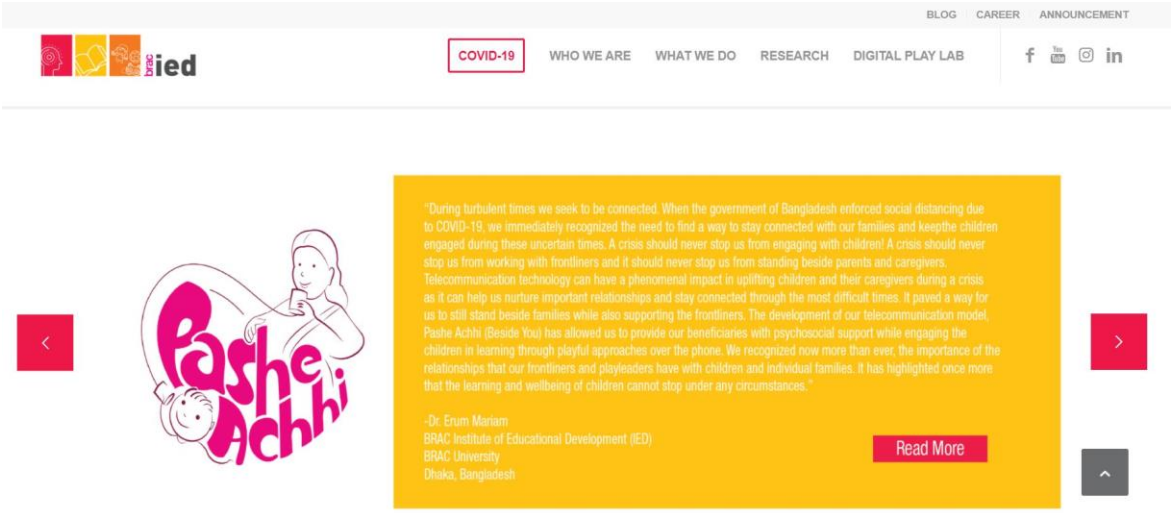


Figure 6: A Screenshot of BRAC IED's Official Facebook Page Featuring Pashe Achhi

Figure 6 shows BRAC IED's official website where two key interventions to tackle the effects of Covid-19 in Bangladesh, namely, 'Moner Jotno Mobile E' and 'Pashe Achhi' were featured. A screenshot of the ED's foreword on Pashe Achhi has been presented above which highlights the purpose and target beneficiaries of the intervention.

SITREP: A timely initiative for Advocacy

Joining BRAC's united emergency response after the emergence of COVID-19 meant that all resources had to be focused towards this major activity, including utilizing frontline workers for mass awareness and hygiene material, cash and kind distribution. As such, advocacy events were put on hold during this period till April. Subsequently, BRAC IED's work on mass awareness began to be highlighted project-wise for its donors and partners who wanted to know how they were responding to COVID, what alternate services were being planned for their beneficiaries, and their impact etc. This was being showcased through BRAC SITREPs. They wanted to create the SITREPs in such a way that they could be shared with everyone who had questions regarding what kind of work BRAC IED was doing, especially in the Rohingya camps, even though it was specifically meant for donors. As the Pashe Achhi model was launched, some basic-level advocacy was started in the Child Protection sector in Cox's Bazar in a similar way to keep them informed about their work. Here, they highlighted how they were staying in touch with parents and children via telecommunications and making sure that the frontline workers such as Para Counselors, Play Leaders, Program Assistants and Mother Volunteers remained connected to the beneficiaries during this difficult time.

After the lockdown, all communications started to be conducted over phone and online. The team held frequent meetings with the field team over phone and collected information from them in that manner. By then, the Pashe Achhi model had been established and Play Leaders were being trained. Hence, the Communications team kept in touch with Play Leaders, Para Counselors, Program Officers and Program Assistants and other frontline staff over phone to obtain the field scenario. Without their insights, everything would be stalled since they were the direct source of recorded information from every camp, every site. They knew the ins and outs of how many children and how many parents were there, how their relationship was with BRAC IED etc. Particularly, a representative from Communications mentioned that the first two weeks of leaflet distribution in the camp, mainstream and host communities was crucial as beneficiaries' phone numbers were also being collected. They remarked that the information coming in from each of the teams was very rich and added to the SITREP.

The SITREP started from BRAC from the beginning of the COVID crisis; at that time, each day or at the very least every 2 days, BRAC IED received a SITREP from BRAC outlining the response and current situation all over Bangladesh, including updates on Cox's Bazar. Within the SITREP, BRAC IED began to outline their work in a very specific, project-wise manner. It included how they were keeping connected with beneficiaries, what kind of work was being done for them, mass awareness activities, development of Pashe Achhi, the next steps, etc. The SITREP was produced every two weeks with these updates and till date around 12 SITREP documents have been published.

Table 17: SITREP: At a glance		
No.	Date of Publication	Major Content
SITREP-1	22 March-22 April	Pashe Achhi Telecommunication Model Development
SITREP-2	April 22-May 22	Pashe Achhi Telecommunication Model Development
SITREP-3	June 4	Introduction of Pashe Achhi – A Telecommunication Model
SITREP-4	June 18	A New way of Learning. Highlights from Pashe Achhi Monitoring activities
SITREP-5	July 2	Embracing the new normal Highlights from first month of Pashe Achhi updated scripts and refresher
SITREP-6	July 16	Pashe Achhi through COVID-19
SITREP-7	July 31	The Role of Mental Wellbeing
SITREP-8	August 13	Pashe Achhi curriculum framework
SITREP-9	August 28	A new beginning-Highlights on COVID-19 situation in Cox'sBazar
SITREP-10	September 10	Pashe Achhi Quality Assurance

Meetings, Webinars and Conferences

A major advocacy during this time was being carried out online, as everything transited to online platforms due to the lockdown. Particularly, BRAC IED was supposed to take part in the World Bank Fragility Forum in March, which was cancelled in the aftermath of the pandemic. However, they were able to present their work on Pashe Achhi to a batch of World Bank Early Learning Fellows. Other than that, representatives from BRAC IED including the Executive Director took part in many meetings, webinars and online conferences to present Pashe Achhi to a range of audiences in various settings, which was a great form of Advocacy for them. Some of these events included attending the AVPN Conference, the ARNEC web series, presenting along with the Lego Foundation in various programmes etc. Relevant people from the field in various countries wanted to know how BRAC IED was continuing the learning over the changing scenario and how they were adjusting with COVID. They presented the plan for Pashe Achhi to them as well as to the Child Protection sector in Cox's Bazar in attendance of organizations like UNICEF, Save the Children and other international partners. The most recent presentation was in September, to the Columbia University Care and Protection Network who work with early childhood education in different countries such as Sri Lanka, Indonesia and many more. They were curious to know the entire story of Play Lab and Humanitarian Play Lab, along with any evidence-based results in this field. BRAC IED also held various meetings with the Bangladesh ECD Network. In this way, every other month, they had the opportunity to present their work.

Future Advocacy Plans

BRAC IED is conducting both global and local advocacy. Global advocacy is usually accomplished through the projects themselves such as through Sesame or Lego Foundation. Currently, they are trying to focus on local advocacy, that is, on a national level within Bangladesh. The Bangladesh ECD Network is a major alliance in this regard as they have a strong relationship with BRAC IED for many years. Many senior members at the institute are members of the ECD Network and closely involved with their activities. BRAC IED wishes to build on these relationships and strengthen the ties with the network. Talk shows are being planned in the near future, within this year or next year, on Early Childhood Development and mental health and the implications of COVID on these fields. Some webinars are also being planned in order to increase the exposure and presence of BRAC IED's programmes and interventions.

Since December 2019, BRAC IED's Communication and Advocacy has been working in collaboration with the ECD Working Group in Cox's Bazar. They are trying to further bridge the gap and increase their connection and involvement in order to support them.

Challenges and Opportunities During COVID-19

When asked about challenges in communications and advocacy during COVID-19, a senior manager remarked,

> *"From my perspective, I don't think there were many challenges; rather, it was a silver lining for us. Due to COVID-19, everything everywhere transitioned online which is why many opportunities arose for us. For example, if you think about the ARNEC Conference which happens once a year, we need to prepare to attend it in person. Sometimes that is possible, other times it is not, but this year that was not a problem. We could just attend online which was a great opportunity."*

They mentioned that they were able to avail many such opportunities to present their work in various meetings, webinars and conferences online which may not have been possible during normal times. Advocacy did not stop due to COVID-19.

In terms of challenges, the representative mentioned that too was not a problem as the data provided by the Monitoring and Evaluation team was very thorough and organized. The only real challenge was in coping with the call drop in the Rohingya camp especially, which affected calls and training.

Conclusion

In this chapter, we have seen how communications and advocacy at BRAC IED has worked collaboratively with other teams. Even during COVID-19, the team stepped up to create important awareness materials such as leaflets and videos for their beneficiaries and the general public. They were present on popular social media channels as well as their official website. One of the major efforts of the Communications team was in preparing the SITREP which highlighted the major work for Pashe Achhi for donors, partners and other stakeholders. Apart from that, local and global advocacy has been

ongoing virtually during the pandemic through various webinars, conferences and presentations. There are plans to strengthen local advocacy in future.

Conclusion of the Process Documentation

We exercised this process documentation research to capture the entire development of the Pashe Achhi model. Specifically, we documented how telecommunications emerged as a model to address learning and healing of children and their parents during a pandemic, how the content of the scripts was decided, how they were planned and developed. Next, we explored how the frontline providers were trained for telecommunications service delivery which was an entirely new experience for many of them. We have seen that the research and monitoring team has supported the content and operations teams through their rich data from the very beginning. Simultaneously, the communications team too has played an important role in highlighting the work of Pashe Achhi and presenting it to a range of audiences. In addition, a similar telecommunications intervention called 'Ghore Boshe Phonalap' has been designed for Head and Assistant teachers of government primary schools in Bangladesh which we have tried to address briefly. Within the timeline of this process documentation from May to October 2020, a major milestone was to integrate mental health with ECD by providing paracounsellor training to frontline workers which we have also briefly touched on within this documentation.

Using remote data collection methods over telephone and voice over internet protocol (VOIP), we collected data using a three-step process. First, we identified relevant participants from BRAC IED Head Office, BHCMP and frontline staff working in the Rohingya camps, host and mainstream fields. Then, we collected their contact information and sought appointment for interviews. Finally, we conducted KII and IDI with selected participants. We also conducted document review to supplement the interview data. Participants were technical experts from core team, monitoring and research, psychosocial and advocacy and communications at BRAC IED and HCMP; CFS managers, Program Officers, Para Counselors and Program Assistants and frontline providers such as PLs, Mother Volunteers, Case Worker Volunteers and Adolescent Volunteerss from camp, host and mainstream field. Extended notes were then prepared and thematically analyzed using inductive codes. Events, experiences and perceptions were organized in chronological order by identifying the common factors and presented in the report.

We collected data both retrospectively and simultaneously with program implementation. As such, it was difficult to manage the time for interview with technical and field staff from BRAC IED since they had busy schedules with training and implementation. Nevertheless, there was a lot of enthusiasm and interest from participants to contribute to the study, and we were able to conduct interviews even on weekends and public holidays with permission. Where the participants were not able to provide their extended time, they did provide extensive documentation support, which was a great help in understanding the processes and compiling this report.

The telecommunications model was first conceptualized from the Moner Jatno Mobile E tele counselling model used to provide mental health support to the public during COVID-

19. Positive feedback from service providers of this model inspired the core team to develop a similar model for their beneficiaries – children and their caregivers- to address their learning and mental health support during the pandemic. A core team was quickly established as well as sub-teams working under it, to address the various components of the intervention. We saw how the program team planned and developed the content and script as well as the operation, training and execution plans and rolled them out to the field.

From the beginning of May, five different Pashe Achhi scripts containing a 10-minute tele counselling component and a 10-minute tele learning component were designed for children of 0-2 age cohort and 2-6 age cohort for Rohingya community, 3-5 age cohort for mainstream and host community. Rohingya children of 0-18 cohort receive support for case management in Rohingya community. All scripts had a similar content for the tele counselling portion; for the 0-2, 2-6 and 3-5 scripts addressing Rohingya, mainstream and host community respectively, the only major change was the addition and removal of *kabbiya* and rhymes after each round.

As soon as the scripts were ready, training of staff was executed. A systematic training and operation plan existed from the very beginning which was a major strength of Pashe Achhi . The scripts acted as training guidelines for the frontline service providers, as such, repeatedly working with the script gave them a thorough grasp of it very quickly. This helped both trainers and service providers. As there were no major changes to the script apart from *kabbiya* and rhymes, there was a smooth transition between them. The refresher trainings also served as feedback sessions where the frontline service providers were able to voice their concerns regarding the script, delivery, community acceptance and much more, which was helpful for the content developers to make contextual changes. Additionally, it served as a motivating factor for service providers as their opinions and suggestions were being valued.

The operations team executed training organization, field supervision and management and creation of an organized reporting system. A crucial task at the beginning was to collect 90% of phone numbers from beneficiaries which was not an easy task. This was accomplished due to BRAC IED's previous good relationship and work with communities through HPL, Play labs and other projects.

As research for Pashe Achhi is an ongoing process, senior research team members mentioned that it is difficult to always map what is coming up ahead. However, they are always present in all program meetings to keep up to date on the ongoing program changes. The monitoring team has been continuously checking the quality of the calls and providing feedback to improve the intervention. Besides the BRAC IED research and monitoring team, BRAC JPGSPH is also conducting a few qualitative research studies to observe the impact of the intervention.

We have uncovered how communications and advocacy at BRAC IED has worked collaboratively with other teams. Even during COVID-19, the team stepped up to create

important awareness materials such as leaflets and awareness videos for their beneficiaries and the general public. They were present on popular social media channels as well as their official website. One of the major efforts of the Communications team was in preparing the SITREP which highlighted the major work for Pashe Achhi for donors, partners and other stakeholders. Apart from that, local and global advocacy has been ongoing virtually during the pandemic through various webinars, conferences and presentations. There are plans to strengthen local advocacy soon.

A similar telecommunications intervention was being planned for Head Teachers and Assistant Teachers from government primary schools called the 'Ghore Boshe Phonalap' intervention. The script for this intervention was prepared at the same time the scripts for Pashe Achhi were being developed. The intervention was a great opportunity to collaborate with the government and received very positive feedback which has paved the way for future collaborations.

In July, all frontline staff received Para Counselor training which was a milestone event in the history of BRAC IED's work. It served to integrate mental health with ECD. This was because, in their work so far, it could be clearly felt that without the addition of mental health, with only the basic mental health training, they were not being able to give their beneficiaries the proper mental health support. Therefore, the 5-day paracounsellor training was transformed into a 2-hour paracounsellor training designed to be delivered over the phone. After receiving the Para Counselor training it is expected that they have developed their skills, if a person is upset, they know what can be done or if they give support, it can help them to feel better. As the Play Leaders and Mother Volunteers were basically working on "Pashe Achhi" modality, they have been given training so that if any issue arises then they can give initial support to the beneficiaries.

Over this period, we observed the Pashe Achhi team faced several challenges. Firstly, collection of phone numbers was a major challenge, especially from the Rohingya community. However, due to BRAC IED's longstanding relationship and work with the community, they were able to build trust and overcome this issue. The large network of frontline providers such as Play Leaders, Program Assistants, Mother Volunteers, CWs, Para Counselors and Adolescent Volunteers played an instrumental role in this regard. Next, there was a great challenge due to poor network in the camp region which led to frequent call drops. This was overcome by accounting for the call drop in the duration of the script and by the play leaders' diligence in following up calls dropped. In terms of content, the original plan was to incorporate the existing content into the telecommunications script. Although the original curriculum included *kabbiya*, *kissa*, physical play and art, the content team soon found that the physical play activity over phone was not as accepted by the children as much as they were excited by the *kabbiya* and *kissas* /rhymes and stories in the context of Rohingya, host and mainstream children. The solution came from the frontline service providers themselves, whose opinions and

suggestions were valued and incorporated since the very beginning. They suggested to include more *kabbiyas* / rhymes that the children were keen to hear and collected them to enhance the content. Apart from these issues, another problem that the operations team faced was to deliver the scripts to frontline workers who did not have any internet connectivity. This too was handled very smoothly by the team as they arranged for managers to deliver the hard copy scripts to the Play Leaders and Mother Volunteers in due time.

BRAC IED's telecommunications intervention was a timely initiative to reach out to and address the learning and mental health support of their beneficiaries during the lockdown. The first major lesson learnt through the process was that it was possible to carry out delivering services even though the beneficiaries could not be reached in person. Hence, the model may be replicated in normal settings in hard to reach areas. Secondly, it is vital to adopt a bottom to top approach in the development of such models. We have seen that from the planning and design to the implementation phase, the feedback and suggestions from frontline service providers and field managers was crucial to the success of the model. Thirdly, there was the realization that without addressing the mental health of children and caregivers, it was not possible to give them the learning services only. During teleconversation, it was very important to provide mental health support for the two groups. Thus, the initiation of paracounsellor training for all the frontline service providers was found useful and practical. This lesson will guide the policy makers and the practitioners for scaling up the interventions to reach out to the populations who remain deprived of mental health support by the mainstream programme. In sum, in the face of this deadly disease outbreak, Pashe Achhi model has proved to create a light of hope for a tele based platform which is not only making positive impact among the displaced and disadvantaged populations now, but it will also endure as meaningful for these specific populations at all times.

Lessons learned

Four key lessons were learnt by BRAC IED from designing and implementing this model in various settings, i) adaptability ii) speed iii) prioritizing mental health and psychosocial support and iv) commitment to scaling the model to expand its coverage

In terms of adaptability, it was found that in order to respond to a crisis such as the coronavirus pandemic, it was crucial to have flexibility and versatility in design and implementation. For example, initially it was considered that the Pashe Achhi intervention could be delivered through both radio and telephone modalities, however, it was found through piloting, testing and research that there were no alternatives to the telecommunications model. Radio was found to be non-user friendly and not a lot of beneficiaries listened to it, and text messaging was also found to be redundant as the beneficiaries would not read them. As such, a direct telephone contact was deemed suitable. This comment is based on empirical evidence collected by BRAC IED. Field

based data has been rigorously checked via monitoring and research tools (quality assurance, child assessment, KAP, Fidelity) which were continuously refined, and field tested. The research team as well as field team cross-checked the feedback with each other and this is reflected in the refreshers' sessions. The entire process is rigorously conducted to effectively execute the telecommunications intervention.

Here, another lesson learnt was that the response should be inclusive and contextualized to the communities served. Initially, the Pashe Achhi model did not directly involve fathers in the intervention. However, through its implementation, they recognized the importance and necessity of involving fathers from the communities as they also affect the development of children and the quality of life of mothers under the intervention's current scope. As such, the programme started recruiting male counsellors from both mainstream and camps to cater to fathers in the communities.

As we know, the coronavirus pandemic required the global population to undergo waves of changes, from lockdown to quarantine to the new normal. Given this, BRAC IED recognized that any intervention's design should sustain the entire duration of a crisis and the changes it brings. For this purpose, continuous situation analysis and scenario planning is crucial to plan ahead for uncertainties. Not only this, the human capital involved in the operation must be well-equipped to handle rapid changes. On this front, BRAC IED continues to conduct ongoing development of its staff at every level to handle technology and provide essential psychosocial skills through a cascade mechanism.

In terms of speed, it was critical to think quickly and respond immediately to the problem at hand, which was the fact that the beneficiaries had become disconnected from the Play Labs, HPL centres and pockets etc. BRAC IED reacted quickly to search for alternatives to fill the gap – exploring various telecommunications options and deciding on the mobile phone modality through testing and piloting. A rapid transformation of all programs and operations was required to shift to the telecommunications modality. Furthermore, multiple processes such as data collection, content development, training, obtaining feedback and monitoring were ongoing simultaneously.

The third lesson learnt was that it was important to prioritize mental health in the telecommunications service as much as the learning component. A mother's stress not only affects herself, but also has an effect on the child. During a crisis or pandemic, the stresses that a mother faces are vastly different from normal times; as fathers are outside of the house most of the times, mothers are confined to the home and do not have a space to air their concerns. Telephone communications or counselling can then help them vent their frustrations and might help reduce stress.

Finally, in terms of commitment to scale and expand coverage, BRAC IED recognized the need to expand the intervention in order to provide learning opportunities and wellbeing support not only to caregivers and frontline providers but also to under-served populations not currently under the programme's scope The programme was found to work in a variety of settings – from mainstream to host community, to Rohingya camps as well as for government school head teachers. Now, the ECD working group of the

Government of Bangladesh has also shown interest in the model for its scale up and further reach.

Pashe Achhi New Phase: Reaching Out to Untapped Potential

As the program implementers began to realize Pashe Achhi's usefulness in reaching beneficiaries under lockdown, they also began to see possibilities of applying the model to other settings under normal circumstances – namely, to reach remote and hard-to-reach beneficiaries located within the Rohingya community, and host community as well as all over Bangladesh. This would especially be targeted towards the areas where the 0-5 age cohort pockets do not exist and where the children do not come under any type of ECD intervention or it is not possible for them to access any services. The plan is to reach these children through telecommunication services alone; there will be no established centre or pockets. This was a totally new type of work and is being referred to as 'New Pashe Achhi' or "Pashe Achhi Phase II" at this moment. Through this model, BRAC IED is projected to reach 9000 new children with minimal cost. Thus far, through a survey, the locations for the service have already been identified.

For this purpose, there are plans to recruit 300 volunteers for the camps. The recruitment criteria has been the same as before, however, it was ensured that they have possession of a mobile phone and had an education level of HSC at the minimum. Among this, 184 volunteers among which, there are 18 play leaders and 166 mother volunteers have already been recruited. A further 116 volunteers have also been recruited. In the first stage of the second phase of Pashe Achhi, 602 frontline workers were recruited from 12 different districts all over Bangladesh for the mainstream community. In the second stage of the second phase of Pashe Achhi, in August-September 2020, 100 Play Leaders have been recruited for the host community primary school Play Labs. Later, in October-November 2020, a further 100 play leaders have been recruited from BRAC Education Program (BEP) primary schools (60-mother school catchment area). In total, for the host community, there are 300 play leaders recruited; previously 100 and newly recruited 200. For host community only, from January 2021, there are plans to recruit more volunteers. Post-training, the service providers who have already been recruited have established rapport with the beneficiaries whom they will be working with, the parents and their children for one week. All the new recruits have received a 3-day orientation in August. From September till November, they have received 3 refresher trainings.

Number of beneficiaries by camp, host, mainstream – 0-5 age cohort

Each volunteer provides service to 45 beneficiaries in the camps. On the other hand, for mainstream and host, 1 volunteer provides services to 60 beneficiaries.

New Call Assessment

With this objective, call assessments have already taken place in mainstream and host community in new and old pockets from 20th September to 12th October 2020. In total, they have observed calls from 64 play leaders. This assessment explored the basic

communication skills (listening, speaking, observing and empathizing) of Play Leaders so that they are able to effectively communicate with children and their caregivers in the future. They would be able to make them feel respected, heard, and nurture positive relationships with them.

Findings from the assessment revealed that the total number of average calls was 20.32%. The Play Leaders' average performance was found to be 22%. Various recommendations have emerged from the research which are being addressed by the respective teams involved.[41]

Recommendations

Till now, Pashe Achhi has been successful in continuation of BRAC IED's various ECD services catering to a wide range of beneficiaries. As highlighted in the previous sections, the model has had many strengths in tackling the pandemic situation. Still, there is much more work to be done in terms of further research, piloting and implementation of services beyond the pandemic

1. Already many calls have been assessed, however, in order to continuously improve on the quality, further calls will need to be assessed and the tools would need to be validated along with it. For conducting further studies or periodic assessments, a reliable, valid, and accurate instrument is required. The instrument used for quality assessment had been prepared through a rigorous process already. However, validating this for a more significant sample would enhance its appropriateness further. Thus, the validation of the Pashe Achhi research checklist is highly recommended.
2. In line with that, rigorous research needs to be conducted to understand the effectiveness of the model – through larger scale, low dose quantitative analyses. Monitoring and research data continuously reflects the need for training of frontline workers and in some cases, master trainers. Hence, further research is also suggested for the upcoming training to understand the overall quality of the Pashe Achhi model.
3. In terms of implementation and scale up, BRAC IED plans to expand the services beyond the pandemic and apply it to hard to reach areas such as haors and chors in the mainstream population and remote pockets in camp and host communities. This is because it has been observed that the model can offer low-cost services with maximum benefits and maximum coverage. However, a cost-benefit analysis research is required to confirm the observation.
4. Since the Covid-19 situation is still uncertain, there is the need to further pilot the intervention with new components for the longer term. Additionally, increased pilot studies would reveal the strengths and weaknesses of the model in order to strengthen it as a whole.

[41] New Pashe Achhi Call Assessment