

A STORY EVOLUTION OF BRAC HUMANITARIAN PLAY LAB (HPL) IN ROHINGYA CAMPS OF BANGLADESH



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Evolution of BRAC Humanitarian Lab (HPL)
in Rohingya Camps of Bangladesh

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Executive Summary

In August 2017 we witnessed the exodus of Rohingyas from Myanmar to Bangladesh to escape the killings and torture inflicted by the Myanmar government. This continued for the next few months with rapid rise of the forcibly displaced populations who took refuge in Cox's Bazar, Bangladesh. BRAC, the largest NGO in the world has responded to this humanitarian crisis with many different interventions through sectoral programme for the refugees led by the government of Bangladesh and UN organizations. The BRAC Humanitarian Play Lab (HPL) is an intervention model for 0-6 year's old children and their mothers, which is developed by the BRAC Institutional Educational Development (BIED) and implemented through the Child Friendly Space under Child Protection sub-sector of the Humanitarian Crisis Management Program (HCMP) of BRAC for the Rohingya population in Cox's Bazar, Bangladesh. Through the HPL model, BIED, ensure early childhood development (ECD), child protection and psychosocial wellbeing for the Rohingya children. The ultimate objective of the project is to build an evidence for strategically advocating the ECD in emergencies and test the effectiveness of the HPL model in the humanitarian context. There is dearth of information on the process documentation of ECD implementation globally especially in humanitarian setting. This process documentation indeed is of utmost importance not only to develop programme in BRAC HPL project but also to find global niche. To support this effort, BRAC James P Grant School of Public Health (JPGSPH), BRAC University undertook a process documentation exercise outlining the story of the HPL from its conception in September 2017 to March 2019.

We began our process documentation in BRAC HPL project in February 2019. During this six-month time span we completed evolution of HPL for the period of one and half years. We used various tools, such as, document review, in-depth interviews (IDI), key informant interviews (KII), field observation, and focus group discussions (FGDs). We collected data in the selected camps and BRAC HCMP offices in Cox's Bazaar and in the BIED Head Office located in Dhaka. Field data collection began on April 1 and ended on April 17. We interviewed head office management from the end of May to early August 2019 for conducting follow up interviews to fill out information gaps. All transcripts were transcribed and translated from Rohingya dialect into Bengali where needed. We analysed data following thematic framework and presented the findings on the components of the programme.

Our findings reveal that the HPL project is coordinated under the leadership of Dhaka-based BIED senior management in collaboration with Cox's Bazar-based Child Protection management of the BRAC HCMP. Internal coordination occurs through both Dhaka and Cox's Bazar Management team. All the activities centred on field implementation depend on capacity building of human resources, curriculum design, communications and advocacy and monitoring and evaluation. We found that Cox's Bazar core teams and BIED technical teams coordinating all these activities in a participatory way which is a major strength of HPL management. However at the same time external coordination is also overseen with BRAC and BRAC HCMP along with BIED team. Over time changes were made in human resource distribution depending skills and expertise. Inclusion of BRAC HPL within child protection sector of

refugee camps with the adapted BRAC play-based activities was done, but, with much challenges. Continuous interactions with the sector and clarifications and more importantly, getting fund to test out models facilitated the implementation of HPL interventions.

Although the capacity building of staff had been in place through orientation and regular refresher training of the newly recruited HCMP field staff since the start of the influx, the master training and basic training formally began in December 2018 for HPL programme staff. From December 2018, training of trainers started for the field level staff Programme Assistant who provided training to the play leaders and mother volunteers, the core frontline workers of HPL. We also found that the HPL project encompasses curriculum for early learning and healing of children through play based materials. The evidence and experiences of BRAC's mainstream play lab has been adapted for the Rohingya children. To foster early childhood development, the curriculum management team modifies and develops different sets of contents periodically by considering Rohingya culture, children's age group (2 to 4 and 4 to 6 years old children) and their maturity for learning. Keeping in mind the first 1000 days, they also develop home based sessions for mothers with 0 to 2 year children who cannot visit centres. By preserving Rohingya's own culture, children are now able to participate and eager to learn activities while playing. Till date the project is being improvised continuously for the children living in humanitarian crisis setup.

Within a couple of weeks of the influx, in September 2017, a 5-6 member teams visited Rohingya camp, identified needs of the Rohingya children and women and as well as BRAC's role in meeting these needs. During that time BRAC IED also became the focal point for child protection and mental health for BRAC and a partner of the child protection sub-sector. That was the starting point when BRAC, started thinking and working with the children on play based ECD model in the CFSs. The play based learning approach is implemented with existing CFSs and gradually scale-up to the 223 BRAC CFSs by the end of 2018. The HPL model has been emerged and implemented through modifying CFS concept, collecting and incorporating cultural elements such as Kabbya, Kissa, physical play, cultural ethics, values, artefact's etc.; engaging rohingya women as frontline service provider etc. Based on practical evidence, the HPL model officially implemented under CFSs in January 2019 in-spite of having lots of challenges and boundaries.

To support the BRAC CFS/HPL activities, monitoring and evaluation (M&E) have been conducted at three levels includes management information systems (MIS), monitoring and research and evaluation. In November 2017, BIED developed an initial Monitoring plan for Child Friendly Spaces (CFS) in Cox's bazar. Although HPL's monitoring initially started with the support of BRAC Monitoring Unit, it is now operating in a much more organised and systematic way from March 2019. Fidelity tool and Child and Youth Resilience Measure (CYRM) tool are the most commonly used tools in the CFS/HPL to monitor activities of the HPL centre. The independent Research wing of BIED conducted formative research, child survey and tool validation. By March 2019, BIED has validated various tools through the research team.

At the very beginning of the crisis in 2017, the HPL model had not yet emerged and there were no official communication or advocacy teams. During this time BIED was trying to figure out their communication and advocacy with other organizations including locals and international NGOs, and

child protection sub-sector. HPL communications was mostly concerned with capturing and presenting raw footage and data from the field. Two major communications materials produced are being used for the advocacy too namely 'Kelle Peo Nera' book and the Play Summit notebook (prepared during the 'Play Summit' in February 2019). To gain national and global reach and credibility regarding HPLs principles, operations and impact in the humanitarian setting, BRAC and BIED Communication and Advocacy teams maintained strong advocacy and communications with the local and global audiences.

Many challenges and hurdles the HPL project faced from the start till now. But, the success is that it is in operations at scale in refugee camps. Valuing the context, culture, language and life in camps with empathy and respect, coping with the complexity of the camp coordination and developing a well-coordinated management system within BRAC have made the operations of the large scale BRAC HPL project possible with practical solutions at the ground.

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Abbreviations

B

BEN	Bangladesh ECD Network
BHCMP	BRAC Humanitarian Crisis Management Programmeme
BRAC IED	BRAC Institute of Educational Development
BIGD	BRAC Institute of Governance and Development
BLC	BRAC Learning Centre
BT	Basic Training

C

CBCPC	Community Based Child Protection Committee
CFS	Child Friendly Space
CIC	Camp in-charge
CMC	CFS Management Committee
CNG	Compressed Natural Gas
CODEC	Community Development Centre
CP	Child Protection
CPSS	Child Protection Sub Sector
CYRM	Child and Youth Resilience Measure

D

DAM	Dhaka Ahsania Mission
DMCC	Disaster Management and Climate Change

E

ECD	Early Childhood Development
ED	Executive Director

F

FAO	Food and Agricultural Organization
FGD	Focus Group Discussion

H

HCMP	Humanitarian Crisis Management Programme
HPL	Humanitarian Play Lab
HRLS	BRAC Human Resources and Legal Service

I

IDI	In-Depth Interview
IOM	International Organization for Migration
IRB	Institutional Review Board
ISCG	Inter Sector Coordination Group

J

JPGSPH	BRAC James P Grant School of Public Health
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K

KAP	Knowledge, Attitude and Practice Tool
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KII	Key Informant Interview
KPS	Key Point Summary
L	
LC	Learning Centre
LPG	Liquefied Petroleum Gas
M	
MHPSS	Mental Health Psycho-social Support
MSF	Médecins Sans Frontières / Doctors without Borders
MT	Master Trainers
MV	Mother Volunteer
M&E	Monitoring and Evaluation
N	
NGO	Non-Government Organization
O	
ODK	Open Data Kit
ORW	Outreach Worker
OSF	Open Society Foundation
OXFAM	Oxford Committee for Famine Relief
P	
PA	Programme Assistant
PDR	Process Documentation Research
PI	Principal Investigator
PL	Play Leader
PMR	Progressive Muscle Relaxation
PO	Programme Organizer
PTSD	Post-Traumatic Stress Disorder
R	
RRRC	Refugee Relief and Repatriation Commissioner
S	
SMS	Short Message Service
SPSS	Statistical Package for Social Sciences
STC	Save the Children
T	
TOT	Training of Trainers
TV	Television
U	
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Fund
W	
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

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Chapter One: Introduction

Neglect of young children
most in need is an outrage—
and a huge strategic mistake

-Anthony Lake, 2011 p. 1277¹

The recent era is witnessing more and more humanitarian crisis with **1 person forcibly displaced every two seconds.**² Within this forcible displacement, children are born, grow, and face continual violation of their rights to thrive, nourish and transform.³ As asserted by the international legal framework of the United Nations Convention of the Rights of the Child that all children have the right to health, education, legal registration, and protection from violence, and that these rights begin at birth.⁴ Despite this, the number of children living in conflicts and wars is rising from 1 in 10 in the early 1990s to 1 in 6 in 2016⁵ with insurmountable violence, trauma, sufferings and deaths. Considerable evidences however allude to the significance of the early years of a child's life as the foundation for the long-term benefits on health, learning and behavior. Sadly, the turmoil in early childhood in crisis and conflict is likely to compromise their development in future.

In the course of August to October, nearly one million of Rohingya population fled to Bangladesh to escape mass killing, brutal violence, rape, and torture inflicted by Military regimen of Myanmar government. Almost half of these evicted people are children. BRAC has responded in September 2017 to support the children of the forcibly displaced Myanmar

¹ Lake, A. 2011. Early childhood development—global action is overdue. *Lancet*, September 23, pp 1277-78, 2011 DOI:10.1016/S01406736(11)61450-5

² **United Nations High Commissioner for Refugees (UNHCR) 2019.** <https://www.unhcr.org/figures-at-a-glance.html>

³ Save the Children. 2018. The Many Faces of Exclusion. End of Childhood Report 2018. Connecticut: Save the Children.

⁴ UN General Assembly. 1989. Convention on the Rights of the Child. United Nations, Treaty Series, vol. 1577. Accessed February 11, 2018. <http://www.refworld.org/docid/3ae6b38f0.html>.

⁵ Save the Children. The War on Children: Time to End Grave Violations Against Children in Conflict. 2018

Nationals (FDMNs) with BRAC Humanitarian Play Lab (HPL) project in refugee camps of Cox's Bazar, Bangladesh. The intent of BRAC HPL project is to help Rohingya children learn, grow and heal through the power of play, whilst empower them and create a sense of belonging by preserving their culture and building community cohesiveness. In this study, using process documentation methodology, we will present the story of the evolution of the BRAC HPL to enable and augment early development and learning of the Rohingya children in humanitarian setting of Cox's Bazar, Bangladesh.

The Context

Bangladesh is a country of 165 million with the highest density of population in the world. Over the years our country has made immense progress in the economic, social and health state. Although, the fastest and consistent economic growth of over 7% is turning Bangladesh from the least developed to the middle-income country, we are struggling with cracks and pockets of gaps in varied arenas facing crisis and conflicts of different forms. Among them, a crucial one is the recent humanitarian crisis with rapid exodus of the Rohingya population forcibly displaced from the Rakhine state of Myanmar to Bangladesh. Escaping the 'genocide'⁶ inflicted by the Myanmar government on their ethnic community, the fleeing Rohingya populations took refuge in Cox's Bazar, a small coastal poverty stricken district continually affected by natural disaster for its geographical position. Now, nearly one million Rohingya refugees are living in the most densely cramped camps of two upzailas Cox's Bazaar – Ukhiya and Teknaf. Amidst this, every day 60 children are born adding to a cohort of 169,219 under-five children⁷ as wealth and worry.

Early Childhood Development and Its Significance

Each society perceives and sets some expectations, goals and aspirations for its children's development and growth. However, in the face of socio-political and cultural transformation, expectations and aspirations may be contested and also may change and contrast specifically during conflict and displacement. Evidences reveal how early interventions promote young

⁶ Ibrahim, Azeem. 2016. The Rohingyas. Inside Myanmar's Hidden Genocide. London: Hurst & Company

⁷ UNHCR. 2019. Bangladesh Refugee Emergency Population Factsheet. July 2019. Data accessed on Aug 3 2019 at <https://data2.unhcr.org/en/documents/details/70585>

child survival, growth, and development, and thwart developmental loss.^{8 9} In poverty and inequity, developmental loss is unequivocal¹⁰, where nutrition is important in the first 2 years and stimulation for the 5 years¹¹ suggesting interventions as such should embrace full array of childhood beginning as early as conception. A comprehensive investment in early years as a research conducted by Professor Heckman¹² showed a 13% return per child, per annum through better education, economic, health, and social outcomes. Heckman¹³ continued to argue, “The gains are significant because quality programmes pay for themselves many times over. The cost of inaction is a tragic loss of human and economic potential that we cannot afford.” Nearly half of the under 5 children are at stake of developmental loss owing to the likelihoods of poverty, malnutrition and dearth of basic services and early enriching opportunities.¹⁴ This loss is detrimental to the future of a country, while little investment in very early intervention brings immense impact on human lives.

Several research papers have been published on the development in early years since 2000, but, very few reported on actual ECD interventions. Framing early childhood and delineating nurturing care have been a central argument for many to make it a reality.¹⁵ The three Lancet series in 2007, 2011 and 2016 have generated adequate global evidences to strengthen nurturing care framework to foster and expand ECD policies and guidelines and develop integrated multi-sectoral programme for early development. As articulated in the Lancet 2016¹⁶ (p 1), “Young children’s healthy development depends on nurturing care - care which ensures health, nutrition, responsive caregiving, safety and security, and early learning.” As a result, in

⁸ Grantham-McGregor S, Cheung Y, Cueto S, Glewwe P, Richter L, Strupp B. Developmental potential in the first 5 years for children in developing countries. *Lancet* 2007; 369: 60–70

⁹ Engle PL, Black MM, Behrman JR, de Mello MC, Gertler PJ, Kapiriri L, Martorell R, Young ME, and the International Child Development Steering Group. Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *Lancet* 2007; 369: 229–42

¹⁰ Racine, AD. Enriching Our Understanding of the Effects of Childhood Poverty: Lessons From Bangladesh. *PEDIATRICS* Volume 134, Number 4, October 2014. pp. 1171-73.

¹¹ Hamadani JD, Tofail F, Huda SN, Dewan S, Alam DS, Ridout DA, PhD, Attanasio O, Grantham-McGregor SM. Cognitive Deficit and Poverty in the First 5 Years of Childhood in Bangladesh. *PEDIATRICS* Volume 134, Number 4, October 2014. Pp. 1001-1008.

¹² Heckman, JJ. Heckman. The Economics of Human Potential. Available on www.heckmanequation.org.

¹³ Heckman, JJ. Heckman. The Economics of Human Potential. Available on www.heckmanequation.org.

¹⁴ UNICEF. UNICEF’s Programme Guidance for Early Childhood Development. 2017. New York: UNICEF.

¹⁵ Black MM, et al, 2016. Early Childhood Development Coming of Age: Science through the Life Course. *Lancet*, October, 2016.

¹⁶ Richter LM, Darmstadt GL, Daelmans B, et al. Advancing Early Childhood Development: from Science to Scale An Executive Summary for The Lancet’s Series. *Lancet*, October, 2016

2017, UNICEF guidelines stressing early years in child's life count up the period from conception to 8 years for better policy and programmatic responses aligned with the development trajectory. Early childhood thus is divided into several distinct phases: the first 1,000 days from conception to three years; pre-school and pre-primary years from three to five or six years preparing for school entry; and children from seven to eight years entering the school. However, earlier years up to school entry draw most attention for making investment in this window of opportunity for the best returns.

Conflict, crisis and war have ravaged lives of displaced children victimizing them to brutal killings and tortures.¹⁷ As a follow up of Garchel Machel's report appealing to consider children a 'zone of peace', UN organizations, particularly, UNICEF came up with policies, standards and programmes for child protection in humanitarian crisis. The displaced children suffer most from developmental losses due to violence and trauma before and during the displacement, and the everyday stressful encounters in the refugee camps have long term effect on their life. In spite of evidences available on the significance of the early childhood development, not many interventions exist in humanitarian settings for early learning and development of children. Few studies conducted in humanitarian settings of Bosnia, Israel, Uganda and Liberia demonstrated positive outcome of ECD interventions with improved maternal mental health, children's cognitive development, care-giver and child interactions and parents' playing with children and so on.¹⁸ Murphy *et al* felt the necessity of well-designed implementation research for better understanding of how, why, and under which conditions and settings these interventions produce effects.

The necessity is immense and the investment in childhood development in humanitarian setting is negligible despite knowing the fact play based ECD builds cohesiveness, and develops resilience among displaced children and their caregivers and help them cope with the

¹⁷ Machel, G. The Impact of Armed Conflict on Children. International Conference on War-affected Children. Winnipeg, Canada, 2000.

¹⁸ Murphy KM, Yoshikawa H, Wuermli AJ. Implementation Research for Early Childhood Development Programming in Humanitarian Contexts. *Annals of the New York Academy of Sciences*. 2018. Vol. 1419. 90–101. doi: 10.1111/nyas.13691

instability.¹⁹ It is also reported that parents sometimes have less interest in play based learning²⁰ as play is understood differently across culture and societies. Given the developmental loss of the children and constraints on the developing countries for hosting 85% of the world refugees, millions of displaced children desperately necessitate comprehensive early childhood interventions where the return is as high as 13% per child per annum.

BRAC Humanitarian Play Lab

Like any humanitarian setting, *Rohingya* children are equally vulnerable in refugee camps in Cox's Bazar. BRAC being a lead in Child Protection Sector began to contextualise the concept and the experience of early learning and development from BRAC's Mainstream Play Lab model and to adapt and implement it in the Child Friendly Space (CFS) model. In addition to ensuring safety and security and continuing existing activities of CFS, BRAC incorporated some pieces of play based curriculum for early learning and development. Thereafter, a comprehensive HPL model is designed by adapting play based ECD model from BRAC Mainstream Play Lab to address developmental needs of children by nurturing spontaneity, building resilience, preserving culture and fostering a sense of community belonging in the humanitarian setting. The multi-sectoral approach of this model incorporates play-based ECD, mental health for children and their caregivers, and child protection to support children beyond the initial response phase. The model has been developed to integrate learning through play and healing through play to improve children's developmental outcome and well-being at a scale in humanitarian settings having both local and global implications.

Currently, not much information is available about how ECD based interventions are being implemented, what challenges are faced and how it is being evolved in humanitarian setting. This research aimed to illustrate the evolution of the BRAC HPL Project narrating how play-based early childhood development intervention was introduced, what changes were made and what challenges were faced and how challenges were addressed. The research findings have unfolded the story of HPL a step at a time with gradual progression. It is critical not only for the

¹⁹ Ager, A., et al. "Inter-agency guide to the evaluation of psychosocial programming in emergencies." UNICEF. 2011.

²⁰ Britto, Pia Rebello. "Play: the Building Blocks of Lifelong Learning for Children." 16 Mar. 2015, blogs.unicef.org/blog/play-the-building-blocks-of-lifelong-learning-for-children/

programme development of BRAC HPL in Bangladesh, but, also for the practitioners and policy-makers in Bangladesh and beyond to know the detailed hands-on field experience of early interventions for child development in the humanitarian setting.

Organization of the Chapter

The HPL process documentation report is divided into ten chapters. This first chapter has set the scene with the background, context and importance of play based early learning and development of children through BRAC HPL in humanitarian setting of Cox's Bazar. Chapter two represents the details of research methodology, how and by whom we have collected the information. Chapter three presents detail description of the research settings in terms of household structure, WASH situation, service availability for the young children, and pattern of livelihood which guide states of the Rohingya population's day-to-day life and influence their life style. Chapter four portrays the HPL management and coordination system highlighting human resources, management and coordination between HPL core teams both in Dhaka and Cox's Bazar. This chapter also focuses on brief features on financing and procurements. Chapter five covers the overview of training activities, details about the various trainings provided over the time. At the end of the chapter, we have discussed about the trainers and the future training plans. We portray detail description of the HPL intervention, challenges and mitigation strategies followed by the management team, over the time period. In chapter six, we explore the evolution and contextualization of play-based curriculum and its key features which represent the uniqueness of the model. In chapter seven, we also briefly describe the HPL centre and home based model and its services. At the end of this chapter community, voices on HPL service delivery are also incorporated. Chapter eight examines how the monitoring and evaluation (M&E) was begun, adapted and continued in the HPL/CFS programme in order to track the activities and its outcomes. The chapter nine tells us about communication and advocacy strategy for HPL intervention, what BRAC IED communication and advocacy activities have done so far and their future plan. Chapter ten is the conclusion where we briefly outline the key features of HPL model implementations, its strengths and challenges.

Chapter Two: Methodology

In this chapter, we have described the research methods, essentially process documentation of HPL collecting data retrospectively for a period starting from September 2017 to March 2019. Aligned with the big research question 'evolution process of HPL', in this specific study, we used process documentation to collect all available data narrating the continuous process from the conception to the end of the project or programme.²¹

Design

We undertook process documentation research (PDR) design for documenting HPL implementation. The *Process documentation* is a social science research method usually used by the development practitioners as a tool to help learn from the activities and experiences. It is not designed to produce inputs into a project planning document, nor to evaluate project impact. As defined by scholars, "process documentation is a tool in social science research to collect information on the continuous happenings in the project, programme or any activity".²² This definition is expanded to, "collection of all available data on a project to provide learning and to check objectives, to set the working methods, to develop monitoring system and human resource development planning."²³ Simple information collection on programme or project is the key feature of process documentation. In this chapter, we have highlighted design, techniques and tools that were used to describe the narrative of HPL.

Steps for HPL Process documentation research

The PDR was initiated by our team when the HPL model was in place for nearly over two and half years. We have initiated our work from February 2019. During the last six-month time span, we have captured the process for one and half years of project activities that started

²¹Romana P. DE Los Reyes. Process documentation: Social Science Research in Learning Processes Approach to Programme Development. Philippine Sociological Review 1984

²² Reyes, Veneration CC. A decade of Process Documentation Research: Reflection and Synthesis. Vol. Chapter 2: Institute of Philippine Culture, 1989 in Dongers AR, Mehendale AM, BS Garg. Process Documentation in Health sector. JMGIMS, 2008; 13(ii):15-18.

²³Korten D. Community Organization and rural development: A learning Process Approach, Public Administrative Review: Institute of Philippine Culture, 1980:480-511 in Dongers AR, Mehendale AM, BS Garg. Process Documentation in Health sector. JMGIMS, 2008; 13(ii):15-18.

from September 2017 to March 2019. The nine-step process we used in the HPL PDR is outlined in Figure 1.

Participants

From the beginning, we engaged ourselves with the HPL management and field implementation team. We found that multiple stakeholders, not only from HCMP Head Office but also field level staff and frontline workers were involved in the whole process of HPL activities. We have listed research participants on discussion with HPL management. The details are given below:

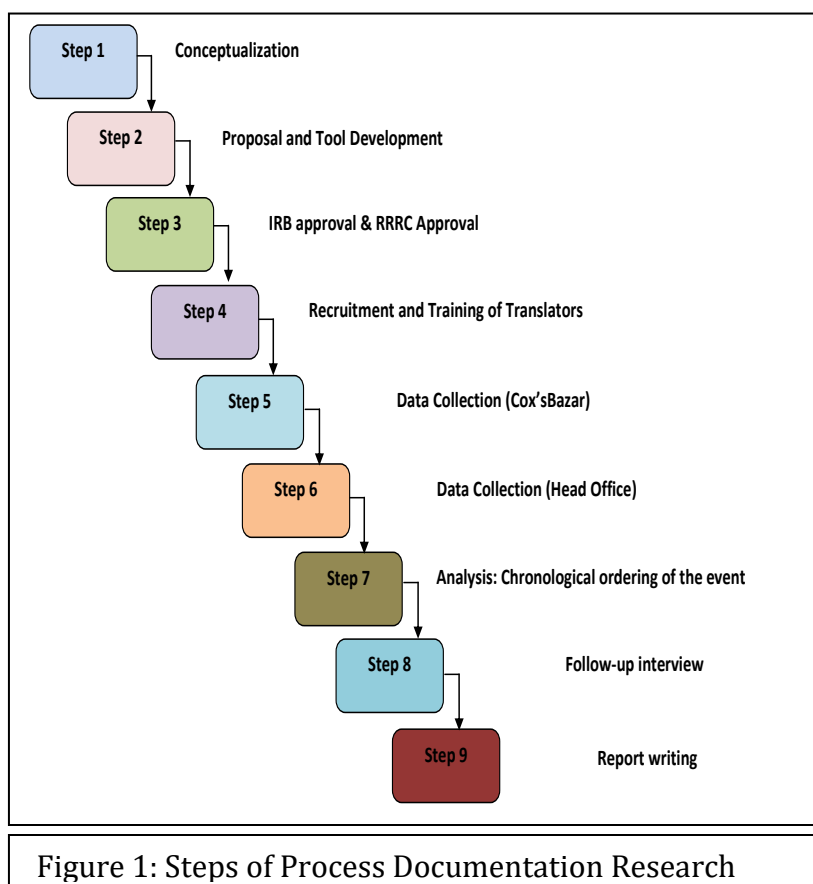


Table 1: Research participants for process documentation study	
Population of interest	Participants
HPL implementer	Participants are from BRAC IED, who are providing technical support to the BHCMP staff
HPL management staff (BHCMP programme)	Programme manager, field operation head, training coordinator; Psychologists
HPL field-based management staff	Centre manager; Programme officer; Psycho-social support providers;
Front line worker	Programme Assistant; Play leaders; Mother volunteers
Community influential	Imam; Majhee; Local leaders; Teachers; Elderly

Subsequently, we purposively selected the research participants by following some criteria. For the head office, the following benchmarks were used for selecting participants:

- a) Overall vision, conceptualization and strategic decisions;
- b) Project management and coordination and fund mobilization; and
- c) HR, curriculum, training and quality assurance of project.

For the field, we used some principles for selecting research participants, such as, project management and coordination, field implementation, training, monitoring and supervision and so on. In addition, field managers and frontline workers were chosen from the camps where we did observations of HPL activities. The community influential suggested by the field management were selected based on their engagement and experience with CFS and HPL.

Settings

Data collection for process documentation took place both in the selected camps and BRAC HCMP offices in Cox's Bazaar and in the BRAC IED Head Office located in Dhaka. Selection of study sites or camps was done during the initial stage of our field visits upon consultation with reliable and skilled management level staff from BRAC IED and BRAC HCMP. From 2017 to 2019, about 347 CFSs have been created. Among them, 222 were running their activities as CFSs in 2017. Later on, the remaining CFSs were created in 2019 by keeping the HPL model in mind. We decided to explore both old CFS structures and new structures specifically built for the HPL model to capture what had happened in each scenario. As such, we selected Camp 11 which has both old CFS centres within which the HPL model had been applied (and were being run by older staff) and new HPL structures (for which new staff had been hired). We also chose Camp 7 where the structures were all made for the purpose of HPL implementation. However, we also visited camps 2E, 10 and 4 to visit other CFSs, taking interviews with key stakeholders and also to observe material development workshop.

Tools for Data Collection

Development process

We took about a month for tool development which was done on the basis of reviewing programme documents, literatures, discussions with HPL management, field staff and community, and field exposure. We used the following tools and techniques for the process

documentation: a) document analysis (programme documents and reports, meeting notes, circular, newspaper articles, website content, etc.) ; b) field observation; c) in-depth interviews (IDI); d) key informant interviews (KII); e) focus group discussions (FGD); f) visual aid (photography); and informal discussion. The final interview guideline was created after three rounds of revision. First, the tools were drafted and reviewed by team and the programme. Secondly, these were submitted to BRAC JGSPH institutional review board (IRB) where we refined the guideline based on the comments from the technical reviewers and subsequently, the session reviewer. Thirdly, these modified tools were field tested twice before being finalized. All interview guides were tested in camps 10 and 11 and several changes were made at that time accordingly. The document outlining justification for tools used and changes made to tools are highlighted in table 3 and at the end of this chapter.

Themes covered in each tool

The main focus of the interview guides was to capture the story of the HPL from the Rohingya influx in 2017 and onwards. Thus, the major themes related to the process were divided into many sub-themes, such as community engagement and community participation, building mechanism of Child friendly spaces (CFSs), CFS design and decoration, human resources, capacity building and training of staff, field operation, monitoring and supervision, evaluation and research, children's enrollment etc. The broader issues reflected in the observation checklist were physical infrastructure, interior decoration, children and play leaders' interactions, children's interactions with each other, CFSs management, interactions between Rohingya play leaders and project assistants from the host community etc.

Approval from the Refugee Relief and Repatriation Commissioner

The Office of the Refugee Relief and Repatriation Commissioner (RRRC) from the Government of Bangladesh is responsible for the overall coordination in Rohingya camps of Cox's Bazar. A two-pager project brief was submitted to the office of the RRRC for their approval in conducting the research in refugee camps located in Cox's Bazar. Subsequently, the permission was given

by the Office to conduct the research and to provide safety support for the research team working in the camps.

Recruitment and capacity building of translators

As we needed local interpreters to help us communicate with the community people and Rohingya frontline staff, we recruited 4 female and 4 male interpreters (who already have knowledge of the Rohingya dialect), on 23rd March, 2019. The interpreters were trained from 23rd March to 28th March in Cox's Bazar. The training sessions covered various issues - overall objectives of the project, ethical issues including taking verbal and written assent and consent where appropriate, maintaining confidentiality, note taking and transcript writing, familiarizing interpreters with the



Training conducted by the research team

HPL concept and the importance of the intervention, what is a process documentation, its objectives, sampling strategy, respondent selection and how to conduct interviews, consent and assent-taking and going through all the tools.

Data collection

Field data collection began on 1st April and ended on 17th April, 2019. Interviews with head office management started on the 26th May and continued till the first week of August for re-interview to fill up the information gaps.



Role play session conducted by the research team

Field based data collection

Field data collection has been started with a professional rapport building with the head of field operation considering his importance in securing access to different sources of data including the Rohingya community, field staff, and relevant documents. Introducing ourselves to the community influentials and finding key informants and rapport building took about 1-week time of field work. Participants were selected using snowball sampling approach. Though they were interviewed one to one but consulted multiple times since first interview with a respondent sometimes missed out some crucial information. This was especially the case with the programme staffs who worked at the field level and were the primary source of information regarding HPL implementation process. Issues raised from one interview were often clarified through subsequent interviews with respective participants. For example when the head of field operations informed us regarding PA's and PL's training, we interviewed the training coordinator to get detailed information about the training of field staff. Further triangulation with PA and PL during the interview session was carried out as well. In addition, we personally observed training sessions to obtain a better picture.

We took detailed notes of both HPL centre and home based activities, interactions between beneficiaries and providers, and the environment. We cross-checked the data with the respective participants to ensure accuracy of data recording. As such, various methods have been employed together to obtain reliable and valid information as much as possible using data triangulation techniques²⁴.

After completion of field-based data collection, we started interviewing with BRAC IED management, technical experts from curriculum, capacity development, research and monitoring, psycho-social support, communication & advocacy and field management. A summary of data collection strategy used in Cox's Bazar is outlined in table 2.

²⁴ Carter N, Bryant- Lukosius D, DiCenso A, Blythe J, Nevelle AJ. The use of triangulation in qualitative research. *OncolNurs Forum*. 41(5): 545-7.

Table 2: Tools, Sample Strategy and Respondents			
Methods	Sampling Strategy	Respondent Groups	Unit of interview
KII	Purposive sampling	Community Influential (Majhi, Imam/Religious leaders, Teacher)	7
		Other NGO Stake-holders	4
		Mother	14
IDI	Purposive sampling	Play Leader	4
		Mother Volunteer	5
		PA	6
		Para Counsellor	3
		HPL Community	3
		PO (Field Staff)	4
		BRAC HCMP Management	8
		Head Office	13
FGD	Purposive sampling	Committee Members	3

As mentioned earlier, preparing and revising document is an ongoing process. Documents including training guideline, curriculum guideline, project proposal, report on CFS, instruction sheet for material development workshop, various registers such as attendance registers for the children and PLs, stock registers, session routine, CBCPC committee and parents committee list, emergency contact list, drawing papers and photographs were collected during the research phase.

Data analysis

Though we have recorded information in notebooks, tape recorders were also used with the approval of the interviewees. Field notes and tape recorded interviews were transcribed shortly after completion of interview, usually on the day after. After each field day, we organized a debriefing session among ourselves to discuss the findings, work through ideas and concerns. Data obtained from 36 interviews were summarized into a key point summary (KPS) chronologically. KPS usually provides major points from the interviews and salient quotes. FGDs were aggregately summarized into a single KPS. However, in some cases narrative analysis approach was helpful in analyzing and writing the report. The field notes were also thoroughly reviewed. Then events, experience, perception were identified and grouped together based on

common factors in a chronological order. Based on the initial analysis, we identified gaps in the interviews, especially whether we missed out any crucial information. Following the analysis, several follow-up interviews were conducted and incorporated in the final analysis. Finally, the story was constructed as a report through multiple meetings among our research team members.

Ethical Considerations

Ethical approval has been obtained from IRB of BRAC JPGSPH. The project proposal and thirteen data collection tools for process documentation and qualitative assessment of HPL were finalized and submitted to the IRB on March 2nd. After ethical review of all documents by two blind technical reviewers, a defense presentation took place during which comments from reviewers were addressed. After incorporating suggestions and making necessary amendments, the document was sent to IRB for approval on May 2nd, 2019.

Confidentiality was ensured as following: all audio recordings were done using official recorders; no recordings were made on mobile phone recorders of the interviewers. As per contract, once they had finished transcriptions, the interviewers deleted audio recordings from their audio-tape devices. Field notes were collected back from interviewers at the end of the each day of interview. When taking photos, we took verbal consent from an adult. We also refrained from posting any photos taken on social media. Copies of the interview scripts, if required, were made but were restricted within the research team.

Limitations

Like any other empirical evidence based studies, this study also has some limitations. Firstly, the question was raised regarding the procedural bias created by BRAC IED supporting BRAC JPGSH, as both organisations are under BRAC University. However, due to independent entity of each institute, this bias has been addressed. Secondly, the social desirability bias occurred when the participants responded without realizing the gravity of the consequences of the responses. The researchers addressed this problem by asking the questions repeatedly with clarity and subsequently, triangulating information from multiple sources. Thirdly, the data collection in our study was mostly retrospective. Very limited documents were available from the inception phase to model development phase. We could not find relevant meeting minutes or documents

which may have been helpful to record every point into the report. However, interviewing top management who had the institutional memory helped us to deal with the gaps. Fourthly, interviewing key HPL stakeholders from BRAC HCMP and BRAC IED was crucial for us. We spent a lot of time to get their appointment because of their busy schedule and activities. Both the team eventually managed to meet for the interview, although the time plan for the PDR of HPL was interrupted. Fifthly, the language barrier between the research team and the Rohingya respondents was managed with the help of local interpreters who spoke Rohingya language. In addition, we were able to understand the essence of Rohingya language due to our frequent visit and long-time stay in Cox’s Bazar.

SL	Tool Number	Tool Name	Justification of Tool	Any Modifications Made
1		Document collection checklist	For process document, we need any existing documents from BRAC IED that outlines curriculum, management, training, meeting minutes, reports, monitoring tools and notes the transition from CFS to HPL. We are collecting both soft-copy and hard-copy documents.	None
2(a)		Observation Guide for Home- Based activities	This is being done to understand the home-based intervention of the HPL model.	After pre-test, we have found that the games that were played with mothers at the home-based intervention, have now been removed. This is why, we are removing the questions regarding this activity in our observation guide.
2 (b)		Observation Guide for Centre-Based activities	This is being done to understand the centre-based intervention of the HPL model	None
3		FGD with Community Male	After field pre-testing, the team found that fathers/males in the Rohingya community	Based on this finding our team has decided to drop this session and instead,

Table 3: Tools used in HPL PDR

SL	Tool Number	Tool Name	Justification of Tool	Any Modifications Made
			have limited knowledge on child parenting and children's daily activities. Mostly, fathers are not too involved with 0 to 6-year-old children's primary schooling. Children are more attached to their mothers.	carry out FGD with HPL committee members.
4	FGD with Mother volunteer	with	Every HPL centre has 3 pockets wherein there are 3 homebased centres run by mother volunteers. These pockets are located far from each other and it hinders the work schedule of mother volunteers if we try to arrange FGD sessions with all of them present.	Based on our pre-test findings, we have decided to carry our IDI with mother volunteers in their respective pockets/home-based centres so as not to disrupt their work schedules.
5	KII with Representative from other stakeholder/NGO	with	We would like to understand what provisions other NGOs and INGOs in this field are providing with respect to early childhood development and how this differs or is similar to the HPL model.	None
6	KII with Community influential	with	Community influentials may be Majhis and Imams who may act as barriers and facilitators. They would be aware of the community's involvement during the establishment of the HPL and may also have been involved during the process.	We have made the questions more focused to early childhood development, what are the facilities provided or not provided and what the community's acceptance of the changes is.
7	IDI with Parents	with	We would like to understand how the HPL model benefits their children, what are the gaps in provision and what Rohingya parents' child rearing practices are. From this, we can come to	After pre-test, there are some changes to questions regarding service provision, early childhood development services- and healing for parents and their children, acceptance

Table 3: Tools used in HPL PDR

SL	Tool Number	Tool Name	Justification of Tool	Any Modifications Made
			understand to what extent the HPL model is addressing the particular nuances of their community which might improve the HPL model.	of HPL by parents, their involvement
8		IDI with Play leader (supervisor)	After going for pre-test, we found that the supervisor is now called a Programmeme Assistant (PA)	
9		IDI with Play leader	These are the Rohingya women who are directly involved with running the centre-based sessions and interacting with the children. As such, we need to interview them to understand how the centre-based sessions run.	As the core questions are similar for Play Leaders and mother volunteers, we have decided to merge the IDIs for play leader and mother volunteer and added extra questions for play leaders and mother volunteers with regards to their respective activities.
10		IDI with Para counsellor	Para-counsellors provide psychosocial support to children and mothers. As a core component of the HPL model is 'Healing through Play', we believe para-counsellors can provide us with a good insight on whether the HPL model is beneficial in this regard	After the pre-test, we have decided to focus our questions on training, referral system and case-management
11		IDI with pregnant women mother of 0-2 years old children	Beneficiaries of home-based intervention or home-visit counselling. We would like to know their perceptions, self-care and child-rearing practices, recommendations and suggestions on the HPL model	Minor changes to some questions after pre-testing
12		IDI with HPL management	To understand how the HPL model came about, how it	Initially we have sectioned out the questions

Table 3: Tools used in HPL PDR

SL	Tool Number	Tool Name	Justification of Tool	Any Modifications Made
			runs, its acceptance and benefits to the Rohingya community and challenges faced during establishment	regarding curriculum, challenges in running the model and recommendations according to the three age cohorts – 0 -2; 2 – 4 and 4 - 6. In the later phase we talked several management personnel based on their expertise area and job responsibility
13		Interview guide for life history	To understand the Rohingya community's socio-cultural elements regarding early childhood development, current practices in the camps and the challenges children face in growing up in the community.	After pre-test, we have focused questions on how establishment of the HPL model has benefitted early childhood development and cultural preservation in the Rohingya community
15		IDI with mother volunteer	As justified above, our previous decision was to do FGD with mother volunteer	None
16		FGD with HPL committee member	HPL committee members are more involved in CFS/HPL establishment, maintenance and management. Each HPL committee comprises of 10-11 members where there is one <i>Majhi</i> , inhabitant, <i>Imam</i> , housewife and HPL staff (PO, ORW)	Based on these findings, the team has decided to add this tool in the research.

Chapter Three: Research Scene

We arrived at the Rohingya camps in Cox's bazaar on the 26th March, 2019. Exactly one and a half years ago the Rohingyas started arriving in Bangladesh. We went into the camp 3 for the purpose of pre-testing our qualitative tools to carry out the process documentation. Before this visit, we, the entire team, had the opportunity to visit Rohingya camps for the purpose of conducting research works regarding the health of Rohingya community and designing health interventions of BRAC. This time, our area of focus was 'Child Friendly Spaces' and 'Humanitarian Play Lab' operated by BRAC. During these community visits, our prime attention was on child development; more specifically, what the children of Rohingya community do, how do they play, where do they go, how do they behave or interact with their parents, how do they communicate with the outsiders, etc. We also had the opportunity to witness the untiring efforts of various international, national and local organizations to serve the Rohingya people in the camps. In this chapter, we will give a detailed account of the condition in Rohingya camps, after one and a half years of its settlement, based on our observations and discussions with the people of Rohingya community and the staff and stakeholders of BRAC Humanitarian Crisis Management Programmeme (HCMP).

On the Way to the Camp in Cox's Bazar

Our microbus was moving along the road towards Ukhia. The roads were uneven. The journey was jerky and rough. The roads were made by cutting the hills. The ridges of the hills were smoothly leveled and paved, but the roads were not even. Besides, heavy vehicles were continuously plying the roads. We found greenery around as we stared outside the car window while driving through the Marine Drive beside Bay of Bengal- world's largest sea shore. As we were getting closer to the camp, green views gradually turned into brown, sandy, tree-less and densely populated areas. We got to know from the local host community of Cox's Bazaar that the roads were not that much developed before the influx of Rohingyas. The highways and roads were paved only after various national and international organizations started working in the camps. On our way to the camp, we observed a road construction company was paving a highway in *Ghumdhum* transit which would connect Bangladesh directly with Myanmar.

Although the highways outside the camp (used as main roads) were made of concrete, the roads were broken in most of the places. In 2018, bricks were laid on the road in front of a health centre in Kutupalong, but during the monsoon it becomes unusable. There were no permanent concrete roads inside the camps, but road transport was worse in 2017. One BRAC staff working in the camp from 2017 described her experience:

If I compare, from 2017 to 2019, the communication system of roads and highways has been developed remarkably. When I first came in the camp we did not find any transport available. I had to walk through long ways, mounds and climb high hills to reach the camp. Now it is much easier to move inside and outside the camp.

Within the camps, road communication has been developed gradually. Roads were not made of bricks, sands and soils. In summer time, the camps were very dusty and hot; but during rainy seasons, we walked through muddy roads while some roads were inundated with water. The only way to move around inside the camp was to walk. A number of heavy vehicles with relief goods and other materials in them, local buses and transports of different organizations use the camp roads on a regular basis causing a huge traffic pressure on the roads inside the camps and highways.

On the way, we observed Tom-Tom, a local seven-seated three-wheeler transport similar to regular CNG Taxi. Tom-Tom is the most popular public transport on the roads outside the camps stopping at specific stops or by the roadside on passengers' demand. Guards were assigned by the camp authorities to restrict outsiders and public transports in entering into the camp. However, authorized cars and micro-buses carrying logos of different organizations were allowed to enter into the camp easily.

Inside the Camps: Challenges of Space and Overcrowding

When we entered the camp for the first time, we saw thousands of houses stretching over miles after miles. It has been estimated that around 745,000 Rohingyas, including more than 400,000 children, have started inhabiting Cox's Bazaar Rohingya camps. In January 2019, over 900,000 Rohingya refugees gathered in Ukhiya and Teknaf upazilas. The vast majority of this population is living in 34 extremely congested camps. The largest single site, Kutupalong-

Balukhali Expansion Site, hosts approximately 626,500 Rohingyas.²⁵ We were personally witnessing the authenticity of the data provided. It is very difficult for about 1 million people to live in those camps within such small spaces. Most of the families there have over 5-7 members. We saw a family was having lunch in a small congested room. There were no spaces between two neighboring houses, and the rooms were ill-ventilated, hot and small. Children could not play inside or outside the houses due to the scarcity of spaces. The weather was so hot and humid that it was difficult for us to stay outside. We could feel the struggling life of the camp settlers. We realized the adverse consequences of massive deforestation in order to build the camps. These camp areas were previously full with greenery of forests. When the refugees started arriving from Myanmar, all the trees were cut to make space for their shelters and to use as fire-woods. The temperature was rising and we felt how the nature was taking its revenge on humans for cutting the trees down.

Miles after Miles of Temporary Shelters for the Displaced People

We stopped at the top of a hill and observed, as far as our eyes could see, temporary shelters for the displaced people stretched over miles after miles. All the shelters were essentially built out of bamboo and tarpaulin, placed on the hilly landscape which was still uneven and prone to landslides. It was really surprising to witness how a large family of 5-7 members could manage to live in those shelters! Space between the adjacent shelters was basically non-existent. Now people have made stairs on the walkway for which walking through Rohingya camps has become much easier. However, it was evident that houses were still unstable for living during the rainy seasons. Nasima apa, who joined BRAC as an outreach worker in 2017, spoke to me with smile on her face and shared her experiences of working in rainy days:

“Back then, when I started working at Kutupalong makeshift camp, it was the time for heavy rain. I was walking through the muddy slippery roads, and talking to my colleagues about how is it possible to work here in this situation. But we motivated ourselves by saying—we must overcome it. And now we see things are getting better and easier than before”.

²⁵ 2019 Joint Response Plan for Rohingya Humanitarian Crisis (January-December). Retrieved from: <https://reliefweb.int/report/bangladesh/2019-joint-response-plan-rohingya-humanitarian-crisis-january-december-0>

Houses and rooms were made of mud and their ceilings were made of plastic sheets supported by bamboo sticks. The houses had stairs but they looked very risky as they were slippery and unsteady.

We have visited a few houses to observe psycho-social sessions coordinated by the para-counselors and PA. We entered into a house through a comparatively small door. It was dark inside and not well ventilated. The living room did not have any window. When we stepped into the next room we found a window created by making holes in the fence and through which sunlight came in but barely passed air. It was very hot and suffocating. We observed, some houses had only one room partitioned with a fence and few had only one room inside the house. During summer, in most of the houses, people lie down and sleep on the floor. There are number of houses where people make '*Machas*' (bamboo loft) and use it as their bed. They invented such living style to utilize the small space inside the house as well as to avoid the damp floor during monsoon.

While passing by the houses, we found pieces of heavy bricks or stones hanging from the corners of the roofs made with plastic sheet. When asked, one of the Rohingya men said that the weight of the stones will protect the roof from blowing off during cyclone or heaving wind. They used this technique in Burma as well. A lot of their socio-cultural practices have been adapted to suit their day to day lifestyles in the camp.

Gradually, their vulnerabilities in exile are being aggravated. These vulnerabilities extend across different sectors. For example, the entire population received basic emergency shelter kits to help them survive the rainy season of 2018; but they now require more robust and safer shelters²⁶.

Diversities of Infrastructure in the Camp

While observing the inside of the camps, we noticed that a few houses were strongly built but most of the houses in the camp were temporary made with bamboo and tarpaulin. Explaining

²⁶ 2019 Joint Response Plan for Rohingya Humanitarian Crisis (January-December). Retrieved from: <https://reliefweb.int/report/bangladesh/2019-joint-response-plan-rohingya-humanitarian-crisis-january-december-0>

the difference in the structures of houses, our field managers overseeing BRAC CFS stated that the First Lady of Turkey and NGOs directly funded by Turkish government gave grants to build some houses with strong base. Those NGOs provided green-colored tins to some of the houses. We also learnt that the structure of *Masjids* and *Maqtaabs* were stronger as these were also used as shelters during the time of natural disasters. About the houses that were poorly built, he explained that the government did not allow houses to be tin-roofed in this cyclone prone zone because strong wind of cyclone could blow away the tins and cause injuries to the people and destroy assets in the camps.

On our way through the camps we observed Learning Centres, CFSs, Adolescent Friendly Spaces, Women Friendly Spaces, Health Centres and so on; which are run by different local, national and international organizations. We noticed a few BRAC Learning Centres in the camps. Most of them were in a suitable place with a big room. We visited one of them on top of a hill. The air and sunlight were sufficient inside the room. The roof top was made of tin, and there were some plastic chairs, a table and a black-board and a trunk full of stuffs. But we have seen another BRAC Learning Centre with a totally different set-up; it was beside a drain and dumpster. It had a small congested room without any tube-well and toilet facilities. We found camp 7 more challenging than other camps such as camp 11 or camp 2W.

Life Now in the Camp

Despite multifarious challenges, life in refugee camps has gradually begun to stabilize. We found some typical scenarios in every camp we had visited: children were playing next to their shelter, some were playing with a football in a slightly plane space, and some were jumping, running, and wandering within the camp; market places were becoming busy; refugees were also selling their surplus relief goods in the market. However, the Rohingyas were also found to be employed in the local restaurants, groceries and corner stores owned by local people. There were few shops that were owned by the Rohingyas selling food, clothing and accessories, medicine and other groceries even mobile phones. Younger ones were also seen helping their parents and elders and even little girls aged 6-7 years were helping their brothers and fathers in

the shop. A large number of the shops were selling medicines and vitamin supplements. Young boys were seen chatting, gossiping, listening to music and watching videos on their mobile phones. Few adults and young boys were playing game called Ludo in different groups. The market area still under construction locally called 'New Market' has become a hub for social interaction for people of different age groups including children, youths and adults. The tea stalls re places where people are gathering most and the purpose centres more on communication than having tea. In addition, snacks that are ethnic of the Rohingyas are also found in the market, for example, corns, boiled in turmeric and salt mixed water. In short, life in the camps is gradually settling down to become a diasporic community. However, security within and around the camps are found to be strict as police and army personnel were patrolling the area.

A recent report posted at the Relief Website stated that the basic assistance has been provided for improving the living conditions of the Rohingya community in the camps, and disaster risk mitigation measures have been implemented successfully reducing the risk of casualties from natural disaster.²⁷ In 2018, addressing the issue of reducing the need for firewood and to replant trees in and around the camps, the humanitarian community in Cox's Bazaar has launched different programmemes. IOM, in collaboration with the Food and Agricultural Organisation (FAO) and the World Food Programmeme (WFP), launched "Safe Plus"—a project to provide the Rohingyas and local communities with Liquefied Petroleum Gas (LPG) stoves and fuel, while rehabilitating deforested areas. Under the scheme, Rohingya people and local villagers are given LPG stoves, fuel tanks and access to re-fills. Some 45,000 LPG stoves have already been distributed, with a target of 80,000 by June 2018.²⁸

Cultural Reflection in Daily Life

Most of the people, we saw there, were Rohingya men wearing T-shirt or Jubbah (a long loose garment usually worn by the Arabs) and lungi. Some of them were wearing *Tupi* (cap that are

²⁷ 2019 Joint Response Plan for Rohingya Humanitarian Crisis (January-December). Retrieved from: <https://reliefweb.int/report/bangladesh/2019-joint-response-plan-rohingya-humanitarian-crisis-january-december-0>

²⁸ Rohingya Refugee Camps Turn to LPG, Reforestation to Save Depleted Bangladesh Forests. Retrieved from: <https://www.iom.int/news/rohingya-refugee-camps-turn-lpg-reforestation-save-depleted-bangladesh-forests>

usually worn by Muslims) and most of the adults had beards. Male children were wearing the same outfit, though some were only wearing lungi. Most of the women were seen, wearing Borka (Islamic veil), coming out of their houses accompanied by their male family members. Most of them were covering their head but they weren't wearing *Neqab* (a piece of cloth covering the face). In a HPL, we found a Play Leader from the Rohingya community who was wearing *Salwar-Kamiz* (a dress that is usually worn by most Bangladeshi women). At first we were surprised to see her and considered her as one of the local host girls of Cox's-Bazaar but after some time we found that she was a girl from the Rohingya community. She said she had studied till standard 10 in Burma and that she has a baby girl who comes to HPL regularly. She said that her parents are also literate and she feels comfortable wearing *Salwar-kamiz*. We found many adolescent, adult and even children who understood Bengali. They did not speak Bengali but understood the language. Young adolescent girls were not usually seen in the market places. We have seen girls taking care of their skin by applying a herbal paste of *Chandon* (sandal wood). While talking with some adolescent girls we found them to be more introvert than adolescent boys. But married adolescent girls were more expressive than unmarried girls. We saw people having '*Paan-Supari*' and some kind of wild fruit. Children were gathering in different stalls and eating biscuits and chips from colorful packets. Culturally they are very keen to maintain religious norms and this practice exists in young and old alike.

We saw some mosques and *Maqtabs* (schools where children and adults take primary Islamic lessons) on the way. One of the PAs of BRAC HPL later shared her experience regarding the religious practice among Rohingyas:

Sister, you will not find anyone at CFS or School after 1:00 pm. You won't even be able to stop them once they hear the Azan from the Mosques... Young children, boys and adult men go to Mosques to perform *Zuhor* namaz (prayer) (Namaaz), whereas, girls and women perform their prayer at home. Rohingya people are very religious. Wherever they go, be it school or CFS, they never skip going to '*Maqtab*' and learning Arabic and '*Hadith-Quraan*'.

In every aspect of their life, religion plays a significant role for this Rohingya community. While working with this community we found them following strict religious norms. In spite of religious similarity between the Rohingya community and Bangladeshis, there are some cultural

differences. Almost one and a half years have passed since they came into Bangladesh. Hence, we could see a cultural syncretism is being gradually developed in many aspects.

Use of Solar-Powered Technology in the Camps

When we entered the marketplace in a camp, we noticed boys and adult men using mobile phones. We found use of solar panel on roof top of shops and mosques facilitating the use of such gadgets. The Rohingyas are used to such alternative technologies since their days in Myanmar. We found use of streaming videos, news on radio and mobile in different age and occupation groups. Moreover, diversity of language, including Hindi, local Chatgaya and Bengali besides their mother tongue, does exist.

Greenery in the Camp

The camp and its surrounding region was barren without any tree resulting into a high risk of landslide and soil erosion. To minimize the risks, women in the camp started growing green foliage and vegetables outside and inside their houses. The memory of their plantation in Myanmar is still very fresh in them. They have a fondness for greenery and the small vegetations inside the camps remind them of the environment in their homes in Myanmar. While observing the inside of the camps, we noticed their effort to make their home garden papaya, pumpkin, *Dhundol* (sponge gourd), *Jhingya* (luffa) and *Korolla* (bitter gourd) on the roof of the houses acting as a shield against the heat of the sun. The green leaves swaying in the air, provided a refreshing view of the greenery amid the barren, sandy and dry environment of the camps. While observing a home-based individual session at a volunteer mother's house with a PA, we found a small potato plantation in the yard which the mother explained to be her effort to add to their daily meals.

Many organizations such as BRAC, IOM, and UNHCR have launched programmes facilitating reforestation and agricultural production. To combat dangerous soil erosion, grass and some other local trees were being planted on the slopes of the camp area. The organizations are also planning to plant trees with medicinal qualities like Neem and also for Team for home furnishing.. The agriculture project has been working with local authorities to cultivate suitable

plants and trees for the camps. The eco-system of Cox's-Bazaar, like many other tropical areas, is not suitable for trees like Eucalyptus.²⁹

Water, Sanitation and Hygiene

We have observed that the condition of the camp, in terms of hygiene, shelter, water, sanitation and infrastructure has improved from what it was during 2017-18. The government and different organizations were constructing a comprehensive drainage system for the camp. The drainage system will cover from entrance through domestic spaces. We also observed that people were walking over bamboo-made small crossings. However, in a few areas, the drains and ditches are clogged with garbage. Earlier in 2017, the camp had no drainage system and it was only from mid 2018 when different organizations and the government started initiating a proper drainage system as mentioned a BRAC staff working in the camp.

When we reached a CFS in Camp 7, a bad smell was in the air. We found out that the HPL was very close to a toilet which was dirty and there was no sufficient water supply. Although, all HPLs did have toilet facilities, not all of them were located near the centre. Few toilets in HPL had soaps and sufficient water supply or stored water in barrels. We observed that the septic tanks of some toilets were jam-packed; as a result, they were unusable and spreading bad odor about the centres. The area was infested with insects. We found tube-wells in both public and private spaces occupied by the residents. However, the toilet facilities are being restructured. We knew that since February 2019, major drainage channels throughout the camps are being constructed³⁰. However, we felt the urgent necessity of regular dredging and maintenance in the camps; otherwise, the rapid accumulation of residue can cause major challenges in future. Rainfall is causing high volume of sediment in the water-ways begging for an urgent dredging.

On the other hand, scarcity of clean water during the dry season becomes an alarming issue in the camps. Humanitarian agencies have been facing massive challenges in providing safe

²⁹ Rohingya Refugee Camps Turn to LPG, Reforestation to Save Depleted Bangladesh Forests. Retrieved from: <https://www.iom.int/news/rohingya-refugee-camps-turn-lpg-reforestation-save-depleted-bangladesh-forests>

³⁰ Storms raise risk of water contamination in Bangladesh's cash-strapped Rohingya refugee camps. Retrieved from: <https://reliefweb.int/report/bangladesh/storms-raise-risk-water-contamination-bangladesh-s-cash-strapped-rohingya-refugee>

drinking water for the refugees across the heavily congested sites, as it requires drilling of thousands of deep tube-wells and building water networks. Previous water sources, mainly boreholes fitted with hand pumps, are often highly contaminated by waste water entering the aquifer from which the wells drew water. Chlorinating water helps in maintaining safe water and eliminates any risk of the spread of disease.

One of the CFS managers mentioned that usually people there dig drains with spade but now the drainage system has been developed. One of our team members worked on another project of BRAC on need assessment. He shared that the previous scenario of the camp from his experience of working there. He said that there were limited number of pots, buckets to collect and preserve water and the tube-wells were not well distributed in relation to the size of the area and population. He also described the difficulties of pregnant women, children and elderly people who lived at the top of a hill and had to go down to collect water from tube-wells and again had to climb back to the hilltop. From him, we came to know that the people in the camps had limited knowledge of sanitation and hygiene. People who were living in hills had inadequate latrine facilities and people did not use soaps after defecation. As a result, in 2018, Diphtheria broke out in the camp. We discussed the issues in a team and tried to find out the causes. We came to the conclusion that inadequate education and lack of proper knowledge of hygiene made the Rohingya community unaware of these matters. But we saw health consciousness was gradually increasing among the camp people. Various organizations like BRAC were providing health education as well as safety messages, SRH knowledge and psychosocial education. While walking through the camps we saw a lot of sandals and slippers were piled up in front of many CFSs, learning centres, and mosques. We had also noticed children and adults using latrines and soaps after toilet use. The situation regarding health consciousness among Rohingya community is gradually developing although it still has a long way to go.

UNHCR, IOM, BRAC, OXFAM and various other organizations are working to turn to green and environment friendly solar powered technologies in order to reduce energy costs and fuel emissions and to make safe and clean water available to Rohingyas. A network of five water channels - with a pumping system supplying water from newly-installed chlorinated water tanks

with a capacity of 70,000 litres of water. The initiative jointly completed by UNHCR, MSF, Oxfam and BRAC - is providing safe water to over 40,000 refugees. The aim was to provide 20 litres of daily water supply to every refugee, for drinking and cooking through the tap stands installed close to households.³¹

Various NGOs have been working closely with the Bangladesh government to identify water sources, provide expert advice on planning to dig tube wells, and build other structures such as water reservoirs, water treatment plants, pipelines, water storage tanks, chlorination system, and boreholes fitted with hand pumps.

But bringing water up to the surface requires tremendous energy – an expensive proposition in an isolated area like the camp. Different organizations installed solar panels, generating electricity to supply power to a water pump with high capacity that will send water to the surface and. It will also help preserve green resources. Solar energy also powers an automated chlorination plant to ensure shelf life. Technicians of WASH project had been seen to test water quality to ensure residual chlorine measures.

Services for Children and Adolescents in the Camps

There were plenty of signboards from Government and non-government organizations who came to support the Rohingya community. Numerous relief, treatment and support centres were set up under the name of those organizations. We saw some Rohingya men carrying bricks from a truck. There were a few new buildings under construction inside the camp carrying signboards of support centres like, child friendly spaces, support centres for adolescents and women, learning centres, medical centres from BRAC and other organizations.

On our visit to the camp and while talking to the community people we found out that the people in the camp have demands a more in-depth education. They were asking for schools where formal education will be provided. We saw a CODEC learning centre where the curriculum was more focused on children's education. The organization was providing school

³¹ UNHCR installs five safe water networks in Rohingya camps. Retrieved from: <https://www.dhakatribune.com/bangladesh/nation/2019/01/04/unhcr-instals-five-safe-water-networks-in-rohingya-camps>

bags, books, food on regular basis to the children. When we were in-front of a CODEC learning centre, we saw a few teachers distributing dates among the children (1kg of dates per child). The teachers said that those dates were sent from Saudi-Arabia for the Rohingya children. The children were very delighted upon receiving the dates. The percentage of attendance is very high in the learning centres of the camps. Community people and parents were expressing their satisfaction to the organizations that were providing electric fans inside the centres since it is difficult for the children to stay inside the crowded centre in hot and humid weather.

We have listed the number of different organizations that have been working in CFSs and LCs in the camp. In Camp 11, there were a total of 35 CFSs where 31 were run by BRAC and 4 were run by Save the Children. In the same Camp 11, there were 61 learning centres in total where 45 were of CODEC, 7 were from Coast Trust, 3 were of DAM and 6 learning centres of BRAC were under construction. We came to know that, 39 learning centres and 10 CFSs were being run by BRAC in Camp 7. Other organizations like Dhaka Ahsania Mission have 19 Learning centres, CODEC have 2 CFSs and 29 Learning centres, Mukti have 1 CFS and 13 Learning centres and Friendship NGO was working on 2 CFSs and 20 Learning centres in Camp 7. This is the statistics of only two camps. However, approximately 50% of pre-primary and primary learners as well as 97% of youth and adolescents lack access to quality education or learning opportunities.³²

Rohingya children and youth required access to learning opportunities to hone their capacity of making the best use of whatever surviving mechanisms they find for themselves and their families. Correspondingly, continuous investments into WASH, health and protection facilities are also vital.

Amusement in the Camp

After experiencing such violent atrocities, Rohingya people were spending their days in Bangladesh with horrible and traumatic memories.

³² 2019 Joint Response Plan for Rohingya Humanitarian Crisis (January-December)
Retrieved from: <https://reliefweb.int/report/bangladesh/2019-joint-response-plan-rohingya-humanitarian-crisis-january-december-0>

While talking with few Rohingya young boys, one of them said,

We have nothing to do here. We had lands, farms, domestic animals, playgrounds, rivers and canals, friends and families and our whole social network in Burma. But here, we are living in a small congested place. We are not allowed to go outside or earn money. If you teach us Burmese, English, Math and Science, we will be glad. Life is becoming boring here in the camp. We discussed our past life in Myanmar but could not find any future.

Another adolescent boy from the group said,

We pass time sitting all day on the benches of the shops. We cannot stay at home because the houses are very small in size and very hot inside. We are thankful to Bangladeshi people. If you also give us playground and ball to play Foot-ball and Volley-ball, we will be more grateful. You will owe us. Please manage to provide us balls and play-ground. Women are working in different NGOs, we boys also want to work and earn money. If we get any work we will do.

We saw most of the people spending lazy time. Peer group chats and working in different organizations provide a positive hope in their life. Otherwise, the daily monotonous work routine may cause several psychological distresses to them. As a mental health professional I found it difficult and problematic to live without sufficient entertainment in the camp.

BRAC Child Friendly Space and HPL

Finally we arrived at our destination. It was a sunny morning. We heard voices of children reciting rhymes (*Kabbyas*) loudly, “*Amra Beggun Bhai-Boin...*” (We all are brother and sisters). We entered into a child friendly space (CFS) of BRAC where the session was about to start. We sat on the floor mat and saw more children coming to the centre along with their parents or other family members. Before entering into the CFS, we have not seen any young girls outside the camps or houses, but we saw a few young girls in this CFS. Those young girls were play leaders who were welcoming the children as they arrived at the CFS.

In the later part of this report we will highlight how the CFS/HPL model has been contextualized from the mainstream play lab, implementation process, service delivery, curriculum development, capacity development of the respective staffs/facilitators and other remarks.

Chapter Four: Management and Coordination

Management and coordination are entwined to support the functioning of a programme. Basically in this chapter we will describe how the management of the HPL functions and coordinates within the organization and beyond. The details of human resources, recruitment and staffing, decision making and reporting, coordination, financing, procurement etc. will be presented. In addition, we will also discuss the changes that are made with the context and the circumstances as the time goes by. We will also discuss how the whole operation is being coordinated and supported by the head office.

Human Resources supporting HPL

The staffing structure including the number of personnel depends on the depth and operations of the project, settings and availability of resources. HPL is being implemented under the Child Protection Sector of the Humanitarian Crisis Management Programme. BRAC IED is leading and representing BRAC HCMP in Child Protection Sector of the refugee camps.

HPL Team

In 2017, senior management under the leadership of Dr. Muhammad Musa, Executive Director, BRAC made decisions for sectoral support to the humanitarian projects in Cox's bazaar based on the expertise of each sector within BRAC. Central to the HPL project was Dr. Erum Marium, BRAC IED's Executive Director who took lead closely overseeing the project due to BRAC IED's expertise and her own commitment to early childhood and adolescent development and mental health. Towards the end of September 2017, BRAC IED became the focal point for Child Protection and Mental Health and Psychosocial Counseling in the FDMN's project representing BRAC. As indicated by Dr. Erum Maium, "in a Disaster Management Committee meeting, BRAC ED enquired who would be providing support in health, wash, education and child protection. Without much knowledge, I agreed to support to child protection and submitted a one page concept note to UNICEF to register as a partner in the child protection sector." Overall, the HPL project is led and managed by BRAC IED team in collaboration with Cox's Bazar-based Child Protection management of BRAC HCMP.

When BRAC IED team decided to use their experience of play based model in CFS, they transferred staff from the mainstream Play Labs (run by BRAC IED) to CFS. The current Programme Head for HPL was selected for her expertise leading several projects, including the Porticus-funded mainstream Play Labs. As a Programme Head, she has been given responsibility to ensure smooth operation of the project. To accomplish this, she has to oversee several core teams who work under her leadership including training, curriculum, research, architecture and communications.

Curriculum Designing: The working approach of the teams is such that they operate in close collaboration, with each team providing their support where required. **Curriculum** is a major component of the HPL. BRAC IED developed a curriculum team for HPL through a workshop where there were 7 to 8 staff members in the initial team. The team was divided based on their assigned work. One group conducts field work to collect the cultural content for physical play, *kabbya kissa* and what people do to their children for learning and recreation. The second team develops curriculum for children aged 2 to 4 years and the third prepares the curriculum for the 4 to 6 years ones. The fourth team develops the home based session curriculum. Graphic designing team also works with the curriculum team and prepares the pictorial content within the curriculum. As this is quite a large team, it is overseen by a technical lead who reports to the HPL head.

Capacity Development: To implement the curriculum developed in the field, there is the need for frontline and managerial staff to receive some **training**. Initially, three BRAC IED staffs were involved in capacity building. The lead for the training team had expertise working with the mainstream Play Lab. Primarily, their responsibility includes developing a training plan based on curriculum and to allocate trainers for different types of training sessions.

Architectural Support: Besides curriculum and training, BRAC IED has a well-established team of **architects** who designed both mainstream and Humanitarian Play Labs. Earlier, a team of architects had designed indoor and outdoor spaces of Banasree and other mainstream play labs

along with 50 more Play Labs working collaboratively with government schools. They also designed BRAC DOLNA Daycare Centre for the children of BRAC family. They started designing indoor and outdoor spaces of CFSs according to their experiences from mainstream play labs and DOLNA day care centre to come up with a unique mixture of designs. From 2018, the architect team started designing a prototype of the structure of the CFS. The team consisted of three members at the initial stage. Currently, the team has expanded to include a few part-time architects who provide their support when required.

Monitoring: At the time of establishment of CFSs, a monitoring team was set up. In the beginning, monitoring was done by staff from Dhaka who visited the CFS centres periodically. Subsequently, one staff member was recruited for Cox's bazar field and supported with two staff members from Dhaka. Also, a research team was set up for tool adaptation and validation. This team separately works for BRAC IED. At first, there were two assigned personnel in the research team. One was based at the BRAC IED head office and another at the Cox's bazar office. After the establishment of HPL, one data analyst was also recruited. The M&E and research team is supervised by the programme coordinator. The monitoring team has to work with training, curriculum and field operation team. The research team mainly works for tools which were later used in different BRAC IED programme in Rohingya camps.

Communications and Advocacy: Support is also provided by two smaller teams – communications and advocacy. Currently, the communications team operates with one person leading a team of four people who are responsible for functions such as digital writing and audio-visual activities. They are responsible for designing and producing materials that outline HPL activities and then present them on the digital space and for distributing them to other media outlets to reach a wide audience. The advocacy team consists of two members. The team creates strategic plans for different advocacy-related projects, targets potential areas for advocacy, identifies organizations working in those areas, and plans key messages targeted to different organizations and stakeholders. Overall, communications and advocacy activities are carried out in collaboration with each other and with BRAC's communication and advocacy teams.

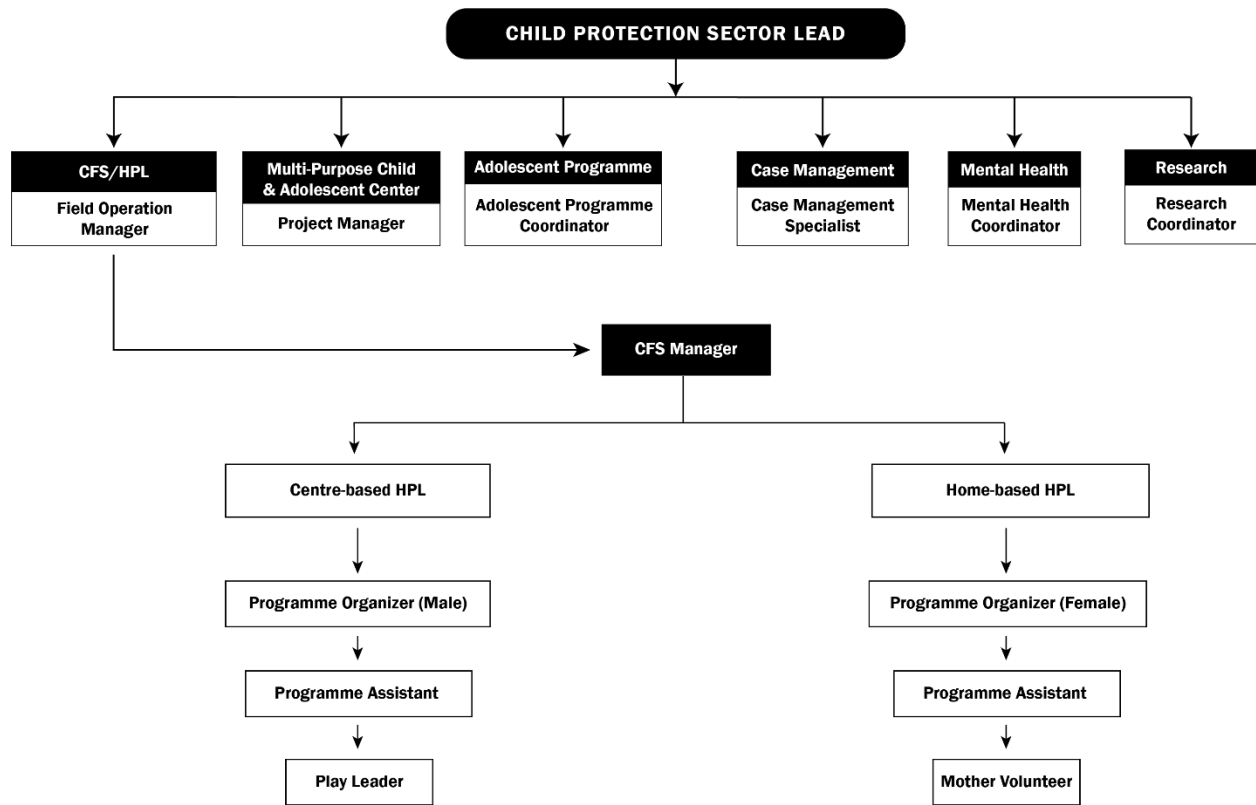


Figure 2: Organogram of HPL

Human Resources in Field operation

According to the HPL management; the field staffs are distributed as the figures described. Field operation team was headed by the Field operation manager. From January to April 2018, home-based activities were conducted in 3 pockets under 1 HPL centre. And thus the PA was responsible for both centre and home based activities. However it has been decided in April 2019 that home based HPL and centre based HPL will be run separately as because of the strategic changes that took place. The changes in Organogram also took place. In both centre based and home based HPLs, PAs and Para-counselors are supervised by the respective PO.

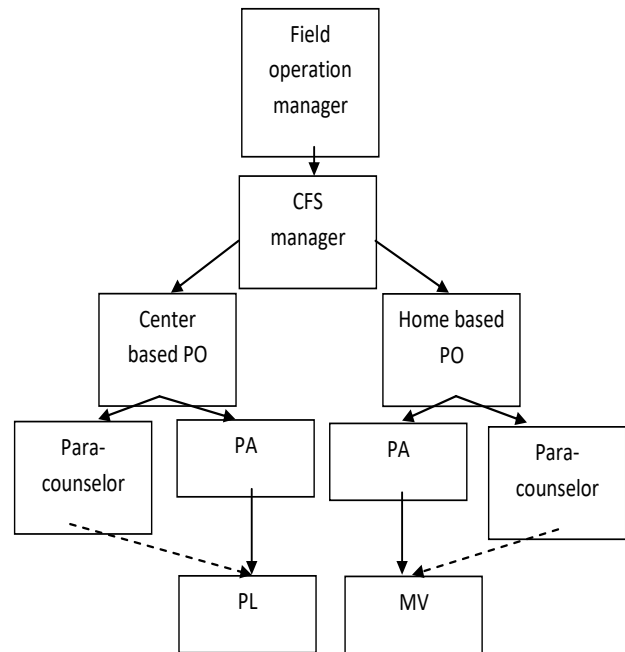


Figure 3: Supervision system of field operation management team, HPL

Staffing for the Child Friendly spaces

The ratio of caregivers to children in BRAC CFSs varied from the inception phase. For the huge workloads and better the supervision of the centres the BRAC HCMP started recruiting outreach workers from the local host community (Bangladeshi Nationals). Table 1 shows the field operations structure at the time of our data collection.

It was really difficult for one outreach worker to maintain a centre where hundreds of children come every day. Besides, there were very limited activities for the children. Due to the restriction of teaching Bengali to the Rohingya children, there were very limited options of activities to conduct throughout the day by a local outreach worker. As a result, Rohingya girls were recruited as Rohingya volunteers to support the outreach workers. During September 2017-September 2018, each outreach worker managed one CFS and supervised one Rohingya volunteer and reported to CFS manager. An outreach worker was responsible for managing 300-400 children in each CFS. Their responsibility was to manage the children and facilitate

sessions with a structured session guideline: welcoming, conducting physical play, reciting rhymes and finally saying goodbye. Later on, the outreach workers were named as play leaders. Play leaders catered to the needs of children aged 2-6 years and Rohingya mother volunteers recruited from the community were trained to provide support to children aged 0-2 years.

Managers were mainly responsible for recruitment of the Rohingya mother volunteers. However, outreach workers and POs also played an important role to find out the mother volunteers from the community. Due to religious and social restriction, the field level management faced challenges to bring young women out of home working with BRAC staff. Many parents used to lie about their daughters' education as they were afraid that their daughters might have to go out of home and work outside. The majhees played an important role in eliminating the fear among parents members who allowed their daughters to work in the centres. Besides, the community mobilization activity went on prior to establishing a centre which also played a part here. According to a BRAC staff, gradually one or two women from the communities started joining when they started getting honorarium. Therefore, in November, 2017 Rohingya volunteers were recruited with per diem of 100 BDT; as a result an outreach worker got an associate to run the centre with. Therefore, the Bengali outreach worker could focus on the administrative works of the centre, such as, maintaining attendance registers, managing and keeping the toys along with teaching English rhymes and the Rohingya Volunteer started reciting the *kabbyas* to the children.

Table 4: Number of field management staff and frontline worker as of April 2019

<i>Field management</i>				
	2018 December	2019 March	2019 April	Total
Manager	28	-	3	31
PO	58	-	-	58
Project Assistant	178	30	22	230
<i>Frontline worker</i>				
	2019 January	2019 March		
Play leader	356	214		570
Mother volunteer	177	159		336

Play Leader: Because of cultural differences, language barriers and lack of suitability, in November 2018, an additional Rohingya volunteer was added to the existing team of Rohingya volunteers for each play centre and was designated as 'Play leader'. General considerations regarding the candidates' suitability for the position of play leader included age above 18 years; writing skills; ability for preparing reports; sense of responsibility; and playfulness, interest and enthusiasm for working with the children. However, considering the overall situation, the criteria for educational qualification have been lightened, as the candidates could not show their educational certificates. Their job responsibility is now supervising and supporting children's play activities for a fixed time, facilitating all the sessions from introduction through end. They are also responsible for opening and cleaning the centre, admitting children, bringing the children from and safely escorting them to their home after the session; observe and monitor if the children's clothes are clean, cut the children's nails if required. A play leader's salary was Tk 250 which was later increased to Tk 280.

Social Mobilizer: Involving Rohingya volunteers in the HPL centre has received acceptance from the community but at the same time, has created a huge problem among Rohingya male community because of their conservative mindset. Rohingya women usually were not used to work in the mainstream employment sector in Myanmar. Engagement of the Rohingya women in the HPL thus was an issue in the Rohingya community. As a result, many women who were selected to work as play leaders in CFS could not join work after getting training. On the other hand the Rohingya males were interested to work for the programme. Because of these two issues, HPL management recruited Rohingya males as 'Social Mobilizers' and got help to work peacefully in meetings and workshops.

A typical day of a play leader

Every day, the PLs come and open the centre at 8:30 am and clean the room. Each session is attended by a fixed number of 35 children aged between 2-4 years and 4-6 years. The children for the first session start coming in from 9am whereas younger children are fetched by the PLs.

Session starts with a 10-minute 'Welcome' time led by one PL from among the cohort. Children are assembled in a U-shape. Greetings are exchanged, and the PL reminds them of social and moral values, safety messages and basic hygiene.

Next is a 25-minute *kabbya* session. When reciting *kabbyas* or poems, the children are asked to stand in a U-form and along with PLs, the entire group recites the rhyme while making animated gestures and various physical movements. Once a week, usually on Thursdays or any other convenient time decided by the Play Leaders, stories or *Kkissas* in Rohingya language are shared. Initially, there were only a few *kissas* which had been collected from the community which were told in rotation. Currently, *kissas* are shared by PLs and the children who collected these stories from the community and their own families.

Similarly, the 25-minute physical play time has been designed according to age and ability of the two cohorts. Games for 2-4 years include: playing with dolls (*putul putul khela*), fun with counting numbers (*moja kore guni*), skipping rope (*icche moton dori laaf, laaf deya*), I can do what you can do (*ami korte pari*), blind man's bluff (*andha maachi*), hide the toy (*khelnarlukochuri*), roll the ball (*ball goriye deya*), throw the ball in the basket (*chika khela, gila khela*), *chuye debo, tulki khela* etc. Games for the 4-6 years are: *Gla khela, Iching Biching, Palki chole, Sumaiya go Sumaiya* etc. Most of these games are reflective of Rohingya traditional children's games collected from the community.

For the next 25 minutes, children take part in art. Children draw whatever they like with art supplies provided in the centre. Previously, blank pieces of paper were provided along with colored pencils. The 4-6 year old cohort can draw more complex subjects. For example, the PL can sit with them in a group and talk about their feelings which the children then draw on paper or they can sit in pairs and draw their friend's image.

Once the art session is complete, children take part in 'Free Play' where they can choose to do any activity they like unguided by the PLs such as playing with toys, drawing picture, singing, playing with their peers or even just relaxing. The centre keeps different types of toys – dolls, animal sets, cooking sets, mobile sets, flower sets, cars, boats, balls, skipping ropes, marbles, rattles etc. that the children can choose to play with during this time.

By bringing the session to a close, the last 10-minute is spent as 'Goodbye time'. Children again stand in U-form holding hands and the PL asks how they find session and request for input from enthusiastic children as well. Four types of goodbye sessions are carried out on four consecutive days, including breathing exercise, meditation, blowing balloons, and another game called 'Machi tarano'. Finally, children stand together forming train, or car or bird and leave the centre while exchanging goodbyes and pleasantries with their peers and the PL.

The first session ends at 11am and from 11:30 the second session with the same routine starts for 4-6 cohort children. After 1:30 pm, the centre operates as a CFS where all children under 18 can come and take part in free play and other activities supervised by PLs till the closing at 4pm.

Mother Volunteer: The position was created for facilitating home based HPL session. As discussed above

they have minimum literacy. They were selected from the rohingya community. General considerations for MVs were almost the same as play leaders except age and marital status. It was decided that MVs should have an age ranged from 20 to 40, must be married and have children. They work as outreach workers and responsible for visiting homes on weekly basis and conduct group and individual sessions for mother of children aged 0-2 years. An MV receives 2 days' basic 'psychosocial support' training. A mother volunteer and home based PA works around the CFSs for 4 days/week. A mother volunteer reports to the home based PA.

Programmeme Assistant (PA): A PA supervises the PLs and MVs. Many PAs previously worked as PLs before being promoted to this position because of their better understanding of

MV and Home based PA's activity

Day 1: PA and mother volunteer seat together and, MV are informed about her next three days activities.

Day 2: PA facilitates the session and MV then only observed.

Day 3: MV facilitates the session and PA then only observed.

Day 4: MV alone facilitates the session

Rohingya community and HPL activities. The PAs have secondary education or more. Each PA oversees 6 PLs and 3 MVs and thus serves at 3 centres and their adjacent 6 pockets. Their duties include supervising PLs and MVs activity, educate PLs and MVs and distribute their responsibilities, problem solving, prepare attendance record, inform PO and managers of the challenges faced by the PLs and MVs, assisting PO and managers in arranging parents meeting and CBCPC meeting, and visits children's house if they are absent, refer cases to para-counselors if needed coordinate para-counselors, monitor CFS and home based session activities, visits home on weekly basis and observe and conduct group and individual sessions for mothers. The PA is reportable to the PO.

Para-counselor: One of the important human resources of HPL model is the Para-counselor who belongs to tier-2 in four-tier model of mental health support. Para-counselors have been brought in to provide technical support regarding mental health and psychosocial support and case identification. A Para-counselor has secondary education or above. A Para-counselor is assigned to cover 8-10 CFSs and 25-50 households. They have received training and supervision on age specific screening and psychosocial support from psychologists working under BHCMP. Their main job responsibility is to communicate with barefoot counselors and identify cases using 7- item checklist to find out basic mental health problems. They provide basic support along with providing training and monitoring MVs, and conducting sessions with children, mothers and families. A para-counselor can also refer cases to psychologist and clinical psychologist when needed. A Para-counselor is reportable to technical and operational supervisors who also worked as Para-counselor at the mainstream play lab in the Rohingya community after the influx.

Programmeme Organizer: The first batch of PO has joined BHCMP programmeme on February 2018. It was a 12- member team. After joining the POs observed the ongoing site selection process for building CFSs. Their main responsibility was to assist the manager for site selection and overall management of CFS infrastructure development. In September 2018, more POs were recruited for the same purpose. In the phase after HPL model implementation, they were responsible for overseeing 6-8 CFSs depending on the camp size and available resources. As per

the programme design, PO supervises PLs (and outreach workers too) and MVs. The POs however are not satisfied with the PAs' accountability as one of the POs mentioned,

The PAs should be more accountable to their work and responsibility. They usually help the Play leaders (PLs) to facilitate the sessions. But they only observe. They should not sit only during the session rather actively participate with the PLs so that the PLs can learn from the activities when a PA facilitates the session.

Those who joined in the February, 2018 received no training at the initial stage. But those who subsequently joined on September, 2018 had received a basic training of five days.

CFS manager: During the influx in 2017, six regional managers from BRAC Adolescent Development programme joined at the BRAC HCMP programme. They were mainly based in Chittagong and were well experienced in dealing with adolescent programme. They worked for WASH sector under BHCMP programme for a short time. But later they got involved with infrastructure development. From 2017 to November 2018, they were responsible for construction and reconstruction of the CFSs, supervision of POs and outreach workers. "We came to the CFS in the morning, signed the attendance register and then went to the field. The manager instructed us about the work of the day" said a PO about their supervision system by the manager. From December 2018, after implanting the HPL model under CFSs, their job responsibility was slightly changed and became more organized. They supervised 2 POs, 7 PAs, 22 play leaders and 11 mother volunteers. They also were responsible to oversee adolescent programme undertaken in 11 centres and supervise 2 adolescent facilitators, 4 adolescent male volunteers and 7 adolescent female volunteers.

Field Operation Manager: Field operation manager is responsible for each and every mechanism and technical support regarding running HPL centres in Rohingya camps along with other responsibilities such as, preparing grant expenditure, budget analysis and bill management, financial report analysis, communication, centre establishment, training facilitation, instructing staffs. The field operation manager is responsible for coordinating with the CFS manager and provides support on technical aspects.

Coordination

From September 2017 daily face to face meetings had been held between Dhaka office and Cox's bazar Office. Until September 2018, no core team was formed. For the first 12 months. both team together used to work for shaping the total model, curriculum, human resources structuring, service delivery, etc. Then, two core teams for Dhaka and Cox's Bazar were formed. These core teams actually managed all the activities of HPL. Talking to the Cox's Bazar core

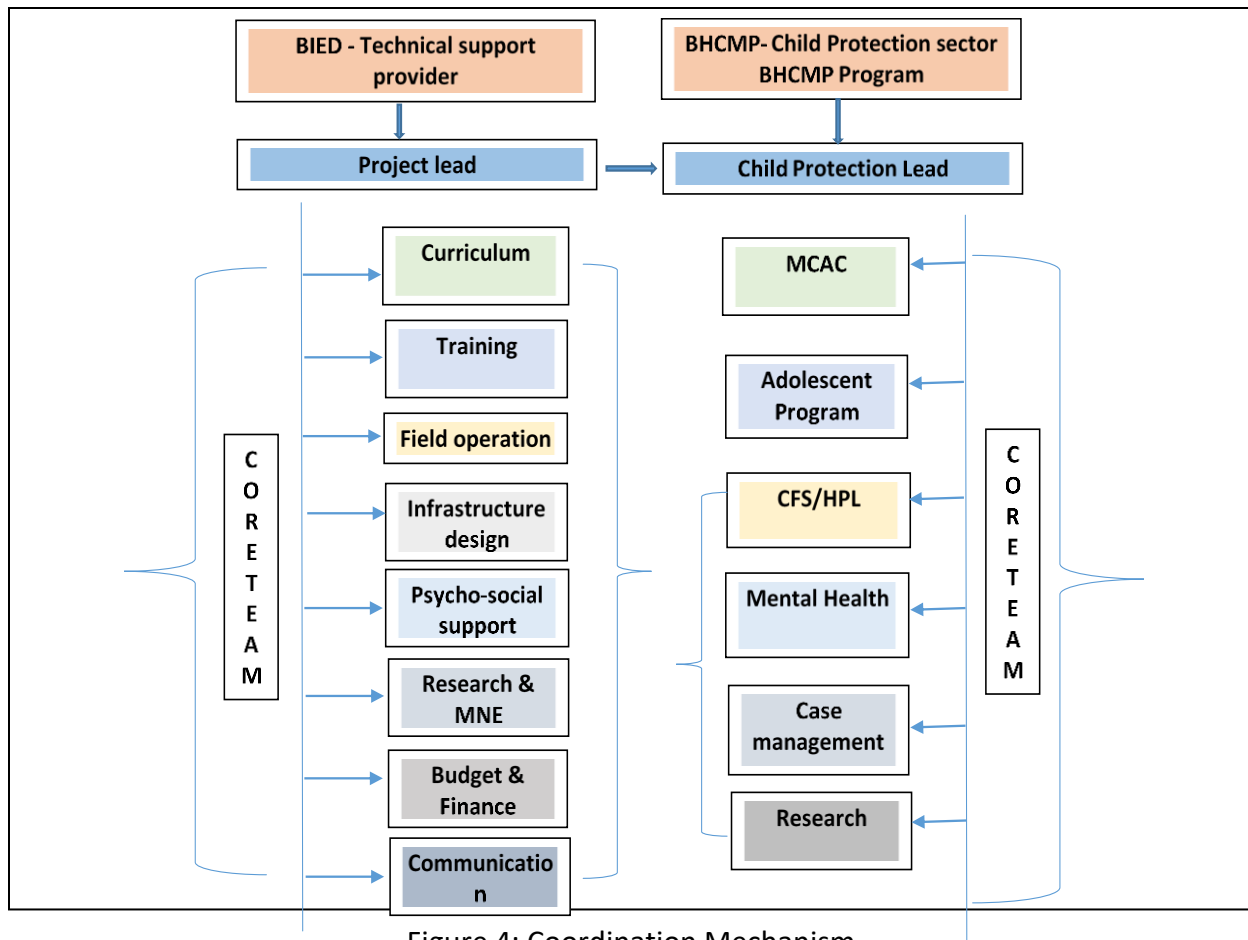


Figure 4: Coordination Mechanism

team, we felt that the Dhaka core team functioned as a 'think-tank'. They regularly organized their team through reallocating tasks based on expertise and modality of activities. Subsequently, the core team of Cox's Bazar was given responsibility for smooth operation of HPL model. According to the Programme Head,

The two teams - Dhaka and Cox's Bazar work in coordination focusing on every component together. From the very start when the HPL model was declared and when the core team was formed, then the teams started meeting on a regular basis every month. Time and again, our entire team here (in Dhaka) went to the field and had day-long discussions with the Cox's Bazar team. We have made all plans in a participatory manner. As a programme lead, I really think that this aspect lends nicely to a smooth

coordination. A great strength of the Cox's Bazar team is that they know the ins and outs of the field very well. So, when we take our developed curriculum to the field, they suggest us how to implement this. Often it has happened that we made changes to the curriculum design according to their field feedback. Like this, in every aspect, there is the input of the field team whose opinions are valued.

For example, even though BRAC IED has curriculum expertise, they redesign the team. Few subteams has continuously been redesigning, testing and updating the curriculum. Each and every wing works on age specific curriculum design and again each of these wings of curriculum designing team works specifically on physical development, socio-emotional, cognitive development, language development and so on. All the wings of the curriculum designing team are divided as per tasks but are interlinked. Although a technical lead is supervising the overall activities, more staffs are tasked to coordinate, manage grants and also guide the overall curriculum. A lead of the curriculum design team is an expert in material development supporting a multi-country project and working on development of the curriculum's iteration process from 2015. The curriculum design lead's role is to guide preparation of curriculum, doing workshops, and improving quality of writings.

As stated, CFS/HPL is working as one of the core sector under the child protection sector of humanitarian crisis programme in refugee camps. Again under CFS/HPL sector, some small core teams have been created which are working directly with the technical team in terms of capacity building/trainings, infrustuctre design, indoor-outdoor design, material development and procurement. Again in case of grant management, there are core teams from both Dhaka/BRAC IED, and Cox's Bazar. In both areas, there is a point person. All sorts of communication and initial management are done through those point persons. For example, training lead from the technical team renders all sort of materials including training curriculum, training guideline etc. and the child protection lead supervises and executes training. In this way, in grant management, communication, field operation, research, M&E and MHPSS, point persons are working from BRAC IED and BHCMP.

Meeting schedule

The technical team and management team meet on a monthly basis. However, the technical team may call for the same meeting twice a month and ad hoc while any of the core teams from Dhaka office pay visits. On the other hand, the technical team is also supposed to meet monthly but there are many ad hoc meetings held among the all sector leads.

As we provide technical support, sometimes we have to implement certain plans on an urgent basis. Then, we hold short skype meetings with the Cox's Bazar team. This month, we've already done three. We need their views during these meetings and the BRAC IED core team, including the executive director, everybody joins. Just like this, we hold sudden skype meetings, and they (Cox's Bazar team) also feel good about it.

Coordination beyond HPL Team

BRAC: BRAC Head Office leads and coordinates the entire HCMP programmeme through the sector leads for Health, WASH, Child Protection, Education and so on. Initially, at the BRAC Head Office there were daily meetings which later turned into weekly ones. Such meeting brings together all the lead directors overseeing different sectors in which BRAC is working in the 32 camps. Sector-wise issues are shared and strategies and plans for funding, coordination, grant management etc. are made. Also, during this meeting, focal people from the Cox's Bazar team are also present via Skype. They share their updated highlights, key issues and challenges on which basic decisions are made. The meeting is chaired by the BRAC Executive Director (ED) and in absence of the ED, by the HCMP Director.

Government of Bangladesh: Through camp-in charge (CIC) the RRRC manages the Rohingya camps. Without CIC's permission no organization is allowed to implement any activity within the camp. BRAC HCMP managers keep close contact with the RRRC and CIC through weekly meetings held at CIC offices.

Child Protection: Child Protection (CP) is a sub-Sector with a dedicated coordinator from UNICEF working under the umbrella of the Protection Sector led by UNHCR. The CP sub Sector is working within the protection sector for a comprehensive protection response, based on a sound and evidence based programmeme. As a national level organization, BRAC joined the

child-protection sub sector in 2017. When the sub-sector was re-designed, there was an urgency to create camp wise child protection focal point. As of February 2018, BRAC was the focal point for camp 1W, 8E & 8W, 3, 13, 14, 15, 18, and 19 as BRAC has the highest number of CFSs among all the camps. As a member of child-protection sub-sector, BRAC HCMP is responsible for attending meeting regularly and sharing information and activities, new initiative, challenges encountered in the field, etc. Initially, a regular sub-sector was meeting held every week and a fortnightly meeting organized for the child protection sub sector (CPSS) working group. The current curriculum lead had been participating in these meetings at the very beginning. However, when the current Child Protection lead joined BRAC HCMP, she started attending those meetings in place of the previous responsible person.

Donors and Partners: BRAC HCMP project has been closely working with UN organizations to ensure maximum reach of the critical life-saving services across different settlements including the makeshift ones. Regarding creating safe spaces for the children it has active partnerships with UNHCR, UNICEF, and Open Society Foundation (OSF), Porticus, and Lego Foundation.

Financing

During current influx, BRAC only has three CFSs including 34 mobile CFSs funded by UNICEF. All the CFSs of BRAC had been under UNICEF. Structurally the UNICEF CFS was large, having a lot of space. In November 2017, BRAC IED got a proposal grant from

Donors
UNICEF- 7 CFSs
UNHCR-10 CFSs
Porticus-101 CFSs
OSF-78 CFSs
Lego-500 CFSs

Porticus, through which 101 CFSs were opened in the Rohingya camps. However, Porticus had already funded BRAC IED's mainstream play labs. Re-structuring of the CFS was started with this fund. Instead of having a large CFS in the middle or at the corner of a camp, for the first time, BRAC IED decided to build smaller structure which might not be able to accommodate many children. Thus, all of the 101 CFSs had smaller infra-structure. Porticus grant was about to end in November 2018 with a total grant of USD 700,000.

By the end of 2017, a total 222 (including 15 CFS at the host community) of CFSs were in operation in Rohingya refugee camps. In 2018, all the BRAC CFSs was funded mainly by the UNICEF, UNHCR, Porticus and OSF. UNHCR grant was supposed to end in December 2018.

In September 2018, the BRAC HPL senior management came into contact with the Lego Foundation. In the meantime HPL model was established and a curriculum was in place. In December, the grant came in and with the Lego fund BRAC IED decided to scale up low cost model and started working with more structured model of HPL.

In 2018 BRAC IED also communicated with NOVO Foundation regarding the funding. However, they expressed interest in funding programmes for child protection focusing on the model development of adolescents.

Procurement

Procurement department develops plans and helps in procurement of goods and services. By following the rules of BRAC, UN and donors, they prepare order for the required goods. BRAC HCMP Procurement department works in a systematic process. According to the field operation management, in BRAC Head office, procurement is an ongoing process supporting many different programmes. Hence, it is time-consuming process when procured through Head Office. In HPL project, at first a requisition is made by the personnel concerned with field operations as per need of the programme. After that this requisition is submitted to the Finance department of BRAC HCMP. Then Finance department checks the availability of fund and the importance of the required materials and then forwards this requisition to the lead of HCMP. HCMP lead also has a limit bar in the 'table of authority', for sanctioning fund. When the requisition is sanctioned by the HCMP lead, then it is forwarded to the Procurement department. The requisition submitted to the Procurement department has to be very specific. After checking the product details, amount/number of ingredients, description etc. the Procurement department calls for a tender. Procurement follows policy guideline for issuing a tender. Companies (having trade license or fulfilling other criteria) regardless of their working relation with BRAC participate following a tender call of the Procurement department. Both technical quality and price are used in selecting a company. The selected company is asked bring a product sample. If the quality and other requirements are met, the order is given to that

company. If the criteria are not matched, then the second lowest bidder is called and again asked to show sample products according to the requirement. According to terms and conditions, BRAC HCMP Procurement department signs deals with companies.

In humanitarian setting, BRAC faced challenges in procuring materials for HPL activities. Most of the challenges occurred in the first six months when the procurement was carried out through BRAC Head Office. The process was slow in procuring materials and goods required for establishing CFSs and developing capacity of staff and outreach workers. In addition, as many stakeholders started working largely at the same time, materials were not always available in the local market. As a result, budget burn rate for BRAC HPL was slow at the start. However, the progressive shift of responsibility from BRAC Head Office to Cox's Bazar made the procurement faster. In addition, BRAC HPL management also learnt that it would always be difficult to step up rapidly in humanitarian crisis compared to normal setting. Hence, they made assumptions of delay, adjusted and prepared budget of HPL following their action plans.

Conclusion

BRAC HPL, over one and half years, developed a well-coordinated approach in the intervention sector which is critical for programme management, service delivery and scaling-up. The HPL management under the leadership of BRAC IED has been working through the BRAC HCMP to support the child protection sector. The core team was formed with Dhaka and Cox's Bazar staff with various roles and responsibilities to facilitate effective implementation of the project activities. At the field level, staffing structure has been changed with the inclusion of Rohingya women and para-counsellors with shifts of responsibilities meant to improve service delivery and quality. In addition, coordination with other organizations is effective for avoiding duplication of activities, and improving uses of resources. Despite challenges of procurement and supply of material and smooth financing, the management and coordination system worked well to address the novel cause of augmented childhood development.

Chapter Five: Capacity development & strengthening

Building and strengthening capacity of human resources are two key elements for creating an effective intervention. BRAC IED has invested in capacity building of their HPL staff in play based learning, mental health and child protection as a part of the strategy to ensure quality. In this chapter, we will discuss how the capacity development component of the HPL programme has evolved over time. We aim to describe what types of training were provided and the rationale behind them, the trainees, the trainers, and training outcomes.

Overview of Training Activities

Initially, trainings have been developed and rolled-out on a need-basis. Prior and post HPL implementation, trainings have been conducted according to action plan and framework. The following table presents a snapshot of timeline of training activities taken place from the start till March 2019 in CFS and HPL.

Timeline	Activities
November 2017- December 2017	Half day orientation was provided to all the field staff, such as Outreach Workers, Rohingya Volunteers, Managers, Para Counselors, etc.
January 2018	Monthly Refreshers started commencing inside the camps
December 2018- April 2019	Five-Day Training of Trainers was provided to PAs, POs, Managers in three Phases
January- March 2019	Five-Day Basic Training on Centre Based Activities was provided to the play leaders in three phases
January- March 2019	Three-Days Basic Training on Home Based Activities was provided to the mother volunteers
February, 2019	Monthly Refreshers training on Centre Based and Home Based Activities started inside the camps

Having illustrated the broader picture, we will now discuss chronologically the details of how the different types of training were organized and their contents.

Identification of Training Needs: The Early Days

In September 2017, senior management from BRAC IED along with the psychosocial team visited the Rohingya camps for situation scoping analysis. The BRAC IED team went to visit the Rohingya camps in September 2017 right after the influx, and organized interactive meetings in the HCMP office every evening after returning from their field visits. In these meetings everyone used to share their observations from the camps every day. They had deep interactive discussion on the field observations. The primary need assessment was done for about 15-20 days. Repeated visits to the Rohingya camps allowed them to observe the needs of children of the Rohingya community and the issues were identified. In order to address these issues, BRAC IED started working based on the three following objectives:

1. To ensure that CFS offers a safe and secured place for the children
2. Nurture the spontaneity of the children through their engagement in the play based curriculum and provide psychosocial support to the children
3. Ensure that the culture and heritage of the children attending the centres are preserved.

Throughout their visits to the already established UNICEF-funded CFSs, three of which existed at the time, they were able to gather some important observations. They had observed that the children would like to recite *kabbya* (rhymes) and engage in physical activities. Based on the assessment of the children's preference and choice, for example, reciting *kabbiyas* and physical plays, some activities were included in the initial routine of the CFS. Initially, the CFS routine was designed as such - welcome session has 15 Minutes, 30 Minutes are allocated for *kabbiyas*, 30 minutes for physical play, 30 Minutes for free play, and 15 minutes for goodbye session.

This routine was initiated for implementation in the last week of October 2017. The team observed that the outreach workers, who were the only frontline workers at the time, were struggling to manage crowds of children who attended the centres due to massive demand. Within the CFSs, they were also conducting a few activities, such as rhymes and games with the children to help the children engaged by creating a congenial environment. However, the team's observation was that in order to effectively help the children who had undergone such

traumatic experiences, outreach workers needed to actively listen to them and to interact with sympathy and empathy.

The management had some ideas on what was required from the frontline staff in an ECD setting as they were also involved with setting up activities for the mainstream Play Labs all over Bangladesh. Besides, based on the observations from regular field visits and the interactions with the frontline workers, the management team had gathered some ideas of the capacity strengthening requirements for them. They decided to carry out firstly the orientation activities for the CFS frontline workers.

Human Resources: Engaged in Training and Service Provision

Trainers

The trainer team consisted of members from the BRAC IED core team who designed and provided the trainings according to curriculum. There were 25 members from the BRAC IED team having expertise in ECD, mental health and child protection were involved in training, curriculum and capacity strengthening activities. PAs were trained to be master trainers to provide Basic Training to the PLs and MVs. According to our findings there are about 50 master trainers amongst PAs.

Frontline Staff

Initially, the outreach workers had been recruited from the host communities surrounding the camps who spoke the Chittagonian *Bengali* dialect, as it has some similarities with Rohingya dialect. At that time, one outreach worker was responsible for each centre. The outreach workers were struggling to execute the tasks of a centre by themselves, as hundreds of children were coming every day. They were also finding it difficult to engage the children and conduct activities due to language and cultural barriers.

Due to these issues, BRAC decided to implement the **one host one Rohingya policy**, which means for each CFS one outreach worker would be selected from the surrounding host community and one Rohingya volunteer from within the Rohingya community (details described in chapter on management and coordination). Around November 2017, Rohingya

volunteers were recruited and as a result, outreach workers got an associate to run the centre with. Now, the outreach worker looked after the administrative works of the centre such as maintaining attendance registers, managing and keeping the toys and occasionally conducting English rhymes while the Rohingya volunteer became responsible for holding the sessions with the children by playing games, reciting rhymes, and participating in physical play, and fetching children from the community.

Orientation

In November 2017, the orientation that had been planned was implemented on-field, and all field staff, such as outreach workers, Rohingya volunteers, para-counselors, POs and managers who had been recently recruited, received a half-day orientation. This was held at BRAC branch offices near the camps. Key orientation contents were divided into two sections. One section contained detailed instructions about holding the sessions according to routine. The participants were provided detailed training on the *kabbiyas*, physical play, and messages that were delivered during welcome and goodbye sessions. Another section contained psychosocial components, such as, empathy, active listening, confidentiality and non-judgmental attitude.

In addition to those, staffs were also oriented on how to maintain spontaneity in order to create a carefree environment and safe atmosphere for the children inside the CFS. Facilitators were from BRAC IED's HPL core team. During the very first orientation session, the outreach workers, especially the Rohingya volunteers, shared traditional rhymes, otherwise known as *kabbiyas*. Training facilitators were able to collect further information regarding Rohingya culture, values and needs through observing the sessions and activities. Some key findings were that Rohingya children enjoyed reciting rhymes and playing their traditional games very much and that they were keen to learn English. These findings helped re-design the curriculum and hence, reflected the need for further training.

A half-day orientation was held at the end of December 2017. From January 2018, refreshers were organized. Since half-day orientations turned into refreshers, the basic contents of the orientation were discussed with every new recruit.

Pre HPL Refresher

In January 2018, there were some changes in the capacity strengthening approaches. The half-day orientations turned into monthly refreshers since there have been regular changes in curriculum, routine and activities every month. For example, changes in *kabbiya*, physical plays, etc. were being added. Therefore, half-day orientation in the area offices was not sufficient to disseminate all these information in the field. Hence, the trainings were moved inside the camps. Participants were all outreach workers. In order to undertake these trainings in the field, master trainers were developed from among the managers and POs based on their facilitation and presentation skills and their familiarity with the Rohingya community's language. The master trainers started receiving TOT (Training of Trainers) before refresher every month.

After receiving the TOTs the master trainer started holding the refreshers in their respective camps. The principle was to disseminate information in the field regarding the changes in activities and curriculum inclusion or changes to the outreach workers through refreshers by the master trainer. The master trainers trained in the TOTs educated the respective audience in their camps. The content of the refresher was similar to the content of the TOT. The half-day orientation prior to TOTs was need based and its content was fixed, but, the content of the refresher afterwards was changed every month. For example, if the curriculum of this month includes a rhyme called *hatti matim tim* , the next month the rhyme will change. Actually, the changes or inclusions in the curriculum for a following month were informed in the monthly refreshers to the frontline staffs. Since the implementation of this new policy, refresher trainings were regularly being held every month. The need assessment was a continuous process in the field and based on the findings, the content of the TOT and refreshers was organized. According to one of the team members from the BRAC IED team, "We used to organize orientation sessions with the master trainers every month prior to refreshers. It went on like this. It used to be held every month from January 2018 and from March 2018, we started it doing bi-monthly."

Restructuring Frontline Workforce

In November 2018, major changes took place after the HPL model was implemented. The BRAC CFS centres were now known as HPL centres or 'Kelle Peyo Nera' (Burmese), also locally termed as 'Khela Khana'. The outreach workers' designation was changed to Programmeme Assistant (PA) and Rohingya Volunteers had their designations changed to Play Leaders (PL). Mother Volunteers (MV), were recruited from Rohingya community to run home based sessions.

Programmeme Organizers' (PO) major responsibility was in assisting the managers in site-selection and management of the CFS centres that were being scaled up throughout the year. Twelve POs had been recruited in the first batch for this purpose. In September 2018, more POs were recruited due to the increasing numbers of centres. Later, after HPL implementation, each PO was given the responsibility to oversee 6-8 HPL centres depending on the resources and the number of centres in every camp.

Training Guidelines Development

In the meantime, centre-based and home-based curriculum and list of required materials were prepared. The integration of curriculum was important as training and curriculum went hand in hand. A Lead Curriculum Developer stated:

"Curriculum, training and materials - these are correlated. It depends on the curriculum that how the training will be designed. In reality, training and curriculum are related to each other. The people who prepare the curriculum are in the training team too. Therefore, the training and curriculum team are basically included in one team."

Training manual/guidelines were thus developed based on the curriculum. In August 2018, focus group discussions (FGDs) were conducted with parents and the community to gather important and culturally relevant information. Some issues were focused on their education system, traditional games and play materials, and child rearing practices. After analyzing the FGD narratives, preparation of curriculum and training guideline began. We discovered that, while the work on curriculum and training guideline was commencing, another team was in the field to test out activities and assess the relevance of the play materials with the Rohingya culture. It was important to assess whether children would be able to play with materials

prepared and to understand the difficulties and applicability of physical play to the age groups targeted by the HPL model.

Developing the pictorial instructions of the activities also remains an ongoing process till now. A team of graphic designers has been recruited for this purpose. They went to the field with camera, took pictures of the activities and photoshopped the pictures in Adobe Illustrator. It went through a lot of trial and error to design those pictorial instructions. One of the challenges involved depicting females from the Rohingya community was that it should be acceptable to the community. Other challenges were also present: at first the children of specific ages on the pictures were inconsistent, for example, the picture of children aged 6-7 years and 2-4 years old looked the same. These changes were edited in workshops in the presence of the curriculum team.

With so many new staff additions, curriculum, designation and responsibility changes, the management felt the necessity to reorganize and include new materials in the training curriculum. From the Deputy Manager, we learnt that several workshops on curriculum were held in October 2018, with the goal of organizing the training for all the frontline workers in December 2018. The Basic Training (BT) that they had designed in December was supposed to be held at the initial stage. The trainers from the core team found it difficult to provide Basic Trainings to the PLs and MVs due to language barriers as they were not fluent in the Chittagonian dialect. As such, a necessity of substitute for the trainers was felt. They decided to carry out a training of trainers – essentially training of PAs in order for them to provide basic training to PLs. As one member of the core team described,

“At one side curriculum work was going on. And on the other side we were deciding whether we will provide the basic training or the TOT. At first we had decided that we would provide Basic Training first. Later, everyone decided that we will provide the TOT first since we would not be able to provide the training in the field in the Chittagonian dialect.”

Training of Trainers (TOT)

In December 2018, the first phase of Training of Trainers (TOT) was rolled out. It was designed as a five-day residential training, primarily for the PAs. The goal of this training was to cultivate

a pool of trainers from among the PAs. Depending on their performance during this training course, those with the potential were to be selected and groomed up to become Master Trainers (MT). MTs would provide the basic training to PLs and MVs. A curriculum and training specialist narrated the rationale behind choosing PAs to become master trainers:

“We needed to groom up PAs as trainers. Besides mother volunteers, all our play leaders are female, therefore they (PAs) will be able to communicate with them (play leaders). And that is why our main target was the PAs. Since they (PAs) will supervise and oversee the centres and home-based activities and will work beside the play leaders and mother volunteers.”

POs and Managers were also kept as participants, since they were supervisors to the PAs and could observe their performance. According to the Deputy Manager, Training and Material Development, whom we interviewed:

“If the Managers or POs are there (in the training) then they will be able to observe the trainings (Basic trainings; that will be conducted by the PAs in the Rohingya Camps); and if necessary, they will be able to facilitate the trainings as well. That is why we needed to provide the TOT.”

Initially, these trainings were held at various hotels located in Cox’s Bazar such as Orchid Blue, Zarman Bangla and Pulse Bangladesh. One PO shared:

“The POs, PAs and managers received the training, and everyone received it at the same time. Therefore, this training was held at different venues and hotels. For example, some had attended the training held at Hotel Orchid Blue, some at Pearls, someone at Hotel Bangla General Shompriti, etc.”

The benefit of organizing training events in these places was that they were easily accessible due to being located in the middle of Cox’s Bazar city and Rohingya Camps. Trainings were designed to be residential as it was thought that the trainees could concentrate better in a quieter environment.



A Practical Session of Kabbiya demonstrated by One PA (Master Trainer) at TOT

The TOTs were conducted by the HPL core team members with assistance from Child Protection and Cox’s Bazar team members. Theoretical content included familiarizing participants on basic concepts, for example, definition of children, child development, child rights and protection and so on in emergency situations and barefoot counseling. They were taught the principles of the HPL model, its curriculum, and job responsibilities of PAs and PLs. Besides, practical training was given on how to conduct *kabbiya/kissa*, physical play and

free play sessions among others. Overall, they received extensive training on all the activities of the HPL, play-based learning and ECD. This gave them the opportunity to enhance their skills as trainers while acquiring in-depth knowledge of HPL activities.

The following table highlights the topics covered in the TOTs.

Table 5: Schedule and Contents of Training of trainers	
Days	Topics Covered
Day-1	<ul style="list-style-type: none"> - Introduction of the BRAC HPL Project - Definition and Characteristics of Children, Child Rights and Child protection - Child protection in Emergency Situation - Barefoot Counseling Active Listening, Empathy, Values Impartial Behavior, Maintaining Anonymity and Data Security, Symptoms of Mental Problem and the steps of referral and Referral Scopes
Day-2	<ul style="list-style-type: none"> - Introduction to the Home Based HPL - Introduction to the Home Based HPL curriculum - Breathing Exercise - Holding a Home based sessions with an associate and Participant - Responsibilities of Mother volunteers, PAs, Para Counselors
Day-3	<ul style="list-style-type: none"> - HPL Goals and Objectives - HPL Structure and Characteristic

Table 5: Schedule and Contents of Training of trainers

Days	Topics Covered
	<ul style="list-style-type: none"> - Play and its importance on ECD - Play to heal and Play to Learn - Early childhood development and its scopes - Curriculum of HPL <ul style="list-style-type: none"> Weekly Schedule, Monthly Play Plan Familiarity of HPL Play based activity - HPL Plays <ul style="list-style-type: none"> Welcome Session - Kabbiya, Kissa
Day-4	<ul style="list-style-type: none"> - Ideal Play Presentation <ul style="list-style-type: none"> Welcome Session Physical Play Art Kabbiya, Kissa Free Play Goodbye sessions
Day-5	<ul style="list-style-type: none"> - Ideal Play Presentation <ul style="list-style-type: none"> Art, Free Play, Good Bye Sessions. - Administrative Works <ul style="list-style-type: none"> Responsibilities of PAs Responsibilities of PlayLeaders - Involvement of Community <ul style="list-style-type: none"> HPL administrative committee (CBCPC) and Parents Meeting

There were three phases of TOTs until April, 2019. We already know that the first phase of TOT was in December, 2018; the second was in mid- March, 2019 and the third one was in the second week of April, 2019., The TOT was provided in these three phases to 230 PAs, 58 POs and 31 Managers.

We already know that the first training was not very difficult since the PAs worked in CFSs as outreach workers and had received some training before. In fact, the first batch of PAs, POs and Managers who had received the TOT were all involved in CFSs prior to joining HPL. However, it was comparatively difficult with new recruits. As described by the Deputy Manager, Training and Material Development,

“...later when we went to provide TOT to the new recruits, there were some challenges. I felt that if we could keep them (new recruits) in the centres for 15 days and then provide the training, then it would have been more effective.”

During the TOT, PAs were observed and given scores. After the training was complete, the trainers would sit together and select potential candidates to be master trainers based on performance and understanding of the curriculum. As described by a trainer from the core team:

“After the five days of training, the trainers have understood the content of the training well, but, they have not developed the skills to facilitate training. Then we told them over and over again that they would learn how to facilitate the sessions slowly through refreshers. I mean, they have to be reminded constantly that they would soon be trainers.”

Lessons learnt from the first TOT session were useful in revising the subsequent training guidelines. From the interviews we learnt that, for example, the core team realized the need for changes to the barefoot counseling section. This was because participants had found the section to be too hard to grasp and too long to follow. Hence, before the next TOT took place, they had made the section easier and more concise.

After the first TOT, a member from the HPL core group attended subsequent PL and MV trainings conducted by the newly minted MTs in order to guide and assist them,

“...we told them (PAs) if you face any problem then just ask us, “Apa, do you have to say anything else on this regard? We will say and you will translate. At that time first one or two month we stayed with them. Still if there is any workshop or training any one from the core team remains present.”

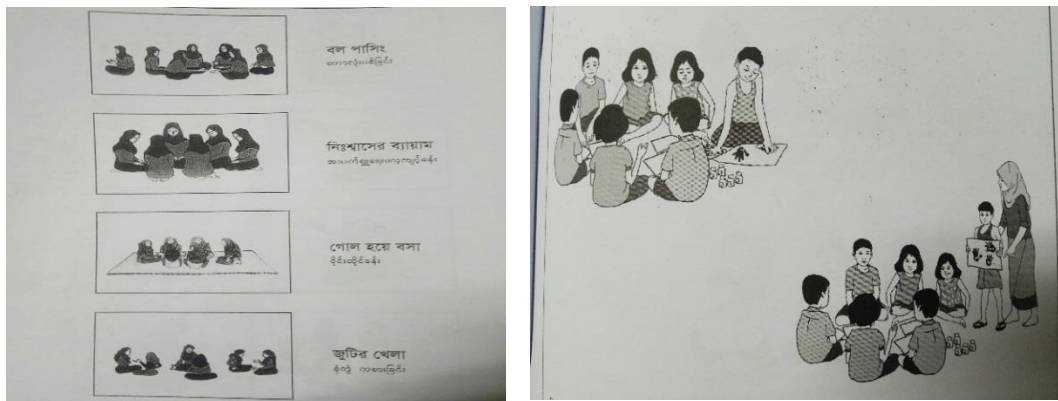
PAs, who received the TOT, told us that the training was quite effective and certainly very helpful for them as they got to learn managerial and supervision skills to facilitate the BT. They expressed their gratitude in being given a role involving greater responsibility since they did not have the opportunity to perform these duties previously as outreach workers. Hence, through TOT, PAs had become capable personnel who could oversee PLs and MVs.

After selection of trainers post-TOT, they receive a one-day orientation before they start facilitating BT sessions. This allowed them to clarify their concept regarding facilitating the BT.

For example, it could be difficult for PAs to keep the training contents and its chronological sequence in mind; when faced with such difficulties, they were suggested to noting down the chronology of the topics of the training contents in their notebooks. During the orientation, they also received a refresher on how to interact with children.

Basic Training (BT)

Having received the TOT and orientation, MTs were ready to provide BT based on their learning. The content of the five-day BT for PLs and three-day BT for MVs were similar to that of the TOT but were more concise and were presented in a simpler manner. Initially, as PAs used to supervise both centre-based and home-based activities, they were provided with a 'Home-based Training Guideline' and 'Centre-Based Training Guideline' for home and centre-based activities, respectively. Guidebooks were written in Bengali with Burmese translations for each instruction/activity to make it easier for the PL and MVs to understand. Pictorial instructions of the activities were included in the training guidelines so that it is easier for the PLs and MVs to grasp easily. This enabled PLs and MVs to understand the content.



Pictorial Instructions in Centre Based and Home-based Training Guideline

The BT would basically equip PLs and MVs with all the basic concepts of the HPL and prepare them to run centres and home-based sessions respectively. Content of BT for PLs included how to conduct age-specific centre-based activities for 2-4 and 4-6 categories respectively; including Kabbiyas, Kissas, Welcome and Goodbye sessions, Basic Hygiene messages; how to manage and

upkeep centres; hold CBCPC meetings and identifying and referring psychosocial cases from their centres.

According to one PA:

“Play leaders received a 5-day basic training; like the ones we had received. This training is held inside the camps. This training could not be provided to everyone at the same time. They have to be divided into groups for the trainings since if 2 of the play leaders from one centre attend training at the same time it hampers with that centre’s activity. Sometimes there are drop outs. For the new recruits, when there are about 10-12 new recruits then we provide another training for them.”

The following table highlights the themes of the Basic Training for the Play leaders

Training Days	Themes Covered
Day-1	<ul style="list-style-type: none"> - Introduction of the BRAC HPL Project - Definition and Characteristics of Child, Child Rights and Child protection - Child protection in Emergency Situation - Barefoot Counseling <ul style="list-style-type: none"> Active Listening, Empathy, Values Impartial Behavior, Maintaining Anonymity and Data Security, Symptoms of Mental Problem and the steps of referral and Referral Scopes
Day-2	<ul style="list-style-type: none"> - Barefoot Counseling <ul style="list-style-type: none"> Values, Impartial Behavior, Maintaining Anonymity and Data Security, Symptoms of Mental Problem and the steps of referral and Referral Scopes
Day-3	<ul style="list-style-type: none"> - Introduction of the Project HPL, its Goals and Objectives - Play and its role on Early Childhood Development - Early Childhood Development in HPL - Curriculum of HPL <ul style="list-style-type: none"> Weekly Schedule, Monthly Play Plan Familiarity of HPL Play based activity - HPL Plays <ul style="list-style-type: none"> Welcome Session Kabbiya, Kissa
Day-4	<ul style="list-style-type: none"> - HPL Plays <ul style="list-style-type: none"> Physical Play,

Table 6: Schedule and Contents of Basic Training for the Play Leaders

Training Days	Themes Covered
	Art, Free Play, - Goodbye Session
Day-5	- Ideal Play Presentation Art, Free Play, Good Bye Sessions. - Administrative Works Responsibilities of PlayLeaders - Involvement of Community - HPL administrative committee (CBCPC) and Parents Meeting

The sessions were interactive and group discussions were done according to the sessions demand. The sessions of HPL plays such as Kabbiya, Kissas, Welcome and goodbye sessions were practical and participatory. In the practical sessions, the participants learned how to conduct each of the sessions with demonstration from the PAs and also these sessions were participatory. The practical sessions were extensive and elaborate.

About 570 play leaders attended a 5-day basic training that was commenced in between January-March 2019. Similarly, mother volunteers also received a three-day basic training on home-based activities. Training content included nurturing practices, diet of the children and the mothers, Positive Thinking etc. In the training, the mother volunteers are trained on the holding sessions with the 7-9 months pregnant mothers, mothers of 0-45 day's old children and the mother of children below the age of 2 years.

The following table contains the themes that were covered in the Home-based training for Mother Volunteers:

Table 7: Schedule and Contents of Basic Training for the Mother Volunteers

Training Days	Themes Covered
Day-1	- Introduction of the BRAC HCMP Project - Definition and Characteristics of Child, Child Rights and Child protection - Child protection in Emergency Situation - Barefoot Counseling

	Active Listening, Empathy, Values Impartial Behavior, Maintaining Anonymity and Data Security, Symptoms of Mental Problem and the steps of referral and Referral Scopes
Training Days	Themes Covered
Day-2	<ul style="list-style-type: none"> - Familiarity of Home-Based activities - Familiarity of the Mother Volunteer’s Training Manual - Pictorial Demonstration of Activities During Home-based Sessions - Session conduction practice - Breathing Exercise
Day-3	<ul style="list-style-type: none"> - Session Conduction Practice - Responsibilities of Mother Volunteers

Findings indicate that it was a little difficult to provide trainings to MVs in the beginning as they felt uneasy and shy about opening up in front of others. PAs used to struggle to communicate with them due to the language and cultural gaps. Over time, they learnt how to communicate better with them and were able to provide training to them with ease.

About 336 Mother volunteers had received 3-day basic training for home-based activities in between January-March 2019.

From interviews, we learnt that the BT for both PL and MV was conducted in Chittagonian dialect. Usually two MTs (Master Trainers) were paired up, one as trainer and the other as co-trainer, to facilitate the BT for PLs . The trainer was usually more skilled than the co-trainer. The former provided the training while the latter assisted. One trainer said,

“The ones who are good trainers, they just listen, the ones who are a little weak, we orient them on how to assist another trainer, distribute the works between them, having preparation prior to coming to the training, involving the play leaders and mother volunteers in the training, listing down the problems and talk about it on the training.”

However, the co-trainer provided back-up support in case the trainer was unavailable due to an emergency. During our field visits, we also had the opportunity to attend a BT session for PLs wherein we saw training activities in action.

PLs and MVs have to follow some basic rules of conduct. They are instructed to always have a smiling face and be cordial to the children. They have to be soft spoken while interacting with the children, never scold anyone or speak in a loud voice. If children break toys, they are not to

be scolded but they will have to be told softly that the toys are for them and they will not have anything to play with if they break it. Sometimes, children do not want to act according to the activity process. However, they are never to be forced. In the trainings they are instructed never to force the children to do anything. For example, due to a conservative upbringing, sometimes boys and girls become uneasy holding hands. In the training it was instructed to the participants not to force if the boys and girls do not want to hold each others' hands.

Post HPL Refreshers

However, at the beginning of 2018; the outreach workers attended refresher class/meeting/training every month, where they were told about the implementation of HPL model followed by the first phase of TOTs and BTs; refreshers started commencing from February, 2019. The Master trainers selected amongst the PAs received an orientation prior to a refresher regarding the inclusions into the curriculum or changes in the activities. They were also instructed on how to run the centres. Importantly, they used to be instructed on the contents of the curriculum for a following month. As per an HPL core team member, "In the training they are provided instruction and direction regarding the issues or concerns they share. Also, they are provided instruction about the contents in the following month because the contents were not similar. One explained how it was conducted,

"If *Kabbyas* and physical play were to be conducted in a following month, in the refresher, the outreach workers rehearsed and practiced the *kabbyas* and physical play which they were supposed conduct in the following month."

The refresher in 2019 was followed by a more focused basic training. PAs are aware of the need of refreshers quite well. As they had received the trainings months ago so they tend to forget many things. Mainly, the PAs inform the play leaders of schedule and venue of trainings. Especially, the PAs do the activities briefly and teach them and, in some cases, refresh their memories on which *kabbiya* and *kissa* have to be done. This schedule was not mentioned in the manual as it is decided in the field depending on the situation and circumstances there. Therefore, refresher meetings are essential. One of the PAs opined that a refresher is helpful for both PAs and PLs because it helps them learn about the gaps in service delivery and find solution or coping strategies by sharing.

Training of Mental Health Support Providers

Right after the influx, in September 2017, the BRAC IED, Mental Health and Psychosocial Support (MHPSS) team came to Cox's Bazar. With the goal of providing psychosocial support services in the Rohingya Camps, 10 Para Counselors were brought in Cox's Bazar. These para counselors had prior involvement in other BRAC IED Programmes as 'Shomaj Shongi' and had received trainings on mental and psychosocial health and counseling. Due to their previous experience the team members did not require further training. According to one of the MHPSS team members,

"From BRAC IED we had provided basic training and had developed para counselors for other BRAC IED programmes. We brought about 10 para-counselors here... who were already trained. Because there was no time to provide training at that time, we initiated providing the services with those trained para-counselors who had experience and had been working as para-counselors."

Later, more para-counselors were recruited from the Cox's Bazar host community. New recruits received a 2-day Basic Skill Training. The components of this training were as follows: basic psychosocial support, parenting sessions, assertive communication, observation methods, identification of cases and referral pathway. In addition, they were also trained on management of stress, anger, trauma, PTSD (Post-Traumatic Stress Disorder), depression, anxiety and other disorders. Many techniques, such as mindfulness, deep breathing, PMR (Progressive Muscle Relaxation) were also taught in the training session. The training sessions were made interactive using role-playing. These trainings were facilitated by the psychologists from the MHPSS team. New recruits were placed in the field attaching them to the experienced ones to learn more about psychosocial services.

Para-counselors were attached to CFSs to provide psychosocial support. After HPL implementation the para-counselors were involved in HPL as well. For the HPL home based activity sessions para-counselors turned out playing more effective role. According to one of the MHPSS team member,

"Para-counselors are familiar with parenting sessions. They had received extensive sessions on parenting in their basic trainings. Besides, since they

provide psychosocial support, that is why, they can build better rapport and be more empathetic.”

Future Trainings

Training is an ongoing process, dependent on drop-outs and curriculum changes. The trainings are still ongoing. At present, rising number of centres and home-based pockets, due to scale-up, demand more trainers. However, the challenge is that there is a lack of trainers in camps located in remote areas. Trainers are required to visit remote places or camps in order to facilitate the trainings. Sometimes the trainers are late to reach the training venue due to lack of transportation or shared transportation. To address these problems, the PAs have been sanctioned CNG fares so that they could hire CNG, saving them a lot of time and hassle. One PA said,

“Here we are to create more trainers in these remote camps in order not to have difficulties in providing training. Every camp has trainers, be it Leda or Shamlapur. These are the camps... where we faced these challenges. To provide training in these camps... it is difficult to get transportation. That is why we are planning to provide some remuneration/travel allowance to them in order for them to take any transport at any time and they do not have to wait for public transports.”

Rising number of home-based pockets demand substantial increase in the recruitments of Mother Volunteers and Para Counselors. Therefore, in May 2019, a 3-day basic training for the newly recruited mother volunteers will be held. And in June 2019, a 2-day Basic Training on home based activities will be provided to the Para Counselors. Similarly, newly recruited play leaders will also receive a 5-day Basic Training in May, 2019. BRAC IED also plans to conduct another TOT for the PAs, Managers and POs on June, 2019.

Conclusion

While documenting capacity development and strengthening of human resources, we found that the HPL project has meticulously developed a system for this which was not planned at the start. Bringing a skill mix team having expertise and experience in ECD, mental health, psychosocial support and adolescent development and also having experience in training gave momentum to initiate the capacity strengthening of human resources in HPL project. Beginning with orientation and refreshers to TOT and basic training customized for the targeted staff and

frontline workers was an immense task . Now, the local para-counselors are equipped enough to conduct sessions as a result of this continuous training and hands on experience and coaching in the field. Despite success in conducting training, challenges remain. Language barrier was a challenge while providing trainings to the play leaders and mother volunteers from community. In addition, mother volunteers were shy, rarely participated in the session. To mitigate this, master trainers (PAs) who knew Chittagonian dialect provided training to them. Finding training venue was difficult inside the camps due to unavailability of space. Besides, the threat from the religious extremist group, trainings were stopped for sometimes or were conducted indoors in some camps. Lack of literacy of the play leaders and mother volunteers was addressed using detailed pictorials and oral communications. They have been closely followed up and coached in the community. However, the innovative and flexible approach of training is quite successfully conducted to strengthen skills and competency of the human resources supporting HPL activities. In the following chapter, we will describe curriculum design used in HPL.

CHAPTER Six: Curriculum in HPL model

Curriculum is a crucial element in human development to grow, learn and gather experiences in different situations. It helps in adaptation and adjustment in developmental stages of life. A proper and structured curriculum of education in early childhood gradually guides and prepares a child for future life events.

Chapter Covered

- Curriculum Timeline
- Content Collection Process
- Content Selection
- Curriculum Design: Centre Based and Home Based Sessions
- Challenges Faced and Overcome During the Development of HPL Curriculum

Curriculum at a Glance

Time Frame	Activities
September, 2017	BRAC IED team explored playing and learning materials for children from Rohingya community
October, 2017	BRAC IED team came up with a structure for play based routine
December, 2017	BRAC was running Child-Friendly Spaces (CFS) under child protection sector
March, 2018	BRAC IED team reviewed the mainstream play lab curriculum to find out activities that could be culturally adapted for Rohingya children
April to May, 2018	BRAC IED team members sorted development and learning domains for CFS curriculum
May and June, 2018	Curriculum Developer team had to modify the curriculum routine based on observation and feedback
June, 2018	Curriculum team again visited camps and found that the latest designed and implemented curriculum was not working properly
September, 2018	BRAC IED got fund from Lego foundation to established Humanitarian Play Lab
End of September, 2018	Curriculum was designed and officially named as 'HPL curriculum'.
November, 2018	The curriculum was reviewed with the help of international experts on ECD and mental health services and developers tried to introduce picture based curriculum

December, 2018	Curriculum team ensured that all the activities could fall under healing and learning framework.
January, 2019	New curriculum was introduced for the Children of three age groups

Concept and Context

Why was this curriculum necessary in the play lab? The answer requires attention to a lot of brainstorming and hard work.

‘Play’ itself has an important role in early childhood development and children become more spontaneous during play-based learning. This also helps children to heal. For the HPL model, an early childhood development (ECD) curriculum was a crucial element for learning, healing, and developing resilience among Rohingya children. We know,



Humanitarian Play Lab Model inside Child Friendly Space in Camp

selecting a curriculum for literate and illiterate children was challenging. But, a unique feature of the curriculum is its adaptability to local culture and traditions contextualizing play as a tool for child development. There were 3 key areas to focus on:

- a. Cultural preservation
- b. Play to heal
- c. Play to learn

Origin of the HPL Curriculum

Three Child Friendly Spaces (CFSs) were established in January 2017 to support Rohingya children. New CFSs were started after the influx in August 25, 2017. Initially, recreational activities were carried out following UNICEF guidelines. There was no structured curriculum. As



CFS Activities	
Age Group (02-05) Years	
Activity	Time
Welcome	10 Minutes
Rhymes and story	25 "
Physical and Social Emotional play	25 "
Pre-Math/Arts and Crafts	25 "
Free Play	25 "
Goodbye	10 "
Age Group (06-14) Years	
Activity	Time
Welcome	10 "
Rhymes and story	25 "
Physical and Social Emotional Play	25 "
Pre-Math/Arts and Crafts	25 "
Free play	25 "
Goodbye	10 "

**Activities in Child Friendly Space
In Rohingya Camp**

many people arrived at a time and there was not enough time to develop skills of CFS outworkers, the environment of CFSs often became chaotic. The children were coming and going anytime and as they liked. There was no discipline, nor any rules and regulations. So, the environment was not like anything it was intended to be. Having observed this, the CFS management wanted a solution to tackle this lack of discipline. There was also a huge demand from the community, "Teach something to our children. Let them learn.", they said. BRAC started to think about what more could be done for the children.

When the children in the Rohingya camps were ensured a safe environment to play in, BRAC IED planned to add a curriculum that would aid in healing and learning through early childhood development (ECD) principles. A primary idea of the curriculum was developed using the mainstream play lab model where the structure for the mainland children was already established by the Curriculum Development Team and children were enjoying learning through play. However, the components of the mainstream curriculum did not work properly for Rohingya children because of cultural variations and linguistic differences. Hence, it was necessary to develop a customized curriculum for the Rohingya children.

Backstage Preparation

Discovering Physical Play

In late September and October 2017, the team from BRAC Head Office and BRAC IED went to the camp to explore the cultural context of the Rohingya children. They asked the children,

“What do you like to do? Will you tell and show us what things you guys like?” The children very happily played and showed them a few local games and also recited *kabyya*. The team later came up with ideas of introducing physical play for both girls and boys. This was also referred by the Curriculum Lead, “We got all the play-based activities from Rohingya children and the community”. In that manner, in October 2017, the team developed a structure for play based curriculum.

Introducing Welcome and Goodbye session

In December 2017, BRAC was running their Child-Friendly Spaces (CFS) under the child protection sector. According to the sector rules, CFS management team had to include some safety messages in the curriculum. That is how the ‘Welcome’ and ‘Goodbye’ sessions came to light. To circulate safety messages, BRAC Human Resources and Legal Service (HRLS) team came up with eight safety messages which are described later (page 81).



BRAC IED introduced a curriculum to their CFS that was different from other partners who were working for CFSs/learning centres. Unlike other CFSs, BRAC CFS focused on play based learning and healing incorporating Rohingya cultural aspects and values in order to preserve their culture and build up social cohesiveness. BRAC HPL team decided not only would they use play kits, but they would actually consider what Rohingya children liked to do. They shared some themes with the children recognising their interest areas.

Children reciting '*Kabbya*'

Host population and workers had observed children reciting rhymes in their own language, which are named '*kabbya*' in their country. When a child started reciting a *kabbya*, other children also joined him/her immediately and they all recited that *kabbya* loudly.

Initially, the team gathered information from the children and other people of the community. To fulfil the targeted objectives, the Curriculum team from the Head Office and CFS staff were able to collect rhymes and games from the community by conducting focus group discussions (FGD) and informal discussions. BRAC HPL had Rohingya volunteers and outreach workers who understood the language and meaning of those rhymes and stories. The staffs helped the curriculum developers to translate and decipher the meaning of the contents. In the 1st phase of the Emergency Response the BRAC HPL Child Protection team arranged bi-weekly training for the outreach workers. There were refresher sessions where the team introduced a very few rhymes and instructed outreach workers to practice them with the children in CFS. The staffs recited the *kabbya* with children every day and kept them engaged in the activities. CFS Play leaders used to select *kabbya* for recitation according to the children's choice, and sometimes, at the Rohingya volunteers' and Bangladeshi outreach workers' choice, as they also requested, "Oh! Do this *kabbya*."

Though the curriculum is not structured yet and does not follow any schedule, the workers has started practicing welcome sessions regularly.

Mainstream BRAC Play Lab reviewed

In March 2018, the team reviewed the mainstream curriculum to find out activities which could

Curriculum from mainstream BRAC Play Lab

be culturally adapted for the Rohingya children. They sorted out a few activities; like, pre-math time, pre-science time. Also in the meantime, CFS management and curriculum developers thought they should introduce English language in the curriculum. That was an assertive step to design a curriculum for CFS.

Development and Learning Domains

From April to May 2018, BRAC IED sorted development and learning domains for the curriculum. During this time, the team focused on the frameworks of healing and learning. These domains were already implemented in the CFS centres. Also, the team talked to the parents, community leaders and general people

to figure out how the community viewed and accepted previously experienced children’s learning; for example, the team asked how the parents used to teach their children to count.

One member from the Curriculum Development Team said,

“We asked the parents: ‘How do you people in your community count?’ As you know, counting style varies from culture to culture. Some of them use lines of their fingers, some do it verbally like counting games, some play games like let’s hop, climb and count stairs. So we tried to find out: What does this community do? What do Rohingya people do? Is there anything they do differently?”

At that time, FGDs were conducted with focused questions based on the sort of information the developers needed. They found stories from the community and added a few selected stories in the 1st edition of the book ‘Kelle Peyo Nera’.

The team who facilitated the FGDs introduced the adapted games into the CFS where they let the children play those games and observe the entire thing. As the curriculum lead said,

“Children know their body parts. We started physical play by asking every child to touch their own head, tummy, knee and toe. We say - touch your nose, open your mouth. Each child understands and participates in the game.” Team members maintained individual checklists and observed if there was enough space to play those games. The CFS Staffs or Play Leaders (PL) were struggling to explain what games the children were supposed to play and how they were actually doing it. After the game ended, the team took an interview and asked for feedback from the play leaders. The field team member explained to the PL,

“Do you now understand the way you should explain and demonstrate the game to the children? What are the hardest parts or the easiest parts? What did you and the children enjoy most in the play?” The team also asked the children, “The game that you have played just now, how much did you like it? Do you usually play in the same way among yourselves? What else do you want to add or how do you want to play that game?”

Using the feedback from the children and the PLs, the team made necessary changes in the curriculum. The developers took some of the culturally universal activities from the mainstream play lab but did not introduce them to the centres until the Rohingya volunteers and the play leaders reviewed them and certified that the children would like to play with them. After completing all the mentioned procedures, the team finally introduced those games to the CFS centres as regular activities within the routine.

Turn Back

In May and June, 2018, the team had to modify the curriculum routine. During the initial phase, the team planned for a two and a half hours’ session; but the managers informed that no children would attend after 1 PM because, the children have to go to *Maktab* (Religious educational centre) at that time. So, the team planned for a two-hour session. At the end of June 2018, the team visited the camps again and found out that the activities designed and implemented were not working. Suddenly the children had stopped coming, they were not enjoying those activities and the most alarming news was, the children neither took part in those structured activities nor were they enjoying the activities as before. They stopped reciting selected rhymes and also stopped playing the games. They preferred to play outside the centres or, outside their homes. They wanted to play on the pathways rather than playing

inside the CFS centres. So the curriculum team took this as a lesson and started re-thinking about the whole curriculum process.

Incorporate Art Session

At that time, on one hand, the curriculum was not working properly, and on the other hand, the



Children are taking part in Art Session in Child Friendly Space; May 14, 2019; Rohingya Camp

architecture team started making play spaces. While doing their work, the architect team found that the children really loved to draw. The curriculum team realized that through art, the children can do so much, for example, learning the English alphabet while drawing. So, again the curriculum developers started collecting activities for art and brainstorming on how the children would like to have the art session. Then, the team restructured the routine and included an art-time within the routine. The children were using paintbrushes, and crayons to draw flowers, patterns, designs, animals, birds and different kinds of shapes. Both frontline staff and curriculum team observed that there was a difference in the content of drawing, pencil grip, use of colors among different age groups. The team started thinking how they could incorporate all this in the art session.

Idea of Home Based Session

As we could see thus far, it was not easy to organize the curriculum contents keeping in mind the diverse age group of children. Initially, the HPL Model was more focused on children's development and playful learning. Curriculum developers had some important observations

where they realized the mothers' role as well. Firstly, since a mother plays a crucial role in child-rearing and to accelerate a child's healthy development in early childhood, mothers were included in the model for their self-care and child care. Secondly, the community went through many traumatic experiences which had adverse effects on their life. When the play labs were established in the Rohingya community with the aim to heal and treat the children with traumatic experiences through play, the necessity to deal with their mothers' traumatic experiences became essential as well; since children spend most of their time at home with their mothers. Thirdly, a home based session was important so that the future generation of the community get a nurturing and healthy environment to grow up without feeling unwanted or deprived. Fourthly, it was important to educate them about their own and children's basic issues related to diet, physical and mental health, treatment for health conditions, safety and security etc. These, along with some other observations, came out with the decision to include home-based session in HPL Model. To manage these issues, CFS management instructed to start home-based session. This session was arranged once in a week outside of the centres; the para-counselors would sit with the mothers of all children and the children could join them. That is how the home-based concept for 0-2 year's children came up and the team started designing a curriculum for home-based sessions.

Funding and Setup of More Home Based Centres

Initially, the para-counselors were instructed and trained on how to get information from mothers; like, what does positive thinking mean to the pregnant and new mothers? In December 2018, BRAC IED received funding from Lego foundation. By then the curriculum was almost ready for use. When funding was ensured, the management decided to scale up more home based centres and to recruit Mother Volunteers (MV) from the Rohingya community. The plan was that MV would run home-based sessions instead of para-counselors.

Preparing Training Module

In November 2018, the first 3 months' curriculum and the training module were developed. The idea of home based curriculum was taken from mainstream play lab. Themes were selected serially according to the needs of mothers. Curriculum developers decided to provide 18 main

sessions; one session per week. That means, 4 sessions in a month, where 3 would be new and 1 would be a review session.

Home-based sessions started with two simple learning components for mothers so that they could ensure healthy development of their children by creating healthy environment. They are:

- a. Coping mechanism
- b. Positive thinking

Meanwhile, the curriculum developing team designed the curriculum for groups of 2 to 4 years and 4 to 6 years. They already observed and found that the developmental skills and levels were different in two different age groups. So, while designing the curriculum, the team took into consideration how the same space and same activities could help to enhance learning and cognitive development for both age groups.

The HPL Curriculum

In September 2018, the curriculum was established and officially named as 'HPL curriculum'. The *Kabbya* and *Kissa*, physical play and art activity all were adapted in the curriculum in accordance with the Rohingya culture. The curriculum developers mixed the other themes with the indigenous contents to ensure the ECD and Psycho-social components. The curriculum lead shared with us:

“We are still updating activities as we keep discovering new things. So we can never say that the curriculum is finalized. So it's such that, with time, the curriculum improves. It's not like we change the whole curriculum but we keep adding activities regularly.”

That being said, though they were adding new activities, they had to follow a strict time frame. According to the curriculum team, the new HPL curriculum would ensure children's learning and socio-emotional development.

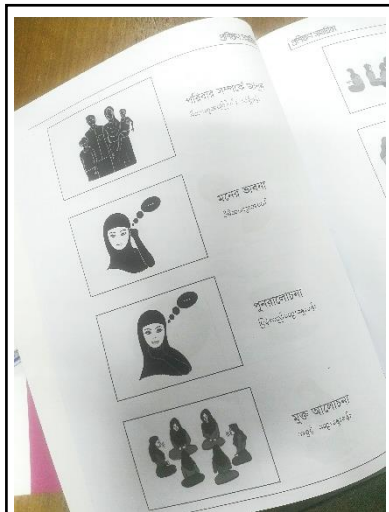
Review of the Curriculum

In November 2018, the BIED team including Syeda Sazia Zaman, Dr. Nishat Ahman Sakila Yasmin, Sadaf Huq and more reviewed the curriculum with the help of Dr. Joan Robinson, Professor Emeritus, University of Connecticut. They worked together to develop a new framework 'Play to Heal, Play to Learn' which was globally standardized. As there was no

healing framework in the existing curriculum, the team developed the Resilience Framework with Dr. Robinson. On this basis, the curriculum was reviewed again in December 2018. The team wanted to ensure that all activities fall under the umbrella of the healing framework. In February 2019, four Mental Health experts, Dr Hisako Watanabe, Dr. Julie Stones, Biddu Youell and Trudy Klauber came from The Tavistock Institute, London. They were psychiatrists and play therapists. They constructed healing framework on the basis of play and learning. At that time, the curriculum team felt the urgency to come up with a definition of 'heal'. Because many perceived 'healing' as physical phenomenon but according to the framework, healing is entirely psychological. So, the team defined healing as building resilience in children, to work for wellbeing and to soothe psychological wounds. According to a curriculum developer from BRAC IED, "We tried to spread happiness, to encourage them (children) to play and learn with the hope that it will erase their bitter memories," she said, "So, we focused more on healing."

Language Complication and Pictorial Presentation of Curriculum

In the meantime, BRAC IED team was struggling to decide in which language the curriculum would be introduced. At first, the team decided that 2 mother volunteers would conduct home



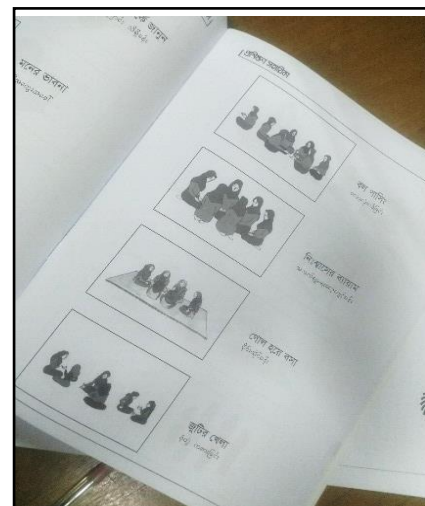
Pictorial presentation of curriculum in guidelines

based sessions; one of them could be from the Rohingya community. After observing initial home based sessions, the developers found that differences in educational qualification, language and culture of mother volunteers became a barrier in

interacting with both mother volunteers and mothers. Mother volunteers could not address the needs

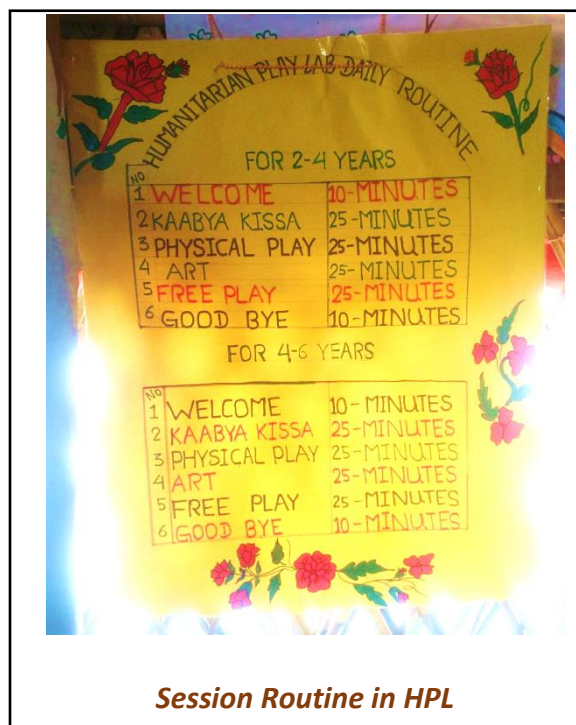
and stressors of the mothers; not even their sensitive issues during

pregnancy. Moreover, mother volunteers themselves could not understand the exact contents of the curriculum. The



Pictorial presentation of curriculum in guidelines

sessions were not spontaneous at all. As a result, group cohesion was missing. So the curriculum developers added pictures of the content activity in curriculum. The Rohingya language does not have alphabet, and the Rohingyas learn Burmese language in schools at Myanmar. Since many play leaders and MVs did not know how to read Rohingya language through Burmese alphabet, the developers tried to introduce picture based curriculum by November 2018 with a total of 23-24 activities each having 3 steps. During the training of the Project Assistants and Play Leaders, it was felt that the illustration was not clear to them. After several sessions of exchanging feedbacks and correcting errors in texts, the graphic designer was sent to field with curriculum developers and the pictorial contents were corrected accordingly. The curriculum developers and the graphic designers were continuously editing the curriculum accordingly to get the clear and exact representation of all the activities similar to Rohingya values and culture for better understanding of the field staff and the community. They also delivered the guidelines to all field staff through door to door visit. Also, the team decided that the curriculum would be in English and Burmese language as the Rohingya's national curriculum is in Burmese.



Curriculum Design

The HPL Model focuses on three age cohorts:

- a. 0-2 years (7 to 9 month pregnant mothers
And mothers of <2 years children)
- b. 2-4 years
- c. 4-6 years old children

As mentioned before, the HPL curriculum was designed for centre based and home based education. This unique curriculum was designed with a mixture of scientific and traditional approaches which helped in healing, building resilience, developing a sense of community, and in helping children, pregnant and new mothers to learn in their own culturally distinct way. Also, the

psychosocial and mental health support was applied in HPL curriculum.

Centre Based Session

Centre-based curriculum developing team emphasizes on the importance of ECD curriculum through healing and learning. They have integrated play based design that can be a great tool to engage children in sessions and provide the stimulation of cognitive issues, social-emotional development, and self-regulation. Curriculum developers have also focused on gross motor and fine motor function, emotions, and language and communication skills with basic learning. Centre-based session curriculum is designed to practice the contents in the HPL centres. This curriculum has two session schedules for 2 to 4 years and 4 to 6 years age groups. The session routine is given below.

Table 8: Centre based Humanitarian Play Lab Routine

2 hours session per age cohort					
Welcome Time	Kaabya/Kissa (Rhymes/Stories)	Physical Play	Art	Free Play	Goodbye Time
10 minutes	25 minutes	25 minutes	25 minutes	25 minutes	10 minutes

Contents of Centre Based Curriculum

As mentioned in the table, the centre-based curriculum has six parts, for each age group. First session schedule is from 9:00 a.m. to 11:00 a.m. for 2 to 4 years old children. The same session structure is followed for the 4 to 6 years old children from 11:30 a.m. to 1:30 p.m.

The session starts at 9:00 a.m. with ‘Welcome Session’ of 10 minutes, and ends at 9:10 am. As we have mentioned earlier, the idea of this session was adapted from the mainstream play lab model. Welcome session is a group session and in this session, children learn social and moral values by reciting together some messages, such as:

“We are all brothers and sisters”,
“We will not quarrel with each other”,
“We will live in harmony”,
“We will not tell a lie”,
“We will respect the seniors”

And also some rhyming safety messages, such as:

“Don’t go alone at night”,
“Avoid the dangerous places at night”,
“Use torch light if you go out at night”,
“Don’t go with unknown person outside the camps”



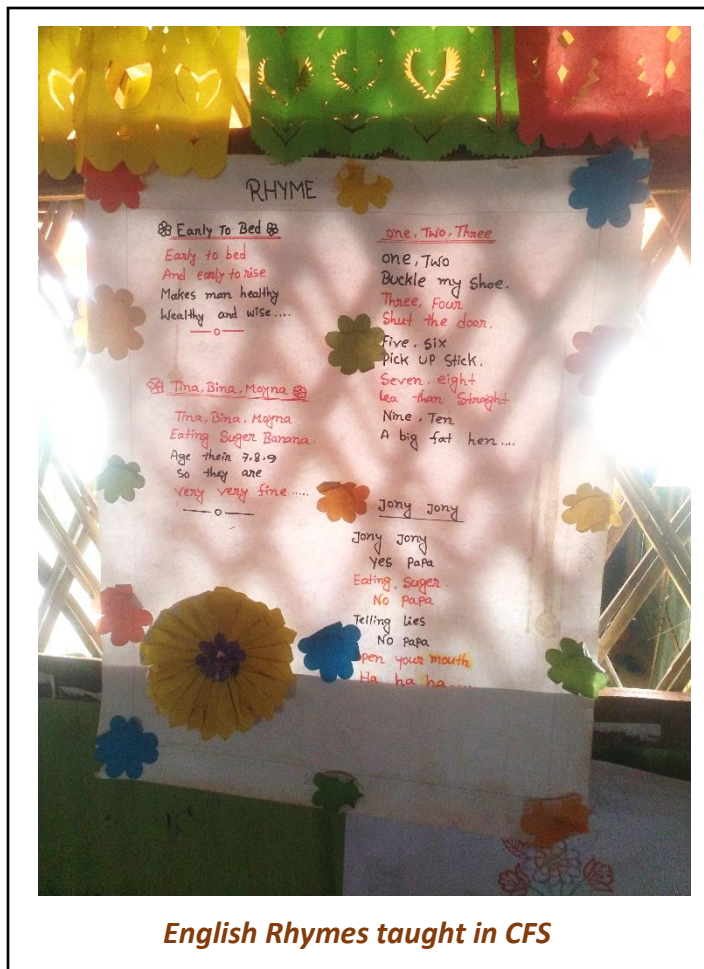
Children reciting Kabbya; 15th May, 2019; Rohingya Camp

They also recite some messages on basic hygiene; for example:

“Every morning we have to brush our teeth”,
“Take shower”,
“Wash hands after using toilet”,
“Wash hands before eating”,
“Cut nails once they get bigger” etc.

Children then share greetings with PA, PL and with others.

After 'welcome' session, the time from 9:10 a.m. to 9:35 a.m. is scheduled for 'Kabbya'/'Kissa' (Rhymes/Stories) session. In the curriculum, there are selected *kaabya* and *kissa* (based on the



English Rhymes taught in CFS

schedule) for children. Children do this session in a group with the help of play leaders. Chanting these rhymes has been seen to have aroused a cathartic feeling among the children, their parents and other members of the community as well. Rhythm of *kabbya* refreshes children's mind and body, enhances intelligence level, increases positive attitude towards self and others, and develops language skills. This also helps the children to learn their own cultural values through group work which also develops their listening skill, vocabulary and ability to express their emotion through gestures. There are rhymes in English

for the two age cohorts. Smaller and easier *kabbya* are for 2 to 4 years and longer, more complex ones are for 4 to 6 years age group. The children do the story session once in a week.

In *kissa* time, the stories are shared by the PL, the children are also encouraged to share stories with others. Children learn these stories from their parents, older family members and community people. There is no strict rule to follow in the rhymes and story sessions. Children and PL can perform the session as per their choice.

After *kabbya/kissa* (rhymes/stories) session, children do 'Physical Play' from 9:35 a.m. to 10:00 a.m. The games were collected through participant observation in 7 CFSs and many other small

CFSs. In this session, some selected games were included for different age groups. The following are the name of the physical play for two different age groups:

A. 2-4 years children

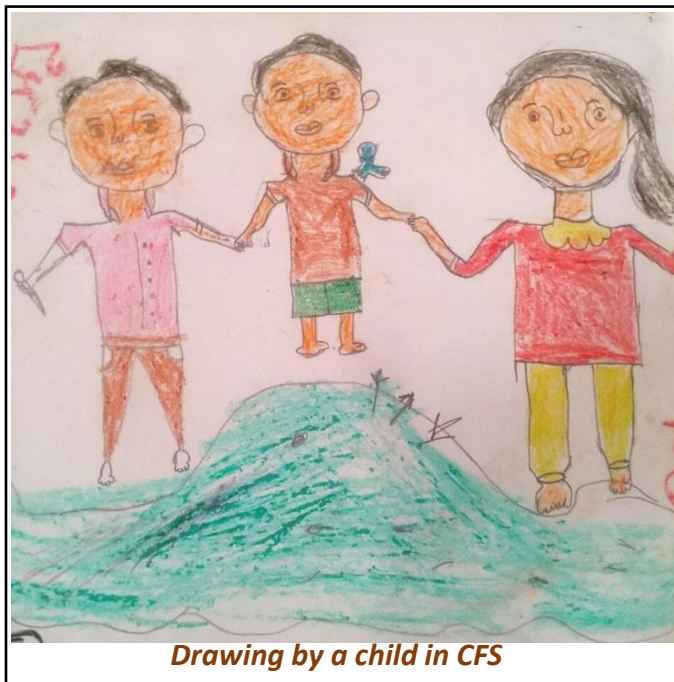
Putul putul khela (playing with dolls); *Moja kore guni* (counting with fun); *Ichhe moto dori laaf* (Skipping Rope); *Ami korte pari* (I can do this); *Andha machhi* (Hide and Seek); *Khelnar lukochuri* (Hiding toys); *Ball goriye deya* (passing ball); *Laaf deya* (Jumping); *Chika khela* (dividing into four groups and throw a ball into a basket by each group member); *ABCD lower kechi*; *Chhuye debo* (catch me if you can); and *Tulki khela*.

B. 4 to 6 years children

Gola khela; *Andha machhi*; *Tulki khela*; *Pocket vora golap ful*; *Ichi-bichi*; *Palki chole*; *Udur khela*; *Valluk hate dui paye*; playing in different circle; and *Hat lafani* and *Jeeb o joro*.

Through these physical play sessions, children learn developmental skills, such as, conflict resolving, patience, ability to reduce mental stress and feel relaxed gaining unconditional happiness, gross and fine motor movements, language and communication development, ability to interact with others, accelerate imagination and creative skills. They also learn to follow rules and regulations, express emotions, learn socialization, risk taking and hone the

desire to succeed.



Drawing by a child in CFS

When the 'physical play' finishes, children have 25 minutes for the 'Art Session' from 10:00 am to 10:25 am. The art sessions for 2 to 4 years old children are: *Ichhemoto Aaki* (Free painting); *Rong chonar khela* (introduction to color); *Chhobir kotha boli* (describe your picture); Hand painting using fingers; *Rongin goal*; and *Rongin chhap* (color print). The art curriculum for 4 to 6 years old children are: *Ichhemoto aaki* (Free

painting); *Bondhuke aaki* (draw your friend); Hand painting; *Onuvutir chhobi* (draw your

emotion); See and draw; *Golper chhobi aaki* (draw a story); *Brishtir chhobi* (picture of rain); and Paint using fingers.

In those curriculum contents, children are introduced with four basic colors, designs, patterns and shapes. Also, the children can relate to their surroundings with the help of these learnings. Children use their imagination and express their thoughts on paper while playing with colors which they cannot express verbally. Through art session, children also develop the imagination and creative skills. It can be an individual or a team work. Children feel very happy after completing a picture. Individual thinking capability develops through an art session. This is important for brain development in early childhood. From this session PL, PA can also observe children's current mental state and mood.

After art session, children take part in '**Free Play**' session. Children play with the available toys



Children playing in CFS; May 13, 2019

within the HPL, or in their own way, through innovative or local indoor games. This 25-minute session runs from 10:25 a.m. to 10:50 a.m. In the free play session, children enjoy freedom; they play according to their creativity and develop other skills such as using their imagination, enhancing interaction, cooperation and active participation.

With the '**Goodbye Session**' from 10:50 am to 11:00 am, the session ends for the first batch of children aged 2 to 4 years. In the goodbye session, children engage in role play, for example, becoming a train, bird, car etc. and practice social and moral values, safety messages, and hygiene messages again. Breathing exercise 1 and 2, *machi tarano* (fly catching) and *bok shaja* (roleplaying of a crane bird) games are included in this part. This session is planned for children so that they can feel relaxed, reduce stress, participate spontaneously, follow the instructions and use

their 5 sense organs. The PL and PA review each day's session and motivate the children to come again on the next day in HPL centre.

As can be seen, the HPL curriculum is prepared in a way which helps the children to flourish their playfulness, build confidence and problem solving skills, express their concerns and build themselves up as responsible people.

Home Based Session

Humanitarian Play Lab (HPL) Model includes not only children but also mothers from the community who need psychosocial support during their early motherhood to enhance self-care, child care and family care. A staff said, "As we know, mothers are role models for children and a conscious mother can change her family as well as a society with her positivity."

Home based session is a 4-step procedure developed by Humanitarian Play Lab (HPL) model for pregnant and new mothers of the Rohingya community who participate in group and individual sessions on a regular basis to address their need for a healthy family and to keep themselves mentally sound. The sessions are dealing with their daily life hassles and stresses. Here, we will overview the whole process of home-based curriculum contents and sessions.



Home based Group Session

Three types of home-based sessions are conducted:

- Group Session for all mothers with children of 0-2 years of age
- Home Visit: Individual Session for mothers who are in their 7-9 months of pregnancy
- Home Visit: Individual Session for mothers with children of 0-45 days of age

Contents of Home Based Curriculum

In home-based curriculum, a 30-minute time is scheduled for individual session of pregnant and new mothers and a one hour group session for all mothers with children of 0-2 years of age. Every session has 4 steps: the session starts with 'Greeting each other', followed by 'Wellbeing

of the mother’, ‘Healthy parent-child relationship’ and lastly ‘Home Work’. Sessions are weekly based and conducted by Project Assistant and with mother volunteers’ assistance. A para-counselor is also involved in the session. The sessions focus on mother and child care, safety-security, diet during pregnancy and lactation, child’s food habit as well as psychological issues like ventilation (sharing), breathing and relaxation exercises, coping strategies, mindfulness (focus on the present through a specific object or sound or self), time management, mother-child relationship, child’s mental growth etc. demonstrated with games or with interactive discussion.

Guidelines are mostly mental health oriented and facilitators maintain basic rules of conducting sessions such as, being an empathetic and non-judgmental active listener. The guideline emphasizes on maintaining confidentiality. The session’s themes are as following:

‘MENTAL HEALTH SUPPORT’ in home based-curriculum was designed with different activities and games to ventilate stress, heal and accelerate personal and overall growth of a mother and her children.

‘COPING WITH PREGNANCY RELATED ISSUES’ is an important theme that curriculum developers have introduced on the how pregnant mothers can deal with previous traumatic events and solve current issues during pregnancy. By providing psychosocial support and necessary information, mothers can feel that they are not helpless.

‘POSITIVE THINKING’ helps to focus on the bright side of life. Sharing positive events of everyday life in group sessions and practicing home-work that is given to keep the women in a good mood and ensure their wellbeing.

‘NUTRITION AND HEALTH’ section for child care has been planned to provide proper knowledge about the importance of nutrition, health and cleanliness. This session helps to reduce pregnancy and child birth related complications and child mortality rate.

‘WELLBEING OF THE MOTHER’ teaches that self-care is important for having a healthy baby. By addressing mothers’ physiological and psychological needs and helping with proper information, P.A. and M.V. encourages mothers to do their favorite activities for their

wellbeing. Self-care motivates mothers to take care of themselves and their children; and it helps them to have a happy and peaceful mind. Mothers now know where to go and what to do whenever they need help regarding health issues.

'BREATHING EXERCISE' is a technique that primarily helps to deal with low level of anxiety immediately. Participants need to inhale and exhale deeply and slowly for a few times. This method helps to get relief from stress and anxiety .

'MINDFULNESS' in this session, participants have to listen to a specific sound/noise, focus her vision on something specific attentively. This is exercised so that the mothers can focus on the present rather than on past events. It may encourage them to take part in productive activities and to concentrate on children and self-care.

As mothers were not participating in sharing initially, they were given **'BALL PASSING GAMES'** and instructed to share something positive; share a positive event that has happened to them through conversation with others or to play very simple games with their children. This physical activity ensures interaction, group engagement and engages mothers in group activities with other group members.

P.A. and M.V. demonstrate child safety, health care by arranging **'ROLE PLAY'** segment in group sessions. Through these sessions, HPL staffs disseminate messages to mothers.

'PLAY FOR STRENGTHENING PARENTAL RELATIONSHIP' is a number of simple interactive games including Pickaboo, Tiptap, Hide and seek etc. that are presented in sessions and mothers are advised to play these with children in the session and at home. Through this session, P.A. and M.V. educate the participants about the importance of parent-child relationship for a child's healthy growth physically and emotionally by role play and active participation.

Conclusion

In the end, we can say that the curriculum is a crucial part in the development of HPL model. Modifications are made for continuity based on real life experience and challenges in order to make it more effective for the Rohingya community. If applied properly according to the

guidelines provided, this model can be replicated to other refugee camps in the world to keep a community physically and emotionally healthy.

Chapter Seven: HPL Implementation and Service Delivery

In this section, we will discuss the implementation processes of CFS and how the programme personnel can effectively execute the planning into practice. We will start by discussing the initial level planning and the actions taken on setting up the CFS including designing the structure, recruiting staff, field management and engaging the community. Community perception about HPL services is one of the major determinants of the uptake of the services. In the second section of this chapter we will briefly describe about how the community perceives the services of BRAC run CFS or their activities. However, it is worthwhile to note that our intention is not to assess HPL services rather to show the community's reflection about the services.

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
2017			
Entering the camp	BRAC IED team visited the camps along with ED-BRAC IED, research lead and some psycho-social counselors from Dhaka.	September	To understand the situation of the Rohingya people and identify their needs
Organizing the CFS routine	Age specific schedules and routine implemented under UNICEF CFSs. At first it starts with a welcome session then rhymes, physical play, art session, free play and a goodbye session in the end.	October	To involve children in different activities and cover different age group from 0-18 years. organized
Implementation of	Hopping, elephant game etc.	October	To retain their

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
physical play in the curriculum			local culture and physical development
One host and one-Rohingya policy	At the end of 2017, with the help of Majhee, one Rohingya volunteer was recruited for each CFS and tagged with an outreach worker. Rohingya volunteer assisted the outreach worker in doing activities in CFS.	November	To manage huge number of children and it is more effective to deal with the children of one's own community
120 more BRAC CFSs established and running			According to higher management's instructions, as they realized that space would become a scarcity in the camps, therefore, they quickly built as many CFSs as they could within that time frame.
Outreach worker to barefoot counsellor	Provided three days of Basic Psycho-Social training in order for them to be able to identify any child who has psycho-social issues and refer the child to	December	To involve bare-foot counselors in work as the 1 st tier of the 4 tier models

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
	Para-counsellors		
2018			
Implementation of 4-tier mental health referral pathway within CFSs	<p>One Para-counselor was assigned for each CFS. And there was also a Barefoot-counselor assigned to each CFS. The Barefoot counselors (1st tier) were asked to refer cases to para-counselors. If symptoms like withdrawal, sadness, isolation, hyper-activeness, tendencies to self-harm, aggressiveness, sleep disturbance, etc., have been noticed in any children, the child will be referred to the Para-counselors (2nd tier) of the respective CFS. The Para-counselors are being supervised by professional Psychologists (tier-3) for each case and each session, over the phone. If any case is found critical, Psychologists are instructed to come and visit the client directly to provide Psycho-social support.</p> <p>All of the Psychologists are also</p>	February	To ensure the quality of Psycho-social support

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
	supervised by the Mental Health Professionals who are in the tier-4.		
0-2 year old; home based para-counseling model introduced	The session is focused on child care and also self-care for mothers.	May	To reach pregnant mothers and the mothers who cannot come to the centres after child birth.
Parental education session started	Educating the parents about ECD		To provide knowledge about ECD
Incorporation of the mainstream play lab model into the Rohingya context	Arts & crafts, pre-math and science introduced in the CFSs	June	To focus on the cognitive development
Shifting back to the previous model	Introducing Welcome session, <i>Kabbya, Kissa</i> , Rhymes, art session, free play, physical play, good-bye session in CFS	July	To retain local culture. Since the mainstream model did not work and children were losing their cultural identity
HPL model was presented to the Child Protection sector	The HPL model was presented in a meeting of Child Protection where all the organizations working with Child Protection	December	To inform the sector about all the activities and interventions inside

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
	were present.		CFS as well as the camps.
Unofficially HPL started to run in the camps	Centre based and home-based HPL model implemented.	December	To implement the HPL model in the field.
2019			
One host and two Rohingya volunteers	The Out-reach workers were designated as PA under HPL model. The HPL is managed by two Rohingya Volunteers, who are supervised by one PA.	January	To facilitate empowerment, community engagement, and cultural preservation
Establishment of 350 CFSs under the LEGO fund	Planned to build 500 CFS in the Rohingya camp and 500 in the host community.	March	Due to space unavailability in the camp the number was reduced to 350
Home-based session redesigned	Home based session was redesigned based on the decisions of Child Protection sub-sectors. The number of home-based HPL has been increased from 1500 to 2000.	March	Major two reasons: (1)To reduce the number of centre based HPL from 500 to 300. (2)Mother Volunteers were not capable to carry out the sessions effectively.

Implementation Process and Service Delivery of BRAC CFS/HPL Model at a glance			
Activity	Details of Activity	Timeline	Why
Way forward with community engagement	Play material development workshop with community women and adolescents, involving community with CFS infrastructure building,	April	To enhance community involvement and create ownership of the CFS/HPL with the HPL

Situation analysis:

After arriving in Bangladesh, the Rohingya people were reliant on humanitarian assistance for food and other basic needs. The Rohingya population was living in extremely difficult condition, feeling vulnerable and with the experiences of severe trauma. In that situation, a few weeks down the line, in September 2017, executive director of BRAC Institute of Educational Development (BRAC IED), along with a team, arrived in Cox’s Bazar for a situation analysis. It was during this time that the executive director talked to managerial level staffs having experience of working with BRAC child and adolescent programmes and recruited them. The team from BRAC IED carried out needs assessment activities in the camps through informal discussion with the community (especially with adolescents and women), going door to door and asking them about their problems and needs. Lots of female head of a households suffering from gender based violence were in search of livelihood support. While a growing number of separated and unaccompanied children were observed, an urgent support services for the children and women as well was identified as a crucial need. It was time when BRAC as a humanitarian organization just entered the camp to build a couple of tube-wells and latrines and the UNICEF was leading Child Friendly Spaces (CFS) one of the key child protection interventions aiming to provide safe spaces for children to access recreation and learning activities. Both the Dhaka and Cox’s Bazar team spent sufficient time to familiarize themselves with the local people. Since then, BRAC IED team took a series of interviews of the community people to identify their needs.

Starting point: UNICEF CFS

During that time, there were three UNICEF-funded CFSs in Kutupalong, Leda and Shamlapur camps as there have been prior influxes of Rohingya refugees into Bangladesh. This was managed by BRAC Disaster Management and Climate Change (DMCC) team. According to a field operation manager, such situation existed since February 2017. The BRAC IED team also visited these CFSs to observe its situation and felt the need to build more CFSs around the Rohingya settlements. Back then, under these three CFSs there were three more mobile CFSs. The CFSs, the mobile along with the static ones, were running simultaneously. A Mobile CFS is essential in emergency situation, to reach vulnerable children living in hard to access and in remote locations. Under the UNICEF-BRAC CFSs, outreach workers from the static centres went to remote places and found available spaces, received permissions from the household heads to use the spaces. They carried toys in a bag and provided the toys to the children living in the neighboring households there; the children played with the toys for about two hours. The field operations lead of the BRAC HCMP programme stated:

“Back then, there were limited infrastructures in the camp compared to the present situation. Then the [out-reach] workers moved from pocket to pocket, in the camps, carrying a bag and a tarpaulin. They spent two hours with the children and then moved to other places. CFSs were like this. This is called mobile CFS.”

UNICEF CFSs were initially running as drop-in centres. It was open to children aged 0 to 18 years. At any given time, children in this age group could come, stay and leave whenever they wanted. It was observed that the activities were not suitable for all age groups. So, the first thing that BRAC IED implemented was the age specific routine for the children under these CFSs. To involve children in different activities and cover different age groups,; two sessions had been implemented for the children of 2-6 year olds, and 6-14 year olds. This routine continued for a while.

Reaching more children through more CFSs:

After a crucial meeting on 19th September 2017, with the former Executive Director (ED) of BRAC, it was decided that there was an urgent need to scale-up CFSs to meet the demand of the population. One of the major reasons of the field scoping by the BRAC IED team along with the Director of BRAC IED was to discuss field management about setting up more CFSs around the Rohingya settlement. When we talked to the lead field operations manager, as well as other CFS managers who were there from the beginning, they recalled how the early days of BRAC CFSs in the camps were like. The field operation lead of BRAC HCMP described, After coming to Cox's Bazar, we knew that DMCC was planning to build such kind of CFSs since three weeks. It was not possible for them due to the lack of spaces and human resources. So, I along with my colleagues started looking for enough spaces where we could open CFSs.

Thus, the current lead field operations manager and five centre managers were given the enormous task of constructing 30 CFSs within 3 days on 26 September, 2017. With a budget of 5000 Bangladeshi Taka (BDT) per CFS, they started to select sites within the camps with the help of the staff from BRAC DMCC Programmeme. At each site, they built a very primary structure consisting of a polythene roof and wall (made of bamboo or tin) supported by 4 bamboo poles resembling the houses of the 'Bede'³³ community. This was done to mark the territories immediately for BRAC CFSs, as the higher management knew that soon spaces would become scarce inside the camps. They targeted a number of structures that were built in 24 sites of the Kutupalong, Balukhali, Hakim Para and Thaingkhali camps.

The next step was to improve on the structures. However, the field operation team found it a challenge to obtain budget from DMCC to do this. They did not want to give out a large sum of money to spend at once. The team related their ordeal and explained that it would be better to have the stipulated amount so that the structures could be improved at one attempt instead of doing it in stages which would only waste time and effort. As a result, they received a budget of 10,000 BDT per CFS to modify the structures. The decision of increasing the budget was timely

³³Bede or Beday is a nomadic ethnic group of Bangladesh. They are also known as Manta. The Bede traditionally live, travel, and earn their living on the river, which has given them the name of "Water Gypsy" or "River Gypsy."

because at that time the field implementation teams were able to construct a more resilient structure with tarpaulin on top, polythene fencing on the sides, but with no doors or solid roofing yet. However, the target of constructing a further 40 new CFSs came after completing the previous task. Within two months of influx, in November 2017, the field team had succeeded in building 120 CFSs, at the same time, strengthening the structures as well.

It might seem that the task was very easy for the field operation team. But in reality, it was very hard from all perspectives. The entire task was managed by a 5-member team, being on field from dawn till dusk, and not being able to have any food during field-work due to unavailability of stores within the camps, going straight into meetings after coming back from the field and working till late night only to repeat this same routine the next day took a heavy toll on them. But they received encouragement from the higher management of BRAC DMCC, BRAC Education programme and BRAC IED and more importantly from BRAC ED as they were also constantly supporting them in the field.

Another challenge faced was the recruitment of new staffs for the expanding number of CFSs. It was no longer possible for 6 management-level staffs to look after all of them. At the same time, the number of children coming to these centres continued to grow, causing it to be increasingly difficult to provide them enough space without scaling up. Managers found that centres would soon deteriorate – polythene fences would become worn out within days, the fencing would fall off, children would bump into the fences and break them off and other such kinds of damages would repeatedly hamper the operations. However, demands for the CFSs continued to rise. Guardians preferred to keep their children in these spaces when they went out to collect relief as they feared losing them in the crowds. With the children in a secure space, they had the peace of mind. On the other hand, there were some parents who did not fully trust BRAC field staff and observed what went on in the centres from outside.

In November 2017, the Department of Architecture, BRAC University, visited with a small team to assess the CFS structures. Their observation was that the plastic sheet used to cover the top

of the structures might be making the space too hot for the children to stay in. The team then recommended the use of thatched straws instead for roofing. The implementation of this change in design was incorporated a month later when the plant used for straw-making came into season. Indeed, this did reduce the temperature within the centres to make it more bearable for the children. One staff said, “It was possibly the end of November or early December when we have started using thatched straws on the roof. Then the temperature drastically reduced. Children felt comfortable then.....” To ensure children’s safety and security, bamboo doors made the centre more secured. Rohingya men were involved in building structures because of their familiarity with bamboo crafts and the Majhees supported to involve the community men as well. The field implementation team used their expertise because they were more efficient in making the structures within a shorter time compared to the local, contract-based daily labor. As one team member said,

“Usually, when we employed Bangladeshi daily labourers, they did not come before 9 am, and they left by 3-3: 30 pm. We lost a lot of time. But when we went into the contract with the Rohingya men from the community, do you know what they did? They went for site visits the night before construction. The next day, the management team went to the sites and saw that the land had been dug and the pillars had already been placed. They had started working after Fazr prayers! By the end of the day, the entire structure was complete.”

In this way, involving the community, within a very short period of time, most of the scale-up was completed.

Entering the child protection sub-sector:

Child Protection is a sub-sector with a dedicated coordinator from UNICEF working under the umbrella of the Protection Sector led by UNHCR. Around the end of September 2017, former Director and current ED of BRAC IED became the persons focal point for the child protection sector. According to multiple respondents, a one-page concept-note was submitted to UNICEF to register as a partner in the child protection subsector and potential sector coordinators were approached to discuss how funds were brought in through various proposals.

One host and one Rohingya policy:

At the end of September 2017, to meet the increasing demand for CFSs, it was decided to recruit local females as outreach workers to continue the activities of CFSs. Thus, 40 outreach workers from the Bangladeshi host community were recruited through interviews at BLC, Cox's Bazar in October 2017, to look after 40 centres. Although the Bengali dialect in Cox's Bazar is similar to the Rohingya dialect, there still remained some communication gaps due to language barriers between the local outreach workers and the Rohingya community. Even till date, there are restrictions from the government in teaching Bangla to the refugee community . Furthermore, the outreach workers did not fully understand the culture of the community. Outreach workers had not been given guidance at that time in how to deal with the large number of children visiting the centres. As such, they found it very hard to manage all the children and noticed that the toys kept were getting stolen from centrecentres. To manage this huge number of children, and since it is more effective to deal with the children of one's own community, at the end of October or early November in 2017, a decision was taken to recruit one Rohingya volunteer in each CFS. The story behind the assignment of Rohingya women as volunteers in the CFSs is reflected by the statement of the field operations lead of BHCMP programme:

“We have introduced an attendance register within the CFS. Do you know what happened then? Thousands and thousands of children took shelter inside the camps. There was not a single space there. All the polythene-made walls had been drastically damaged by the children. At that time, we only had Bengali outreach workers in the centres. Though the local Bengali language (Chittagonian dialect) is pretty much similar to the Rohingya language, content from the mainstream Bangladeshi curriculum, and especially teaching anything in Bengali was strictly prohibited by the Government. So it was difficult for them to spend a whole day this way. On the other hand, we observed that the toys and other toy materials were getting stolen. Then the ED one day told me how will you manage this centre? If there is an additional staff (along with the outreach workers) then it would be possible to manage these children. Then Apa suggested me to engage Rohingya volunteers”.

The main responsibility of the Rohingya volunteers was to assist outreach workers in doing activities in the CFSs. Recruitment of women volunteers from the Rohingya community was facilitated by the Majhees. The criteria were that the women must be between the ages of 18 and 25 years, and who have some level of education (grade 6 or 7 pass, minimum). They would be remunerated with 100 taka per day for the work which would also be a way to empower the Rohingya women. Initially, it was a great challenge to get young women to come to the centres as they themselves and their families did not support this. It was not a norm in Myanmar for women to work outside of their homes and on top of that, they felt insecure about their safety. The solution was to interact with the women and family members through the Majhees and make them understand that the purpose of the CFS was to look after children of their own community, to ensure their safety and comfort and enable their healing. Since the Bengali outreach workers were not being able to properly give this support due to the cultural and linguistic gaps, their help and support was needed. Only women were working as outreach workers, therefore, the importance of hiring women from within the community was highlighted. Soon, Rohingya women started agreeing to come and got involved.

This intervention worked very well. A big advantage of engaging Rohingya volunteers was that they were able to conduct the *kaabiya* and *kissa*³⁴ that had been identified during the field visit in October 2017 as an essential activity for the children in order to retain their culture. Outreach workers were then able to deal with managing the children and conducting the session following the exiting curriculum and some pieces from Rohingya *kabbya* and *kissa*. One of the former outreach workers and currently designated PA shared her experience, “We used to work together in all CFS’s activities then. We conducted *kabbya* and *kissa*. So, basically I conducted English Rhymes and she did *kabbya* and *kissa* sessions with the children. But, we ran physical play, free play and good bye sessions together.”

³⁴*Kaabiya* are rhymes in the Burmese language that can be found within children’s textbooks in Myanmar and *Kissa* are stories in the Rohingya dialect that have been passed down from generation to generation.

Continuation of infrastructure development

By December 2017, BRAC had received funds from Porticus for 101 CFSs. At that time, there existed 7 UNICEF funded CFSs; three were old and four were established after the influx in camps 3, 4 (East), 11 and 22. For the 101 new CFSs, BRAC IED started designing the structure of the CFSs. It was more favorable to think about structure of the CFSs because the Porticus grant was a private fund, and not a part of the UNICEF. The infrastructure of the UNICEF funded CFSs were massive and took up a lot of space. It should be worthwhile to note that the spaces for building any infrastructure was really lacking by then. In this situation, smaller infrastructures would have been more effective. One of the core management team members described, “You have a plot of land today and the next day that space is gone, somebody made a house there, somebody made something there. So we decided, rather than having a big CFS in the middle of the camp, or corner of a camp, we would do smaller infra-structures, which might not be able to accommodate many children, but would still be able to cater to small groups of children with intervals, so in one block we started with a couple of CFSs. We didn’t do mobiles. All of our 101 CFSs had a smaller infrastructure”.

Implementation of 4-tier mental health referral pathway within CFS

From October 2017, BRAC team came forward to provide psycho-social support services to children and adolescents of the CFSs. BRAC’s novel approach is delivering psychosocial support through the 4-tier mental health model, and a part of it has already been implemented in BRAC mainstream Play Labs and non-formal schools projects in various parts of



Figure: 5: 4 tier mental health model

Bangladesh. Based on their experience, BRAC IED has adapted and scaled this 4-tier psycho-social model for the Rohingya population, especially for the children, adolescents and mothers.

The Mental Health Psycho-social (MHPSS) team works with the 4-tier model which was designed by BRAC IED for both home and centre-based CFS/HPL models. In the 4-tier model, the 1st layer/frontline staffs are the barefoot counselors, mainly recruited from the host community. Initially, the outreach workers played the role of barefoot counselors. They have all received a two-day training on basic psycho-social support from the Psychologists. During home and centre-visits, they observed children directly and identified cases by following a few basic symptoms, such as, withdrawn behavior, aggressiveness, playfulness, tendency to harm own-self or others, sadness, loss of spontaneity, fear, nightmare, sleep disturbance, eating disorder etc. These symptoms have to be present for a certain amount of time. If a child behaves abnormally or remains calm for one or two days, for example, that child would not be identified as a case. So, the frequency and the duration of the symptoms also have to be observed by the barefoot counselors. If any child or caregiver is found with those symptoms, they are instructed to directly refer the case to the para-counselors. One clinical psychologist of BRAC HCMP programme said:

“If the barefoot counselor identifies any children with aggressive or non-cooperative behavior, having sleeping disorder, suicidal tendency, withdrawal symptoms, inability to take part in daily activities, imbalanced food habit, lack of self-care, etc., then they talk to them and conduct home visits. After that if they realize that the child needs psycho-social services, then they directly refer the child to the para-counselor”.

Para-counselors are at the 2nd tier of the model. They usually supervise the barefoot counselors and conduct household visits. The concept of providing psycho-social support through para-counselors came from the Schooling and Counseling for the Children of the Post-Primary Education (SCOPE) Initiative of BRAC IED that operated during 2013-2015. In the mainstream project, the para-counselors acted as ‘*Shomaj Shongi*’ (friend of the society). Few of the para-counselors were then transferred to Cox’s Bazar to provide psychosocial services to the Rohingya people. However, in the 4-tier model, as 2nd tier service providers, the para-counselors have received 2-3 months in-depth training on mental health services from both national and international level Psychologists, mental health professionals and experts. Para-

counselors have been chosen on the basis of their qualification, learning agility and practicing capacity (after receiving trainings) and through different assessment criteria. In case of identification of any cases from CFS/HPL, they identify them as a client (symptoms are applicable for both caregivers and child). Para-counselors run psycho-learning sessions, conduct home visits and provide psycho-social support directly. After a referral from the bare-foot counselor, Para-counselors directly provide psycho-social support to the client under the supervision of the assigned Psychologists (tier 3).

Psychologists take responsibility for managing critical cases from the expert Clinical Psychologists and Psychiatrists. A group supervision of para-counselors along with psychologists has been arranged every week and then with experts of tier-4 every month. Psychologists also receive group supervision from the experts bi-weekly. According to the lead mental health expert, all the psycho-social supporters work in a very empathetic way. The psycho-social supporters have received the basic training on active listening, non-judgmental outlook, maintaining confidentiality and action boundaries. They mainly apply play and art therapy for healing as well as deep-breathing, progressive muscle relaxation (PMR), mindfulness, physical play, group activities, etc. Positive self-talk, mindfulness, deep breathing, PMR, self-care techniques, social involvement, etc. have been applied for pregnant mothers, pre-natal and post-natal depressed clients, foster parents, and adolescent care-givers for healing and other methods of interventions.

Initiation of 0-2 home based para-counseling model

Home Based Para-Counseling Model Introduced

Around May-June 2018, BRAC IED started working more closely with the para-counselor's team. In the meantime, these para-counselors spent their time with the children of CFSs. They started receiving training in a variety of ways with national and international partners and experts to get them engaged with children. Then they were being trained by 'Clowns without Borders' on different therapeutic methods such as art therapy, play therapy, movement therapy, etc. These organizations visited BRAC CFSs, held shows with the children and taught

the implementers, play leaders, para-counselors many activities. Later, few of the activities have been adapted from those activities with their permission. The activities like '*Javi-Javi...Java*' are one of them. We remembered that when we first visited the CFS in January 2019, the play leader was doing *Javi Javi* activity with the children. Every child was enjoying the activity and they were laughing. It seemed like it was a fun game. Interestingly this non-sense word like Javi-Java became synonymous to "*lappi-lappa*". These ideas are actually very positive in a sense that BRAC IED did not impose anything on the children; in fact, they decided to carry out these activities in their own language. It was a great example of the early years of HPL model, how BRAC IED culturally modified and adapted those play based activities in the CFSs for the Rohingya community.

Till then, we have found that 2 to 4 and 4 to 6 age cohort activities were being conducted in the centres. BRAC IED team had started working with the Para-counselors and pregnant women and mothers at home. It was the initial stage of starting home based HPL session outside of the centres. Once a week, the para-counselors would sit with the mothers along with their children of 0 to 2 years. Home-based session started with two very simple topics: coping mechanism and positive thinking. Initially the para-counselors were instructed and trained on how to get the information from the mothers and what positive thinking means to them.

Each session started with asking the mother: 'How are you today? How was your week?'; 'is there anything that is bothering you?'; 'what would you like to talk about?'; 'how is your child?'. The main purpose of this session was to create a space to talk to mothers by asking small questions. In addition to conducting home based sessions, the para-counselors were working at the centre too. As very young children accompanied the mother, the para-counselor started playing with them and at the same time, they welcomed mothers to play with their children. It was then suggested asking the mothers to chant rhymes and feed their children when they are awake. Through this session the para-counselor was able to get information about feeding practices, bathing processes, etc. which was helpful to the curriculum team in the later phase to develop home based session in a more organized way.

Parental education session

When we talked to the psycho-social team, we found that what is currently named as ‘home based HPL’ was initially called ‘parenting session’. It was primarily focused on pregnant women. Pregnant women were provided psycho-social support individually from BRAC HCMP psycho-social team. At that time, the unit recognized that the pregnant women who would have children would soon require the service. “We realized the need to do something for the wellbeing of the mother. Then we started parenting session plan for this group of women”, said a clinical psychologist of BRAC HCMP. Later, the outreach workers were trained to coordinate these sessions along with para-counselor. Particularly, the outreach workers who started working with HPL from December 2019, conducted the home based sessions.

Testing mainstream play lab curriculum into the Rohingya context

In 2018 June, for the first time, the mainstream curriculum/routine was applied in the CFSs. But a few things were contextualized for the Rohingya children. In the mainstream curriculum, sessions continued for two and half hours with art, rhymes, and story, pre-math, pre-science and physical play. When it came to the Rohingya context, the BRAC IED technical team modified the mainstream model. As they wanted to include mathematics in the curriculum, they started talking to the people to understand how it can be done properly so that their ethnic arithmetical system could sustain. A team from BRAC IED started conducting FGDs with the parents and family members to know how they usually teach mathematics and science to their children and also find out what sorts of things children do for recreation and learning. Play leaders from the mainstream play lab then trained the outreach workers and Rohingya mother volunteers on mainstream curriculum. Therefore, the routine was borrowed exactly from the mainstream but the activities were all extracted from the Rohingya culture.

Back to play-based learning model

The CFSs were being continuously observed by the field operation team, curriculum development team and monitoring team to find out what theme was working and what was not. When arts and crafts, mathematics and science were introduced in the CFSs within a month; it was observed that the Rohingya children were facing difficulties to understand and

learn the content, and their parents felt that they were losing their cultural identity. The ED referred the entire incident as a 'disaster'.

The BRAC IED technical team concentrated only on the curriculum development, focusing especially on learning, development and healing. As described by the curriculum technical team,

“After that Eid ul Fitr in 2018, Apa (ED of BRAC IED) went to the camp, I went to the camp, (and saw) that these activities were not working. Children stopped coming, they were not enjoying it and the thing that was the most alarming for us was that not only did they not take part in these structured activities but also they stopped doing things that they were enjoying. Rhymes went out, but they wouldn't recite it. They stopped playing their games. They would play outside in the camp, outside the centres, outside their homes, pathways but they wouldn't do that in the centres. And then we, as a team, decided, let's just forget it. We will have to re-think our whole process and we still want to make sure that learning continues. We still want to make sure that development continues, we still want to make sure healing continues but pre-disposing a method would not work. So that time, we went back.”

By the summer of 2018 the curriculum had gone through several significant changes. BRAC IED took an iterative process with children, Rohingya community and with the CFS staffs from Rohingya community to find out rhymes that children or adolescents recited at certain ages or were very popular among community children; local games, and tradition specific items/objects symbolizing their culture. Their findings illustrate that in Rohingya community children have their own imaginative and acrobatic games/physical sports, folk stories and many rhymes which the community like most. BRAC curriculum developers surveyed the community to identify key materials that could be developed. Curriculum developers showed quick, positive response. They gathered all the information and analyzed which rhymes, games or stories could be more suitable for 2 to 4 years and 4 to 6 years children. When a change was made in the routine, it was observed in practice and discussions were held with the community and play leaders to see if the routine was working. Through this process, it was found that *Kabbiyas*, art, free play and physical sports worked well and these became the main building blocks of the curriculum that was finalized in September 2018.

HPL model in the child protection sub-sector

The Inter Sector Coordination Group (ISCG) of the Camp has a rule that if any organization wants space within the camps, then each sector needs to talk with the ISCG first. Also, according to the CFS minimum standard, it is necessary to contact and inform child protection sub-cluster coordination team about available spaces, established procedure on space allocation and allocation process³⁵. It was a struggle for the BRAC child protection team to obtain permission for spaces for the CFSs through bidding at the ISCG, informing the sector and camp in-charge (CIC).

HPL in the camp

Centre-Based Services

As per the HPL curriculum, HPL centre-based sessions are supposed to start at 9 am. However, in most cases the session has to start around 9:30 am because at the same time, *Maktab* (Arabic studies) remains in session for the young children. Usually a child wakes up very early in the morning and goes to *Maktab* for Arabic learning, the *Maktab* usually ends at around 9-9:30 am. This makes it difficult for the children to be at the HPL in time for the morning session as children go home for their breakfast after returning from the *Maktab*. According to the HPL management staff, although some measures are being taken on this regard, it needs to be handled carefully due to its sensitivity. The Camp-in-charge (CIC) has encouraged *Majhees* and Imams to break the *Maktab* at around 8:30 am and start again after 1:30 PM to resolve clashes between the two schedules .

Thus, the first session for 2-4 years old children in the HPL centres start at 9:00 - 9:15 am with welcome session. In the welcome session, the PL, PA and the children share Muslim greetings. The PL asks them how they are and repeats some lines such as “we all are brothers and sisters”, “we will respect the elders”, “we will wash our bodies once a day”, “we will cut our nails once a week” etc. These talks are meant to develop children’s moral values, and introduce behavioural

³⁵Child Friendly spaces (CFS) minimum standards Cox’s bazar I Rohingya Emergency Response. Retrieved from:https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/cfs_minimum_standard_-_cxb_cpss_2018.pdf

changes regarding health, hygiene and safety. Also a breathing exercise is done in the welcome (and goodbye session too). During this exercise the children are told to sit, close their eyes, imagine themselves to be in some orchard; sometimes flower or mango orchard; and told to take deep breaths. This exercise is also done in between sessions to maintain discipline and for settling down children after each activity. In this session, children usually learn social and moral values, safety messages, basic hygiene and greetings.

After that, from 9:15-9:35 am, they have scheduled *kaabya/kissa* (Rhymes/Stories) session. In the curriculum, there are selected *kaabya* or *kissa* (based on the schedule) for children. With the help of their play leader, the children do this session in one group. Usually play leaders chant the *kaabya* loudly at the front of the room then children repeat her words in unison along with imitating their gesture. The play leader helps children to learn these things by conducting the exercise repeatedly so that subsequently, any of the children can conduct the session with their peers/friends.

Completing the *kaabya/kissa* session, children carry out physical play from 9:35 - 9: 55 am. In this session, children play as per PLs instruction. The PL's responsibility is to consciously observe the children so that everyone can participate and enjoy. Sometimes, the PL also participates with the children. The children play spontaneously and eagerly during this time. However, the space inside the HPLs is not wide enough for children to run around.

Then, children have 25 minutes for the art session from 9:55 - 10:15 am which is their most preferred session. At the beginning of the art session, the PL pairs up the children in small groups. The Play leaders teach them basic colors, instruct on what to draw, sometimes help very young children to draw. The children usually like to spend more time in the play and art sessions; as a result, a PL cannot always maintain the session schedule for both age groups. They can draw beautiful pictures within a very short period of time. However, according to our observations; there were some HPLs; especially the newly established ones cannot hold the art session due to lack of materials supply.

The following session is called the Free Play Session. Children play with the toys in the HPL or with their own innovative/local indoor games. This session is run from 10:15 - 10:45 am. The children are given Ludo boards, carom boards, toys such as mobile phone, car, catering sets, dolls, skipping ropes etc. The girls are seen to play with dolls and cooking sets and the boys with Ludo board, skipping ropes etc. Sometimes there are quarrels among the children for possession of a certain toy; in these cases, the PL or PA intervenes and try to solve the issue. The lack of supply of toys and play materials is also a concern. The broken toys are locked away so that the children do not hurt themselves.

At the end, there is a good bye session from 10:45 - 11:00 am. The children stand in a circle and are asked to repeat the messages they had been given during the welcome session with the PL. In this session, children again share the social and moral values, safety messages, Basic hygiene messages and then exit the centre to go home 'as a bird'. The same session is run for the 4 to 6 year old children with their own age-specific contents from 11:30 to 1:30 pm.

According to our observation; the children's participation is very spontaneous. Those who are a little older compared to others participate with more spontaneity. The children are asked whether they feel happy during the activities; in reply to that, the children shout in agreement that they feel happy. Sometimes older siblings accompany the younger siblings to the HPL. Whenever, any children are inactive such as staring out of the window and not participating, the PL usually tries to draw the child's attention and encourage him/ her to participate. Sometimes, children cry and quarrel, even fight with each other; The PLs and PAs try to separate them and solve their disputes. In some cases, some children who feel like withdrawn or, distant; the PLs and PAs try to motivate and encourage them to participate in the activities. Sometimes, the other children also try to convince the withdrawn children to join in with them.

Home-Based Services

Home-based session is a 4-step procedure developed by the Humanitarian Play Lab (HPL) model for pregnant and new mothers of the Rohingya community who participate in group and

individual sessions in a regular basis to address their need for a healthy family and to keep them sound mentally. The sessions are very effective in dealing with their daily life hassles and stresses.

Usually, 6 to 10 mothers participate in a one-hour group session. For the first 20 minutes, they greet each other and then the PA thanks them for coming and asks all group members individually how they and their family members have been doing, if they have faced any problems while coming to the session and if any of their family members are sick. Group members also practice breathing relaxation or mindfulness in this phase. In the 2nd phase, 20 minutes are allotted for ventilation and sharing. They actively listen to each other's issues and feel better. Then the PA asks them different and new things in proceeding sessions. The questions are basically related to a mother's mental health. For example, what do they do all day long, when they get tired, when they feel sad or angry, what do they like the most, how they feel peace, how they help each other in their homes etc. Some group activities, art or games are in this segment. Members learn coping strategies and time management from the PA.

In the 3rd phase, the PA discusses child care and child-parent relationship for 15 minutes where she educates mothers about a child's healthy diet, their sickness, where to get help, what kind of games can be played and how to play with them for their emotional growth. With Mother Volunteer's assistance, the PA runs the session and learns about the group members' children and how they have been doing. In the last phase, the PA gives some home work for self-care like remembering positive events and good memories, doing things to keep themselves happy. Feedback of the session is taken from mothers, and they are asked about their interest in topics in the following session. This 5-minute phase is to thank them again for coming and say goodbye.

Both individual sessions for pregnant mothers and mothers with children of 0-45 days of age are almost same and the session is similar to the group session. There are some differences

such as, PA and Mother Volunteer (MV) paying home visits and conducting individual sessions with the mother. Mainly, a Mother Volunteer facilitates the session and she asks the mother to share her issues. She ensures confidentiality of the session. The mother is encouraged to think positively about their children. For pregnant mothers, Mother Volunteer asks about her wellbeing in the 1st phase. In the 2nd phase, mother volunteer provides information about diet, regular check-ups, health centre and delivery process etc. For the 3rd phase, she suggests how to keep them happy and how to think positive about self and the children. The last phase is the same as the group session. This session is more focused on children health care for mothers with children of 0-45 days of age. In 2nd and 3rd phases, children's diet, basic needs, treatment and cleanliness are discussed; and playing with children and giving enough attention are suggested respectively.

One host two Rohingya volunteer

By September 2018, the curriculum came into a structure. Unofficially, the HPL model had been planned by this time. Already, 244 CFSs were built from the Porticus grant and with UNICEF and OSF funds, the CFS operation was continuing. In the meantime, LEGO came in to strengthen their support on CFSs. BRAC and LEGO foundations already have been in a three-year partnership to promote ECD in Bangladesh, Tanzania and Uganda through a 'learning through play' intervention. This grant helped BRAC IED to think more structurally about the play lab and its curriculum. The curriculum technical lead of BRAC IED said, "So with that we decided, we are going to scale up our curriculum. How do we scale it up? How do we make it cheaper? How do we make it cost effective? That's when we have decided Ok, from now on we are going to come up with more structured system in the CFS."

In the meantime it was observed that the Rohingya volunteers worked well with the outreach workers. And almost in all the camps in the CFSs, Rohingya volunteers have a social acceptance to the Rohingya children's and their parents. So the decision had been taken to involve an additional Rohingya volunteer who would be working as a play leader with the other existing Rohingya volunteer. So then, the out-reach workers were promoted to become Project

Assistants (PA) who would supervise the Play leaders. Now, inside the CFSs, two Rohingya volunteers have begun to function as a play leader and an outreach worker, during the PA's activities with the children. The organogram became such that Play Leaders were supervised by the PA, and then by a PO and then by a Manager. And at the same time, changes were also made in the home based sessions. Since then, home based MVs were responsible for running the sessions with Rohingya mothers instead of the Para-Counselors³⁶. And for the home based intervention, MVs are supervised by both the Para-counselor and the PA. However, a Para counselor also did the sessions because she had the skills on psycho-social support. On the other hand, the PA brought in the skills of 'Playfulness'. All of these staffs received basic training on ECD, play, basic psycho-social support and child-protection.

From Rohingya volunteer to play leader and engagement of Social Mobilizer

Engaging Rohingya women in the HPL centres was not an easy task. Naturally, the community was conservative and they obliged them not to get involved in such kind of activities. Initially, when the Rohingya girls were recruited as 'Rohingya Volunteers', the Rohingya community presented itself as a barrier. Many people said, "No, our daughters and women will not go for work." Later, when the HPL model had been implemented, many Rohingya women were involved, and this time, another big challenge came from programme the religious groups within the community. They then identified the institution to be only interested in Rohingya women; not men. So they had misconceptions about the activities of the HPL. During that period, many Rohingya women received training but did not join the HPL. However, this situation was not the same for all Rohingya women and all the camps. On the other hand, women who worked as play leaders were continuously receiving threats from community Imams, religious leaders and others. Everything that happened at that time was considered by the HPL team to be a learning journey; that they should consider the issues from community's point of view. To overcome the situation, a male social mobilizer was then appointed from the Rohingya community and has since been working as social mobilizer. However, the concept of social mobilizer was already in the HPL design from the beginning. They actually started working from April 2019 to coordinate

³⁶ Selection criteria, job responsibility and training what they received by the program are in another chapter.

community-based meetings and workshops and to mobilize community people regarding CFS/HPL, etc. The main strategy was to involve them to manage religious leaders while they questioned about male involvement in the HPL.

Strategic change-500 to 300

Before designing the HPL model, both Dhaka team and Cox's Bazar team organized a 3-day workshop in Dhaka with the entire curriculum and, field operations in October 2018. In this workshop, major decisions were taken regarding implementation process and timeline of CFS/HPL. It was decided that, 500 HPLs will be established in between November and May 2019, in the first phase and then 500 more within December 2019. In the meantime, child protection sub-sector disagreed with the plan and suggested working collaboratively with other organizations as other organizations had demanded for building of their own CFSs within this situation of space constraints. BRAC already had 347 CFSs and 342 were operational by then. BRAC had a positive reputation with the sub-sector as a quick implementer and their experience of working with the underprivileged population. Still, operating 500 CFSs in the camp is a matter of controversy. Thus, it was decided to reduce the number from 342 to 300 as per sub-sectors decision. However, BRAC IED management took this decision positively as other organizations also changed their strategy by then. For example, at the same time, UNICEF also changed their programme and focused on adolescent group. Based on this decision, BRAC IED team decided to conduct a risk assessment of the existing CFSs because they had to abide by the minimum standards of the CFSs and HPL. This assessment was done by the Department of Geography and Environmental studies of Chittagong University. The number of centres was reduced to 304 and the rest were closed due to their locations being prone to land slide and other risks.

Redesigned home based HPL model

Already we have observed from the previous sections that space was a major constraint in the camps for building the CFS centres. On the other hand, in some camps, the total number of CFSs is less than the population density and its need. For example, camp 11 has the highest

population and number of households. However, BRAC and Save the Children are operating 31 and 3 CFSs respectively. According to a CFS manager, more CFS centres were required as per the density of the population. When the issue of constraint arose with regard to CFSs, the management had to decide how programme population coverage can be increased without increasing the number of CFS centres. To reach more children at the HPL without establishing new play centres/CFSs, the number of home-based centres has been increased from 1500 to 2000 as there are no space issues with the home based model. Wherever the household heads allow, pockets can be selected for organizing home based HPL. With the permission of the household heads, decision on the expansion of the home based HPL was taken by the management.

As this intervention also falls under the child protection sector, a minimum standard is needed to be maintained. These minimum standards were not prepared by BRAC IED alone but were decided by discussing with the child protection sub-sector. An example of such standards was, 'Ensuring a good air ventilation and space as home based session will be arranged for 8-10 mothers in a room along with their children and session the facilitator, mother volunteers, Para-counselors and the PA.'

Another major reason to redesign the home based HPL was about mother volunteers' and the PA's incapability to understand the mental health condition of the mothers. We also observed the situation when we were observing home based group sessions (Box-1). Therefore, the

Box 1: Home based HPL group session observation with PA and MV

We are in the Home based HPL group sessions in camp 11. Almost 8-10 mothers are in attendance; their young babies are with them. The babies are asleep or lying down in front of them, some are crawling or sitting on their mother's lap, some are breast feeding. The point is, the mothers are getting preoccupied with handling their kids rather than listening to the PA. There are no arrangements to keep the accompanying children occupied. Sometimes older children are coming in and causing chaos. The session is not interactive enough. The mothers are not participating as much, only the PAs and the mother volunteers are talking to them about empathetic breast feeding, importance of vaccination etc. The PAs are not being able to understand what to do with the feedback from mothers as they do not have psychosocial training; such as, if a mother is saying that she is feeling unrest or unhappy, the PA is not being able to provide the necessary support. The environment and the sitting arrangement are not suitable; lack of ventilation and light, lack of space for sitting – all of this makes the environment become not congenial. The mother volunteer is not clear about her role, she is just arranging the meetings and the PAs are conducting the sessions. The session is supposed to last for an hour however in reality the session ends after half an hour due to the mothers' need of going back to home to take care of their families.

facilitation process was ineffective. From December 2018 to March 2019 there were 3 home based pockets around a centre. The pockets are selected following the target mothers in the neighborhood; but according to the new plan of action; in order to increase the number of population coverage, home-based pockets have been separated from centres and 2000 independent pockets will be set up throughout the Rohingya camps depending on the availability of target mothers surrounding a pocket. An additional PA will be assigned for home based HPL and one MV will carry on 15 home based sessions. On the other hand a centre based PA will be responsible for 4 CFS/HPL centres instead of 2. However, this new model was not implemented during April, 2019.

Steps towards culture preservation through community engagement

Culture preservation was one of the major components and objectives of the HPL. In the document titled 'BRAC Humanitarian Play Lab (HPL) Curriculum Overview' it is noticeably mentioned that the culture preservation as one of the major and first purposes of the HPL model which is particularly suited to the Rohingya population³⁷. We have observed that through the HPL model, BRAC IED preserved the Rohingya culture with the engagement of Rohingya community in a variety of ways.

- Making CFS structure by engaging Rohingya population
- Providing importance of material culture to the infrastructure design, centre decoration and play material creation;
- Engaging community people through community based child protection committee, parents committee
- Bringing the content of education from the Rohingya culture by engaging community men, women and children;
- Communicating and providing services to young children through Rohingya language and through Rohingya facilitators

³⁷ The first purposes among the four of HPL is documented in this way "Preserve culture and heritage through activities and spaces tailored to the target Rohingya community" in the document 'BRAC Humanitarian Play Lab (HPL) Curriculum Overview"

From the beginning of model development, BRAC IED identified the cultural component through community consultation with young children, community men and women, elderly members in FGDs and workshops. The BRAC IED team followed the steps to understand Rohingya culture. In order to do that, a fieldworker collected information about what the people say, do and think. In the latter part of this section, we will describe how the BRAC IED team engaged the community to develop the HPL model, prioritizing culture preservation.

Making CFS Structure by Engaging Rohingya Population

Rohingya males were involved to set up CFSs from September 2017. It was found that almost 95% of the CFSs had been built by them through their manual labour and spontaneous participation. These issues are also discussed in the previous section. However from the interviews with multiple participants from field operation team that community inclusive process for making CFSs built trust and confidence of the field operation team to take decision to involve them.

Centre Design

Playgrounds are places where children's play can take off and flourish, be it outdoors or indoors. In June 2018, the architecture team was involved in working with CFSs. According to the lead architect, they started uncovering the culture, habits and practices of the Rohingya community in order to understand their aspirations with the CFSs. That was the beginning of engaging Rohingya people with different age groups, along with mothers, children and kids as well.

Indoor play space design

At first, the team focused on space design. Initially, they identified how the community views comfort within a household, how they could make a space comfortable and acceptable to the community, etc. In this way, community people provided lots of information about their lifestyle with spaces. The architect described, "If they said something like, it would be good if trees were planted, then we would ask what kind of trees do you want? For example, little girls would talk about flower plants, boys talked about big trees with lots of shade, they wanted to

play ball.” During this discussion process, Rohingya volunteers and outreach workers played a vital role in communicating with the people. But interestingly, children were engaged through different activities, for example, they expressed their needs and feelings through art.

The architecture team findings were as such: the environment was very hot inside the CFSs; girls liked flower plants, boys wanted to play ball; children needed space for play; needed shade, light and air flow for comfort. It was observed that children and adolescents loved to draw. Community women expressed that they decorated their homes with *Shamiana* (ceiling drape). The '*Shamiana*' design is one of many examples of community people's participation, in that it was designed and sewed by community women themselves. However, it was done differently in different camps. Such as, in one camp they took the separate fabric pieces to sew on and then (in turn) sewed them onto the *shamiana*. In the other camp, the women brought a printed fabric from their community and suggested combining this with solid colored fabric to make the *shamiana*. Again in other camps, because of limited time, they drew roses and leaves that they normally draw directly onto the fabric and stuck them on the *shamiana*. Sometimes they just made the *shamiana* and drew on the fabric pieces in the subsequent day, and the women sat together in a group and stuck the pieces on the *shamiana* and hung it up. Along with the children, the CFS spaces were then decorated with colorful hand painted flowers, art, hanging decorations, etc.

Outdoor Play Space Design

During our field visit, we have seen that they were focusing on outdoor play spaces from January-February 2019. Before starting, they first observed how community children play in an open space. At the same time, community consultations have taken place simultaneously. Due to a lack of availability of space in the camps, till date, the only HPL centre to have outdoor play spaces exists in the camp 4. There are also tube wells and toilets located nearby. Others have bamboo platforms of different heights and outdoor play apparatus which children can play with (e.g. in camp 4). This was done again by consulting with the community males and young children. Currently, the outer areas of centres vary. Some HPL centres have a small area where children can clean up before they enter the HPL, for example. That is why the BRAC IED

architectural team again went back to the Rohingya community in April 2019 to gather information on how this small space can be utilized for children's play.

Making Toys, Play Materials and Cultural Artifacts for Children of HPL

Under the curriculum team of the HPL programme, a play material development workshop is organized periodically to encourage mothers to make toys and simple play items which they can manage easily from their surroundings and their homes at little or no cost. The aim of this workshop is to preserve their culture and reflect traditional aspects in the play materials in an unbiased manner. Here, they make such things as pillows from pieces of fabric, mattress from sacks made of jute, paper flowers, artwork, carry bags, clay made cooking utensils, bamboo made flower vase, dresses etc.

Material Development Workshops organized in BRAC HPL activities in Rohingya refugee camps, Cox's Bazar



Material development workshop

During our visit in the field during the first week of April 2019, around 10 am we reached CFS 12 under camp 10, block F1, Balukhali-2, to observe 'material development workshop' as suggested by the Field operations lead. Reaching the specific CFSs, we observed about 50 women of different age groups sitting and gossiping with each other. A sitting arrangement had been set for the participants on the floor by spreading big mattresses. A facilitator from BIED's Dhaka office entered the room, welcoming the participants and sitting with them. With the help of trained play leaders and PAs, the facilitator started the workshop. The facilitator asked the play leader to share greetings and talk about their daily life to build a quick rapport using their native language.

Some raw materials that they usually use in their homes had been supplied. But they were told to make toys using their own ideas and innovation. They were also asked to bring in ideas from their culture and traditional play items. The facilitator started a primary discussion on material development and asked Play Leaders to convey it to the participants. The participants were divided into 5-6 groups where around 9 participants had been selected for each group (if the number of participants is larger; they were divided into 5-6 groups, if not then made at least 4 groups). The materials provided to them were bundle of colorful thick yarn (red, orange, black), brushes, colorful pieces of clothes (red, green, yellow and white), sheet paper, jute sacks, rope, sewing yarns, needle, bamboo pieces, colorful plastic straws (yellow and pink), wool, Berger color cans (Jhilik Brand) etc. had been distributed to each group equally. The facilitator also instructed the PL to give brushes and plastic paints to the groups who wanted to work with bamboo materials. The participants had also been asked to use any useful recyclable material from their home such as, small boxes, plastic bottles, chips packets, foam etc. to make toys and play materials. The facilitator and PL were moving around and going to each group while the participants were making toys. The facilitator asked the PL to sit with each group and talk with the participants about their work. One group was making 'Jhumko -ful' with colorful papers, another was making dresses with red pieces of clothes for small children. A few participants wanted clay, brushes and colors to prepare clay toys.

After sometime the facilitator instructed the PL to ask the groups to present the materials that they had made, one by one from each group in front of all. They were also allowed to take the materials with them and make toys at home if they liked.

Usually, this workshop is arranged per centre on a weekly basis with the community women. The entire session takes around 2 hours and 30 minutes starting from 9 am. The facilitator along with the PL wraps up the material development workshop by giving thanks to all participants. From the program, management provided them with all sorts of assistance, for example, arranging refreshments for participants. The toys are collected from the participants by PLs and kept in the centre. After finishing the material development workshop, the PL has been asked to make a list of the currently made toys and decorations, and send to the Area Manager. The Area Manager has been instructed to hand over the list to the Field Operation Coordinator

Engaging Community: Community-Based Child Protection Committee and Parents Committee

As Rohingya children have been exposed to abuse, violence, trafficking within the Rohingya camps, Community-Based Child Protection Committees (CBCPC) have been formed by the BRAC CFS management before starting the HPL model inside the CFSs. The objective was to mobilize community responses, raise awareness on child protection, and ensure that communities take part in creating a safe and secured environment for the children. According to child protection, the minimum standard for Cox's Bazar is that, CFS activities should be supported by the committee or other community based structures. At the initial stages the CBCPC were formed where CFS were funded by UNHCR, later by other donors. That is why we found majority of the CBCPC started functioning from January 2019.

The CBCPC is an 11-member committee consisting of members from the surrounding community of its respective CFS/HPL. It includes influential members from the community, such as Head Majhee, sub-Majhee, Imam and Parents. The Centre manager and PO first approached the Head majhee and then the committee is formed with help from both the Majhee and sub-Majhee. According to the PO and CFS Manager, influential members from the community are kept in the committee who are likely to be able to convince and motivate community people. Though both male and female members are kept in the committee; the ratio might not be equal as they try to keep more male members than female members since males have more decision-making power and broader influence in the Rohingya community. A meeting of the committee is held once a month; and there is no fixed date for the meeting³⁸. Usually the respective PA, PO and Manager inform the committee about the meeting a couple of days prior to the meeting.

Generally CBCP committee works to mobilize community people regarding the necessity of building a protective environment for children. This committee is also responsible for ensuring children's rights and engages the community people along with building a safe environment for

³⁸ According to the document titled supporting forcibly displaced Myanmar Nationals in Cox's Bazar, CBCPC meeting can be organized twice in a month depending on the demand of the donors.

them. For example, during the monsoon season of 2018, CBCPC played a significant role to relocate some of the CFSs in a safer place. Basically it is a forum where the members meet and discuss about their children and plan the steps to be taken in order to ensure a safer environment for them. This committee mobilizes the community about the HPL. They discuss the benefits of CFS/HPL with the community people and convince the parents to send their children there. The CBCPC committee basically acts as a local governing body of the respective HPL. It assists the programme staff in the establishment and governance of CFS/HPL. This way, the community people feel more involved with the activities of CFS/HPL. This committee also works as a network of advocates of child protection.

Like CBCPC, the parents committee was formed in January 2019. In the HPL model design, in every CFS/HPL, there is a seven-member parents' committee. Each committee consists of one *Majhee* and a few selected parents (both male and female) whose children must be registered at the respective centre. The committee sits once a month to discuss CFS/HPL activities, children's engagement, and behavioural changes and development. Coordination of this meeting was done by the area manager along with PA, PO and PLs. However, like the parents committee, another committee named CFS management committee (CMC) was formed in 2017 and it started functioning from November-December 2017. This is now functioning as the Parents Committee.

Community reflection about HPL services

The beneficiaries are the group of people who are involved in HPL directly or indirectly. Communities consist of different people, groups and organizations. Primarily, community people are important stakeholders for the HPL. They include parents of 0-6 year old children, their caregivers, local leaders, community and frontline staff of HPL. It has been noted that within the community, some local level stakeholders are more influential than others. *Majhees* and Imams, for example, have more power to make decisions about issues that concern the community such as the wellbeing of children and regarding HPL centre management.

The HPL model is designed in this way so that as many children and their caregivers as possible are directly benefitted from project activities and investment. When we talked to the community members and parents of the children, we found that parents of HPL-attending children have observed changes in them. All the CBCPC committee members agreed on the positive effects the HPL has had in building resilience in the children. They also explained that the HPL (centre) has substantially improved the children's attitude on personal hygiene, communication with the family and community members, CFS attendants, etc. Reportedly, the beneficiary children are pleased with the physical play and art activities.

Warm Reception at the HPL Centre

Many people stated that the children at the BRAC CFSs are well cared for by the play leaders, which is why they like to come here. Additionally, the play leaders go door to door and invite children to come to the CFSs while other NGOs do not do this. One FGD participants stated:

“When children were younger, they like to play the most, but when they became older, they like to study. In CFS, there is no punishment. So the children love to come here. Teachers love the children a lot. If the children were beaten or punished, they wouldn't like to come to the CFSs.”

Another participant from FGD group said,

“Children learn manners here from the BRAC School. In Burma, we talk to children referring to them as 'Tui-tai', but here, teachers and BRAC employees talk to them with respect and call them 'Babu'. Children also like this and they learn from it. They learn how to behave with guests gently with good manners.”

Children come to CFS spontaneously. There is nobody to pressure them. Children like to play with toys most. And parents know that children are learning many things and are developing. The parents understand that good things are happening in CFS, if they don't understand this, they would not send their children here.

It was found that PAs do various activities out of the scope of their job responsibilities. The PA maintains a good relationship with *Rohingya* families. They visit their houses regularly, talk with the family, say hello, if anyone does not feel well mentally, they talk to them, show sympathy and empathy. They also pay visits when any of them fall ill. These small initiatives taken by PAs

make them reliable to the community. Many of the PAs have gained trust and reliability from parents in these one and half years of working at an HPL. Now, the parents realized that children are being taught about social and family norms from BRAC CFS/HPLs. One of the PAs shared her personal experience regarding the community acceptance,

“There are 70 children in my CFSs. Everybody’s family knows me. If I do not come once a week they miss me. When they see me near to CFS/HPL, they come to receive me on the way. One day, I was saying that I might leave this place. There were more than 40-45 parents who were present then. They said that they will find me from wherever I go, and bring me here again. If I leave this centre, they will be helpless. Children are very happy and make fun with me. Now they respect their elders more than before. Give Salam whenever the children return home from CFSs, listen and follow instructions of their parents.”

A Place of Play and Study

From the community perspectives, there is no distinction between BRAC’s *khelakhana* and other CFSs except for the addition of play-based activities. At first, they didn't like CFS 'activities because they found out that there were only play for children. But later, they found out that academic activities are also performed here. It became obvious when they heard *Kabyya* were being chanted by the children. One of the community people from an FGD said,

“At first, we did not like CFS and HPL. But when the PO and PA brothers and sisters visited our home, came to us and discussed the matter openly and told us that only study is not always good for children, play is also important. So, we realized that children do not want to study continuously; they also want to play. And play for some time and study for some time might be a good thing and children will feel more interest in the study that way. Now we can understand this.”

Although it was clearly understood that the people in the Rohingya community were giving more importance to education than to play, nevertheless, they are gradually realizing the concept of learning through play. One of the participants from the community said,

“In BRAC Khelakhana, children play and stay there for the whole day. Here, children play various games. They also study here. They play for 30 minutes and after that, study for 30

minutes. Continuous study for long time can make children bored or monotonous. And it is not good for children to play for longer time. So it is good to study and play.”

The CFS/HPL was also a place for the children who are below 2. We have observed that mothers leave their children in the play centre to work at home. A Rohingya mother said,

“In Burma, the older children went to school but there were no places like *Khelakhana*. Children only went to school to study. Small children did not have any place to play like they do here. They play outside in the yard and their homes. This is also good for us as in this situation, they do not have any yards but have the *khelakhana*.”

Perception About Play Materials

Community has various opinions regarding play materials. In Myanmar, children are used to playing ‘*DU DU*’ game, ‘*Mall Khela*’, Ball, ‘*Dang game*’, ‘*Chokka game*’ etc which are mostly played in an outdoor space. Community people accept that arrangement for outdoor play is difficult in the CFSs due to the camp situation. They strictly prohibited children to play with musical play materials because of religious obligations. One of the participants from community said, “We don’t like the games which are not allowed in Islam. We don’t like ‘*Dhol-Tabla*’. We had a meeting and asked to avoid these types of play materials. Because there was a game in the CFSs using musical play materials. After that, the game was not played in CFSs.”

However, doll is accepted by them while it has also religious obligation. “They don’t have any problem with dolls. Children can play with dolls.” The participants from community also shared that the play materials with which children used to play in Burma, almost everything is available here. One of the respondents said, “Even in Bangladesh, children are getting more toys than they did in Burma. In Burma, children only played with the toys which they made by themselves. But here they are getting ready-made toys also, provided by BRAC.”

However, one of the PAs mentioned that parents are more enthusiastic about educational play materials rather than the entertaining ones. As described by the PA, “Parents ask for more in depth education. They do not like Ludo game. Then we say, children learn counting through

Ludo. And now we are giving Blocks to children to learn counting instead of Ludo in HPL. Children make car and houses with blocks then count the number of blocks.”

Behavioral Changes

Participants were asked about the behavioral changes they have observed when they regularly visited the CFS/HPL centres. “Now many changes happen in our family after my child started going to the *khelakhana*. Children always wash their hands before meals”, said an FGD participant. Like him, other participants also shared their experiences about their children. For example one was saying that the children learnt cleanliness from BRAC CFS. “Previously, the children did not maintain personal hygiene but BRAC School has taught them how to clean up and stay clean. So now the children maintain cleanliness.” Another participant said, “Children did not use water when going to the toilet before, but now they do not go to the toilet without a water pot.” So, the concepts of cleanliness and hygiene have been built up among children as well as in their families.

Another significant behavioral change in children as mentioned by the respondents from community was their interaction and response to others. Previously, when children were called by their mother, they answered “What?” But now they say respectfully, “Yes?” in response. One respondent from community said,

“Children were introverted, but, now they talk and more and are energetic and agile. During the transition, children experienced many traumatic experiences. Previously, the children only thought about the events of Burma. Now there are many schools in every block in the camp. So the children can play and they are living in harmony. Gradually, the traumatic memories are being forgotten. Children are happier than before.”

Conclusion

A huge scale of operations is going on in the community for the early learning and healing of the displaced, traumatized children. Over time, there have been many changes in the service delivery model. The key ones are being introduction of play based curriculum, integration of culturally appropriate materials, transformation of outreach workers from Bangladeshi staff to recruitment of Rohingya frontline workers, changing one host one Rohingya policy to one host

two Rohingya policy, increasing the number of household pockets for enhancing coverage and addressing space constraints, and engagement of barefoot counselors and para-counselors with the support of Psychologists. The next chapter will illustrate monitoring and evaluation of HPL activities.

CHAPTER Eight: Monitoring & Evaluation in HPL

Monitoring and Evaluation (M&E) are a compilation of a systematic procedure of gathering information of activities and assessment to track progress and performance of a programme (Pact 2016)³⁹. M&E plays an important role to measure the effectiveness of strategic implementation of a programme to generate purposeful output which helps to guide effective planning and proper allocation or re allocation of the resources. This chapter describes how the M&E was begun, adapted and continued in HPL/CFS programme in order to track the activities and outcomes.

In BRAC CFS/HPL, M&E has been conducted at three levels:

1. Management Information Systems (MIS) has been used by the management to monitor and evaluate programme performance with specific target indicators against a time frame which needs regular assessment.

2. Monitoring in HPL has been conducted by collecting routine data for overall evaluation of the programme implementation, services and resources. It tracks all the inputs and outputs periodically to help the management, stakeholders and donors to make effective decision for the programme.

3. Research and Evaluation, where research is a systematic assessment of HPL programme process over time, and aims to demonstrate programme operation, influential factors, challenges, impacts and achievements. Evaluation results suggest strengths as well as limitations of the HPL programme and its intervention components that help the management to plan the programme in a way of continuous improvement.

According to the programme, the criteria of monitoring and evaluation include the followings:

- Programme components are in place and working properly

³⁹ Pact (2016). "Monitoring, Evaluation, Reporting, and Learning (MERL) for Peacebuilding Programmes." Washington, D.C., U.S.: Pact.

- Implement the programme in its best planned way
- Getting the best outputs against the allocated resource
- The programme is serving the target beneficiaries
- The quality of implemented programme services
- Identify and address HPL/CFS programme challenges.

1. Management Information System (MIS)

BRAC HCMP has designed an MIS which is a database system designed to produce reports for both the internal management and external stakeholders on a regular basis. A Field Manager of HPL described that the information of the programme activities was collected from the field following a structured procedure. At the very beginning of September 2017, some selected activities of the field were sent by staff through text messages to HCMP office of Cox's Bazar. For the MIS of the HPL, by the end of the day, each CFS manager sent information on some indicators to the MIS officer responsible for HPL placed in BRAC HCMP MIS department. These indicators included daily attendance of boys and girls of 2 to 4 and 4 to 6 year old in HPL centres; new children enrolment; information on separated children; adolescent club attendance; and the snacks provided. In Cox's Bazar, the MIS staff entered the data into an excel file, cleaned and analyzed the data and prepared a daily report based on the field based data. All data of BRAC HCMP activities was compiled using computer-based MIS system developed for HCMP and was shared with the relevant managers in camps, BRAC HCMP child protection sector in Cox's Bazar and BRAC HCMP based in Dhaka Head Office through whatsapp and email. Even now, the daily data is being collected, collated, analyzed and reported. In addition, the MIS officer also submits a weekly report. By tracking the information daily on the current status of the programme, including coverage and quality, MIS provides support to improve the quality of the BRAC HCMP programmes in Cox's Bazar. The MIS is helping the programme management to take crucial and timely effective decisions which contribute to improving programme performance.

Timeline of Monitoring and Evaluation

Time Frame	Activities
November, 2017	Set up of monitoring framework
June, 2018	Identification/Selection of tools for programme monitoring
September, 2018	Formation of tool validation and field test for M&E
October, 2018	Data collection started on day to day activities in regular basis in CFS
November, 2018	Restructuring monitoring system and revision of tools
December, 2018	The first report submission
End of February, 2019	Data collection on staff attendance became digitized
January-March, 2019	New staff recruitment and training

Challenges

The MIS officer has to process a huge number of data on a daily basis. Also, all the field staffs are not able to compile the HPL data accurately. In some occasions, due to unstable internet connections, data is not delivered to field offices on time. Under such circumstances the MIS officer calls the managers for the daily update and check the consistency of data.

Monitoring

The Beginning

In November 2017, BRAC IED developed an initial Monitoring plan for Child Friendly Spaces (CFS) in Cox's bazar. According to the HPL coordinator, at first there was a paper based Management Information System (MIS) as monitoring system under child protection programme. Concurrently, an M&E organogram was proposed, but, there was shortage of human resources in the monitoring team. Therefore, programme management from Head

Office sent BRAC monitoring staff to Cox's bazar from Dhaka periodically. But this monitoring support was costly for the programme. Subsequently, HPL/CFS management team recruited staffs aligned with the monitoring organogram to make the monitoring system consistent and rigorous. One monitoring coordinator and one research coordinator were recruited accordingly.

BRAC IED team worked on several tools for the programme in Cox's Bazar. Some of the tools were for HPL monitoring: for example, fidelity tools. Some were for assessing and measuring community peoples' mental state and psychosocial improvement; like Child and Youth Resilience Measure (CYRM) tool. In June 2018, senior management selected some tools for CFS monitoring. According to the senior management staff, the reason behind selecting these tools was their previous working experience; also these tools were accepted worldwide and could be used both in the mainstream and humanitarian contexts. In September 2018, BRAC IED started working on tool validation. They conducted field tests and piloted the M&E tools to validate them for data collection. But the process was really time consuming. BRAC IED research team validated the tools in the local context (further discussion in research section). According to the HPL coordinator, "We have adapted and validated tools according to their language and meaning of words". After tool validation, M&E team started including the tools in programme monitoring system which helped the management to find the potential components, effects and constraints of HPL/CFS programme mechanism.

Continuing Monitoring

For the purpose of HPL Monitoring, the initial plan was to recruit staff by November 2018 onwards and build an expert executive team to bring out authentic data from the field. This data would be utilized to produce reports for management subgroups to evaluate the programme and take necessary actions. Also there was a scheduled training for newly recruited staff between January and March, 2019 which improved team members' capability to ensure real time monitoring both in Rohingya camps and in host community. But there was a staff recruitment challenge to the organization policy. All the monitoring staffs were recruited by Human Resource Unit of BRAC HCMP based in Cox's Bazar. BRAC IED thus could not recruit the proposed number of staff within the stipulated time.

Till February 2019, monitoring data was collected manually on paper. There was a preliminary plan for digital monitoring Information system (MIS), but, the structure was not finalized. The monitoring staff, therefore, had to observe the programme components based on the selected indicators for collecting data manually and reporting back accordingly.

Activities of Monitoring Team

One of the main tasks of the monitoring team is to observe HPL/CFS activities and collect data according to the HPL monitoring framework (Table 2). To serve this purpose, M&E team used fidelity tools for the centres and home based sessions, and performance monitoring tool and knowledge, attitude and practice (KAP) tool.

Table 9: Monitoring Framework

Area	Description	Status
Registration	Number of children registered by CFSs	Tracked
Attendance	Number of children attending CFSs everyday	Tracked
Activities	Types of activities conducted in CFSs everyday	Tracked
Referrals	Number of children who attend CFSs and who are referred to	TBD
CFS quality standards	Measurement of minimum quality standard level of a CFS	Tracked

Source: BIED-HPL team

A Day of a Monitoring Staff in the Field

Every day, a monitoring staff plans to visit randomly one HPL centre. He observes two centre-based sessions, one 2 to 4 years cohort and another 4 to 6 years cohort respectively. He uses the centre based fidelity tool to record the daily activity planning and the duties of PO and PL, that is, if they are following the curriculum and schedule while conducting sessions. The monitoring officer records how HPL guidelines are followed in the field and behavior of PL

towards the children. According to the HPL coordinator, a fidelity tool covers broader aspects of observation and monitoring. This mechanism is also related to quality control, such as, play leader's competency, their working skills, communication with children and behaviour towards children. For example, whether the PL is speaking softly with the children as instructed, or they are behaving rudely and strictly. Or, if the PO, PA and PL are able to create a coping and healing environment inside the HPL for children as they learnt in the training and whether they are capable of providing emotional support to the children.

Then, through the performance monitoring tool, he tracks children's attendance register, HPL materials such as writing board, art materials, first aid box, toys, toilet facility, drinking water supply, arrangement of the outdoor etc. Through this tool, he is also able to record HPL CBCPC committee meetings, playfulness of the HPL staff and HPL environment.

KAP tool is applied to the parents of HPL-registered children to understand their perception, expectation and knowledge on ECD and daily activities and parenting style. For example, monitoring staff ask the parents about toys or materials that they give to the children to play, parents' initiative to teach or encourage in learning colours, shapes, size and number for their children when staying at home. They also ask for parents' observation of improvements in their children after joining HPL, if it is helpful for children's learning and development and their attendance in parenting session. Through this tool, the staff also receives parents' feedback on HPL. Mostly mothers come to share their views on HPL activities, parenting styles and changes in behaviour among children. He also talks to one of the Community Based Child Protection Committee (CBCPC) members of the HPL about what they are inspecting. For this, he finds out members' knowledge about HPL and their responsibilities with another checklist of KAP.

The Monitoring staff also attends monthly meetings arranged by the CFS manager with PA, PO, PL and MV for observation. In this meeting, PA and PO discuss with with PL and MV issues raised in the field regarding understanding of curriculum. This session also works as a regular refresher training for PA, PO, PL and MV. He prepares a report on how effectively POs and PAs are able to instruct PLs and MVs and to assess their level of understanding of the field. Another

responsibility is to assess training session for PA, PL and MV. He uses a checklist for tracking the quality of training and gathering feedback about the training session.

Any M&E staff who comes from Dhaka to monitor the HPL/CFS activities, fill up same three tools: Fidelity tool, Performance monitoring tool and KAP tool. All the data are collected through Open Data Kit (ODK) software. Since there is no female staff in the M&E team till date, monitoring staffs cannot observe and use the home based fidelity tools due to cultural restrictions. However, sometimes female M&E staff from Dhaka visits the field and during that time, they visit home-based sessions to collect need-based information. This does not happen on a regular basis.

Reporting Process

As scheduled, every month M&E staffs have to visit HPL centres to observe sessions in different camps (Chart 1). All the data from monitoring tools come on daily basis and are uploaded to the BRAC IED official server. Every month, the responsible research associate analyzes the data using SPSS and makes a report. In the report, the current status of the HPL programme is described through selected indicators. These indicators are -

- i. Daily plan which measures structured daily activities, appropriate rules in conducting sessions, discussion on child safety, values, children's participation in play and their resilience
- ii. HPL operations include Rohingya play leaders and mother volunteers to enhance community participation and cohesiveness, remove language barriers and create empathetic culture
- iii. Play materials used in curriculum mostly emerged from Rohingya culture being promoted for healing and resilience
- iv. Emotional Support from play leaders to make a respectful and empathetic environment for children which helps to develop self-esteem and confidence in children

- v. Cooperative Learning Exercise encourages children in self-control, creativity, asking open questions with explanation.

Additionally, the monitoring coordinator of HPL has to send monthly meeting minutes, and training observation reports to the programme operation team, curriculum team, field operation team and training team. If any child is reported to face challenges in attending sessions of HPL centres or found to have some psychosocial problem, he informs the CP team.

The first report was prepared for the period from October to December 2018. The Second has started from January 2019. The BRAC IED-HPL team provides a quarterly report to LEGO foundation. This is still in an inception phase and no regular monthly report is sent from Cox's bazar to Dhaka team.

Feedback Mechanism

The Monitoring team is not directly involved in feedback mechanism. With their report management, they take action and provide feedback where needed. Management arranges one informal meeting every two weeks and also arranges a formal meeting regularly for more intense feedback. In some situations, M&E staff can also give their feedback, for example, if there is any important observation for curriculum. The M&E team shares its observations regarding participants' attitude and activity during the training with the curriculum team. The monitoring coordinator shares the report with the team lead, Cox's bazar and s/he sends the report to curriculum team. Also, the M&E staffs give their feedback to the curriculum developer's team about PL's and MV's understanding of the programme and they review the report. If they find any valid issues to change or edit, they do so accordingly. During monitoring work, if the staffs observe any inconsistency in following the HPL curriculum or rules such as, centre management and unsupportive behavior among PL and MV; he gives feedback to them. The LEGO Foundation is also scheduled to provide feedback on the Quarterly report prepared by monitoring team sent to them from HPL team. Before February 2019, the team collected monitoring data manually until they started storing them online.

Challenges

Some challenges were observed in HPL project which were addressed. It is difficult for one male staff to carry out HPL monitoring from Cox's bazar although he has been supported by another male monitoring officers from Dhaka office. As the M&E staffs shared, they do not have proper monitoring support (enough manpower, technical support, tools etc.) in the field. M&E team is in the process of resolving these issues. Because of gender issues, female M&E staffs are not able to monitor home based sessions. As home based centres will be increased in number, the management is recruiting five additional female monitoring officers soon which will address the current challenge. But, problems will remain with observing special skills required for monitoring counseling sessions. Despite support from the psychologists over phone, it would be worthwhile to monitor the session by regular and surprise on-site physical visit.

Research and Evaluation in HPL

How BRAC IED Research Team Works in HPL

BRAC Institute of Educational Development (BRAC IED) is currently acting as the focal point of BRAC's child protection programme in Rohingya camps. BRAC IED required different kinds of tools for better understanding of cultural factors that influence children's physical, mental and psychosocial development and ECD practice in the Rohingya community. Research data helps the organization to design, implement and monitor programme and take strategic decisions based on evidence and practices. To serve this purpose, BRAC IED has developed a research team in Cox's Bazar for tool translation, adaptation and validation, and finalization for BRAC programmes.

Tools Validation and Adaptation

The primary work of the research team was tool validation and adaptation. This research wing was engaged carefully with this project from the very beginning to avoid bias. Despite skills and competency, this team refrained from developing main HPL curriculum, HPL model evaluation and monitoring & evaluation work. To understand how the research team works and how this team supports HPL programme, we conducted In-depth interview with the Research Coordinator in Cox's Bazar and Project Coordinator at BRAC IED head office. As per information,

the research team has worked for both quantitative and qualitative tool development following a scientific method. So far the research team has worked with 26 quantitative tools among which 11 are most important for HPL. These are adapted tools and used internationally for data collection in similar context.

Highlights from 11 Scales

The following tools are adapted by the Research Team:

Age and Stage Questionnaire (ASQ) is the most validated and recommended scale to verify children's normal neurological development with seven age ranges starting from age 2 months to 6, 12, 24, 36, 48 and 60 months to measure five dimensions such as, communication, gross motor skills, fine motor skills, problem solving, personal-social. Tools have been adapted in the humanitarian context considering Rohingya community's cultural and social norms and values; also their acceptance toward variables. Research team is analyzing data on questionnaires for 2, 6, 36, 60 months of age and screening is going on for other ages.

Age and Stage Questionnaire - Social-Emotional (ASQ-SE) measures children's social emotional development. This tool collects data on how children express their emotion and how they understand others' emotion and act based on their understanding.

Patient Health Questionnaire (PHQ-9) is a 4 rating scale which has 9 items to measure mothers' mental state and to assess different kind of depressive disorders.

Clinical Outcomes in Routine Evaluation (CORE 10) is a 10 items scale with 5 points ratings that screens mothers' depression, anxiety, physical, trauma, close relationships, social relationships, general functioning and risk factors.

General Health Questionnaire (GHQ-12) is also an assessment tool to measure mothers' mental health issues such as depression, anxiety, social dysfunction and loss of confidence.

Strengths and Difficulties Questionnaire (SDQ) is a screening tool for children and adolescents with 2-17 years olds. SDQ is a very useful tool to assess emotional and behavioral problems/challenges. It has 5 subscales for measuring Hyperactivity, Conduct, Peer problems,

Emotional symptoms and Prosocial behaviors and more suitable for children over 4 years of age.

Maternal Attachment Inventory (MAI), a measurement tool uses to test maternal affection and attachment with her children.

The Child and Youth Resilience Measure (CYRM) measures social-ecological resilience of adolescents, assesses from 9 years of age. This tool is used to measure children's emotional state, stability and capability of coping and managing their condition.

Centre for Epidemiologic Studies Depression Scale Revised (CES-D 20) is a self-report scale designed to measure depressive/mental health symptomatology in the pregnant women.

Children's Playfulness Scale is used to measure playful behaviour of children.

Play Leader-Child Interaction Test is for addressing the interaction, cooperation and understanding between play leaders and children.

For tool adaption, the research team took ethical permission from the organization/person who developed the main tools. Sometimes they had to pay for using tools for adaptation and official use. To contextualize selected tools, they validated the tool for Rohingya community. At first the team translated all the tools in Rohingya language. The Educated ones from Rohingya community translated the tools individually. Four of them were involved in the process. After that, the research team and two Rohingya people sat with 4 copies of translation and made one draft. This version was called synthesis 1. Then research team tested the cognitive understanding of synthesis 1. This process was followed for every tool. Afterward the tools were tested with 4 to 10 persons randomly to find any gaps or wrong translations, and rephrasing required for better understanding and need for any thematic changes. With the findings they prepared synthesis version 2 and finalized the tools for pretest. During pretesting, data was collected on each tool three times.

Different versions for each tool exist. The team adapted their required version for making it simple and user friendly but also effective. They measured the theoretical result of each tool by comparing and integrating the similar and different tool domains. After this process of

validation, every tool was finalized. Selected tools were adapted to see the playfulness, resilience, communication development, gross and fine motor skills, coping strategies of the children. The justification of selecting the tools was that these tools are standardized and also assessed in Bangladesh; ASQ-3 is one of them. Also the expert opinions are available. According to the Research Coordinator, Rohingya people did not prefer to give much time for interview. For that reason, cost and time effectiveness were issues to adapt tools rather than entirely developing new ones.

All the research team work was monitored and supervised by the Programme Coordinator. If there were any gaps found in the tool or any required changes, the Programme Coordinator suggested collecting specific data from the field again and validating the findings. She also gave feedback if there was any confusion.

For HPL centres, tools were developed to see the cognitive development of the children. This is related to children's education and play; their intellectual capacity in learning, understanding, and physical activity.

For Monitoring and Evaluation use, fidelity tools (for centre and home based sessions), KAP tools and performance monitoring tools were adapted and tested by the research team.

Capturing the Unique Model of BRAC HPL

BRAC IED took an important initiative to validate the uniqueness of the BRAC HPL Model in the Rohingya refugee camps in Cox's Bazar. They approached BRAC James P Grant School of Public Health (JPGSPH) and BRAC Institute of Governance and Development (BIGD) to assess the impact and evolution of the HPL, documenting implementation process including challenges and lessons learned at every stage.

Role of BRAC JPGSPH

JPGSPH, BRAC University undertook a process documentation exercise outlining the story of HPL, and a qualitative assessment of HPL implementation. For process documentation of the HPL model, BRAC JPGSPH followed a qualitative approach to document how the HPL model was designed and ran from the initial planning to implementation phase. Field data collection began

on 1st April and ended on 17th April of 2019. Data was collected from camp 7 and 11, BRAC HCMP offices in Cox's Bazaar and from BRAC IED's Head Office in Dhaka. The researchers from JPGSPH conducted HPL document analysis, field observation, visual aid (photography), in-depth interviews (IDI) with HPL frontline and management level staff, key informant interviews (KII) with stakeholders and Focus Group Discussions (FGD) with HPL committee members to gain a holistic understanding of how the model has evolved and is continuing to operate till date.

Role of BIGD

BIGD took the responsibility to conduct an impact assessment of HPL on child development and mothers' psychological wellbeing. To assess the impact, BIGD has designed survey tools for both home-based and centre-based models. For home-based model, BIGD has selected 420 pockets (220 blocks) of which 227 pockets (120 blocks) are assigned for the treatment group and the rest for the control group. The 2019 cohort (91 centres) will serve as the control group for the impact evaluation. From each centre, BIGD will survey 10 children and their mothers. Field work of this study will start from July 21, 2019. The survey is expected to be completed by late September, 2019.

Challenges

During adapting tools and working in field, researchers faced many challenges. Language was one barrier. It was very difficult to translate the scales into Rohingya language and make the respondents understand what was being asked. Sometimes translations went wrong, the quality was not up to the mark and systems became slow and lengthy. Moreover, there was the cultural barrier. Rohingya people are very conservative and do not wish to be interviewed for a long time. The entire process of tool validation was time-consuming.

Conclusion

In the end, we can say that working in a new environment like humanitarian crisis is always a difficult task. Nevertheless, the entire team worked and is still working wonderfully to do the quality work. Though lots of obstacles and challenges were faced by the team during Humanitarian Crisis, HPL team and the associates worked very hard to improve the programme through monitoring and evaluation. The lessons they learnt from the rigorous

feedback will help to ensure quality of work and smooth operation of the entire process for the children of Rohingya community.

Chapter Nine: Communications and Advocacy

Advocacy is the strategic process of delivering evidence-based recommendations through a variety of channels to influence decision-makers, stakeholders and other relevant audiences at international, regional, national, and local levels to support and implement actions that contribute to the fulfilment of a cause such as human or children’s rights (UNICEF, 2010)⁴⁰. This includes changing or enhancing policies and allocating necessary funding and resources to relevant projects. Studies have shown that, to affect mass media, public opinion and policy influence, non-profit organizations must understand effective communication practices (Andrews & Edwards 2004)⁴¹. Therefore, for any non-profit project such as the HPL to sustain in the long run, it needs to communicate how its performance has been in relation to its existence (Julie, 2007)⁴².

For the HPL model to gain national and global reach and credibility regarding its principles, operations and impact in the humanitarian setting, there is the need to have strong advocacy to lobby for the model’s success and strong communications to carry that message forward to the right audiences. In this chapter, we will describe the communication and advocacy activities undertaken for HPL including how the teams operate, what their functions are and what they have accomplished till date for HPL.

How Communications and Advocacy at HPL Work

At the very beginning of the crisis in 2017, the HPL model had not yet emerged and there were no official communication or advocacy teams. The communication and advocacy activities of BRAC IED’s HPL model were largely being carried out by BRAC Communications and BRAC Advocacy, but, supported by BRAC IED team. BRAC IED team and BRAC Communications and Advocacy team operated jointly as the scope of the projects they were working on was similar. One BRAC IED team member remarked, “Although our communications and advocacy team

⁴⁰ UNICEF Advocacy Toolkit: A guide to influencing decisions that improve children’s lives. UNICEF, 2010

⁴¹ Andrews, Kenneth T. and Bob Edwards. 2004. Advocacy organizations in the U.S. political process. Annual Review of Sociology 30: 479-506

⁴² THE NGO NETWORK ALLIANCE PROJECT - an online community for Zimbabwean activists, kumbatan.net, Media strategies for NGO sustainability. Frank Julie, August 05, 2007

work together in many ways, our audience, operations and purposes are different.” At that time, BRAC IED was trying to figure out how the activities would work out, what areas would be focused on for advocacy and communications with other organizations in the child protection subsector such as UNICEF. During this time, BRAC IED communications was mostly concerned with capturing and presenting raw footage and data from the field.

There had been conversations around separating the teams. This finally took place after funding was obtained from Lego and the HPL concept was finalized. Since January 2019, the communication and advocacy teams at BRAC IED have been operating on their own, albeit closely collaborating with each other and with their BRAC counterparts. Currently, the communications team operates with one person leading a team of four people who are responsible for functions such as digitalization, writing and audio-visual activities. As per the team lead, “Communication’s job is to produce materials. In simple words, we are basically a factory. And the idea is that we produce things from that factory.” In other words, they are responsible for designing and producing materials that outline HPL activities happening and then putting them up on the digital space and distributing them to other media outlets for reach.

Like communications, the advocacy team at BRAC IED is equally as small – consisting of just two members. Advocacy’s work is to lobby for HPL and bring the materials produced by Communications before the right people. The team creates strategic plans for different advocacy-related projects, targets potential areas for advocacy and organizations working in those areas, and plans key messages to be targeted to different organizations and stakeholders. Communications supports them to channel the advocacy messages in a better way, for example, advising on what platform to use or which media, to reach the target audience. They are required to work out the deliverables, such as, whether advocacy will be done through events, conferences, research disseminations or other means. Additionally, the advocacy team needs to maintain strong liaisons with donors, different advocacy bodies and networks such as Bangladesh ECD Network (BEN), the Lego foundation, BRAC Humanitarian Crisis Management Programme (HCMP) and different humanitarian response sectors, especially the child protection subsector.

Planning and Coordination with Dhaka and Cox's Bazar

At the start of each year, decisions on key messages that will be worked on for the duration of the year are made by leadership and senior management. Messages that will be touched upon from various projects, such as, ECD and play, teaching-learning, mental health and others are discussed and selected. The ongoing meetings serve to sharpen and review these messages. Team leaders meet every Thursday of the week where they receive updates from every team in presence of the executive director. Additionally, at the end of each month, project leaders, team leaders and the executive director meet to receive updates from individual projects. These meetings are important for Communications and Advocacy as Communications produces its materials in alignment with conversations that have been approved by leadership, and Advocacy needs content from respective programmes to help fill in and streamline the maps they create. As their work involves closely understanding the content of each programme, at least one member from each team needs to be present during meetings and presentations so that they are kept in the loop about constant changes taking place, especially in the case with humanitarian programmes. Internally, within the Communications team, meetings are held on a needs-basis. However, the team meets at the end of each week to go through all their activities and identify priorities and needs.

Coordination with Cox's Bazar Field Operations

The teams in Dhaka receive updates from the field operations teams in Cox's Bazaar during the weekly meetings as mentioned earlier. Having separate face-to-face meetings was not felt necessary. Currently, there are no plans to create a separate communications hub in Cox's Bazar, as BRAC HCMP itself has a communications team. However, the entire HPL team operates under BRAC IED management, therefore, everything goes through BRAC IED. All communications materials are produced at BRAC IED or outsourced to BRAC Communications if required. For HPL-related issues, BRAC Advocacy has to communicate through BRAC IED as well, for example, if they require on-field support, they communicate with the BRAC IED advocacy team lead or with the HPL project head who then refer them to the relevant person(s) or teams saying, "You can talk to this specific project manager". If BRAC Communications requires

information regarding HPL, they also go through the same mechanism in order to get right information. The field operations lead, and communications lead of HPL keep in touch to provide two-way support, communications and field assistance respectively.

Identifying the right people and channels for communications and advocacy

Advocacy is complex, spanning over local, regional and global levels. In order to get the core messages of HPL “Healing through play” and “Learning through play” across, advocacy needs to select the right target audiences and get the communications materials prepared in front of them. HPL has a few layers of target audiences. When interviewing key personnel from communication and advocacy teams, they talked about the different stakeholders as follows.

Direct Beneficiaries

The direct beneficiaries of the programme are children, their parents and the community, and play leaders. Parents, caregivers and the community still require a perception change to create acceptability for the HPL model. Till date, however, communications has not produced any materials targeting direct beneficiaries. Furthermore, there are no plans at the moment to do so as this is a part of the project team’s responsibilities. One of the goals of the project is to address different issues through storybooks or community viewing events, for example. Therefore, anything that is directly relevant to the curriculum or project is handled by the respective project teams and does not usually involve the communications team as it would be a redundant work and a waste of resources. The exception is if there are reports and other materials which require proofreading, in which case support is provided, but that is not considered as direct communications material because they are not making this in a targeted manner. As such, all beneficiary level materials are being made by the project’s curriculum team. The project team is brainstorming what materials to make and already starting to produce them to reach parents, caregivers and other direct beneficiaries.

Sectors of Humanitarian Action

Advocacy at the local level is carried out with the Bangladesh government, UN organizations, partners and the various sectors of humanitarian programme in Cox’s Bazar. Currently (July

2019), an important aim of the advocacy team is achieving sectoral advocacy through targeting the different clusters operating in the humanitarian crisis that are relevant to the cause of the HPL model. These include Health, Education, Child-Protection and Gender, among others. At the initial stage, materials created by the communications team such as the 'Kelle Peo Nera' book and the Play Summit notebook (see section on key events and materials for details) have been given to all the key people in the sector and advocacy has been heavy on lobbying of these materials. This will continue throughout the year as there are no plans to produce new materials for the rest of the year in 2019.

The importance of engaging relevant sectors is because in HPL, the four-tier model often overlaps with other sectors and there is the need to work collaboratively. The HPL field operations focal person in Cox's Bazar has been discussing the collaborations with different organizations working in health and in child protection but due to the monsoon season, things have been slow and advocacy activities to engage other sectors is currently at the initiation stage.

BRAC IED tries to advocate the message that "A healthy, happy, childhood is the birthright of all children", not always directly but exhibited through the work that BRAC Humanitarian programmes carry out. Within the refugee camps, children are subject to a host of problems – underlying psychological issues, trafficking, kidnapping, recruitment for illicit activities and a lot more. All these factors force children to grow up before their time. BRAC IED tries to focus on these problem areas and advocate for how the HPL model can be useful in each area. Tailored messages are required for different organizations working in each area since not all of them have the same agenda. For example, in case of the NGO - Friendship, the message might be tailored as "Fostering psychosocial wellbeing and cultural preservation". Whatever the message may be, empowerment and hope are important aspects that advocacy focuses on.

The advocacy team showcases the uniqueness of the HPL model in that it fosters empathy, healthy development and the dignity of a vulnerable community within a protective space through play and cultural retention. The HPL curriculum, its three-tier psychosocial model, the home-based and centre-based interventions, BRAC's involvement in the child protection

subsector, their root connection with the beneficiaries, collaboration with Lego and BRAC's brand identity all bring their own advantages to the table in terms of advocacy.

A new area which the advocacy team is looking at is cultural aspects of the Rohingya population, since cultural preservation is a very important aspect of the HPL model. Consequently, there is an effort to scope out which organizations also work on cultural issues in the humanitarian setting whom BRAC IED can collaborate with. UNESCO has emerged as a possible stakeholder in this regard, although an official approach has not yet been made.

Local and Global Media

As the HPL model is a global project, there is a need to reach both local and global media outlets. At the global and regional levels, BRAC Advocacy team plays a larger role in advocacy. Currently, there are plans to register with an international alliance to go for global reach. As advocacy is linked with branding, as such, the BRAC Play lab and HPL models are being promoted in conjunction.

To reach local and global media, BRAC communication prefers not to focus only on print media. So far, there has been some work done on the media space whereby BBC Bangla, Prothom Alo and The Daily Star have already done some coverage on the project. A research dissemination event was held where research reports by the FrameWorks Institute and BRAC IED titled "Reframing Early Childhood Development in Bangladesh" to present to an audience of experts. Here, the communications team has talked to the media separately, especially with BBC Bangla and the Prothom Alo as they are more informed about ECD (in terms of media) and because they expressed interest. There are plans to take media members out for field visits which will be collaborated with BRAC. According to the communications focal person whom we talked to, she said, "As the ECD concept is quite complex, it will take some time for the media to grasp. And for them to cover something as unique and intricate as HPL, it is going to take some time."

Another event that is being planned is a celebration of two years of the Rohingya influx in August 2019. This is also celebrated as a humanitarian month. A collaborative event is being planned to showcase HPL's work so far where media will be a key target. There are plans to reward the work done by the media which hopes to strengthen the media effort. That being

said, programme realizes that there needs to be a certain level of evidence of the model's effectiveness in order to market the model globally, so a global reach has been planned out over the next few years.

The HPL team is still looking out ways to incorporate additional efforts and to change field operations to an extent. A communications strategy is currently being planned to work with BRAC Communications and Advocacy. It is important to draw global and regional attention about how BRAC is managing humanitarian crisis along with early childhood development through BRAC HPL model. Publishing on high level magazines, such as, New York Times or Guardian is also being planned. This will be done over the next four years of the project and will have different players depending on the context.

Selecting the right communications channels

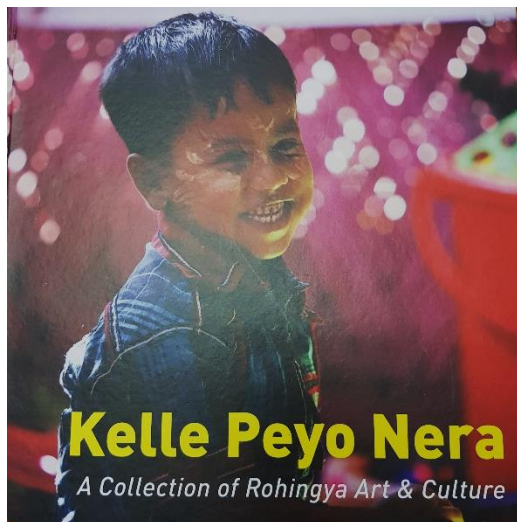
There are several spaces that the communications team uses for their activities, the first being the digital space where social media is one of the key players as is the BRAC IED website. There are very few social media channels that are popular in Bangladesh, for example, twitter, and is not chosen for BRAC IED's communication activities. Facebook and Instagram are primarily used. Choice of platform depends on the content. If it is targeted to a younger age group, the preferred platform is Instagram and if it is for multiple age groups, Facebook is prioritized. Making these decisions is up to the communications team as a part of their basic responsibility and does not need to be approved by the higher management.

Secondly, the teams have not worked extensively with TV and Radio. During specific events they reach out to the general media wing which includes radio, digital and print media altogether. Lastly, they do communications through meetings, workshops and events which was described in the previous sections. The advocacy team already has a list of relevant individuals, organizations and networks which is approved by BRAC IED senior leadership and the executive director.

Highlighting Key Communication and Advocacy Events and Materials

Thus far, there have been a few key events arranged to advocate for HPL activities, indirectly or directly. The most notable of these was the Play Summit 2019 which officially launched the HPL (Kelle Peyo Nera). This two-day summit took place on February 4th and 5th and brought together global experts and professionals championing the 'Play Movement' in ECD. Participants of the programme included professionals contributing to ECD in various fields such as architecture, mental health, social welfare and relief and curriculum development among others. It served to showcase to a global audience, the operations and impact HPL has had so far and the various findings that came about while it was being developed.

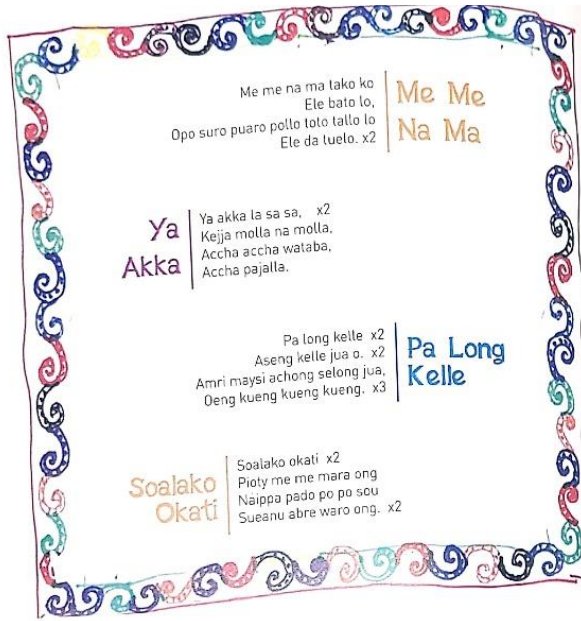
The event launched the book 'Kelle Peo Nera – A Collection of Rohingya Art and Culture', 'BRAC Play Labs: Evolution of Space and Material Design' handbook and the Play Summit 2019 notebook which were all made by the communications team at BRAC IED. See a brief description of these below:



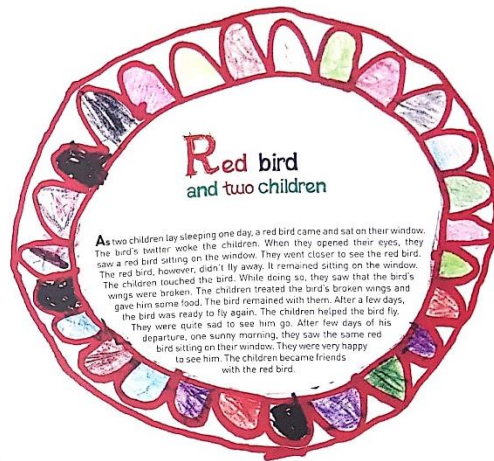
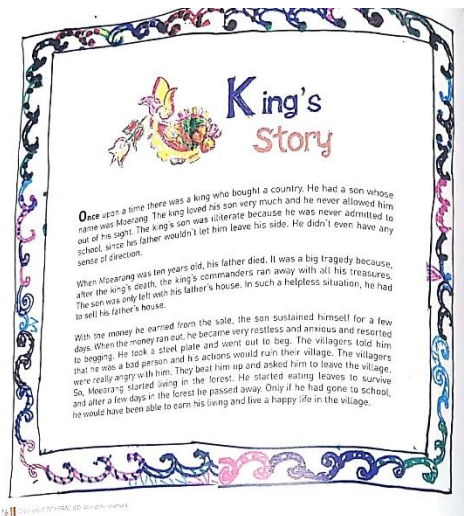
Kelle Peo Nera book

The book “Kelle Peo Nera – A Collection of Rohingya Art and Culture” is considered both a documentation and a communications material. It portrays the core understanding that culture is important and that culturally relevant play is promoted in the humanitarian setting through the HPL model. Its contents include a collection of Kabbya, Kissa, Physical Play descriptions and art collected from the

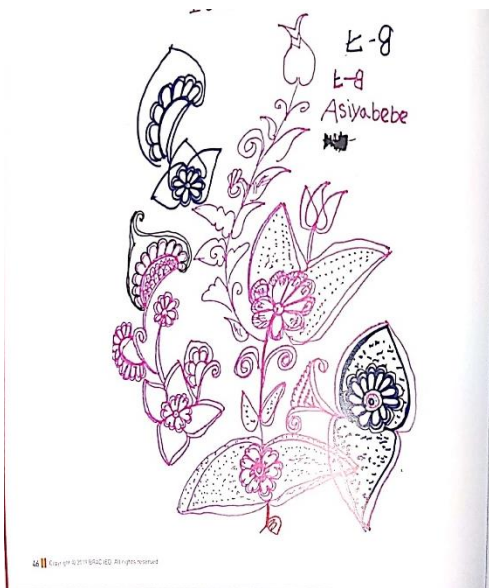
community during BRAC IED’s many field visits to the camps. Since the book’s launch, it has been used by the advocacy team who takes this with them to sectoral meetings and distributes it to key players. This is hoped to increase on-field visibility of the project and to make sure that people know about the HPL activities



A collection of Kabbyas collected from the community



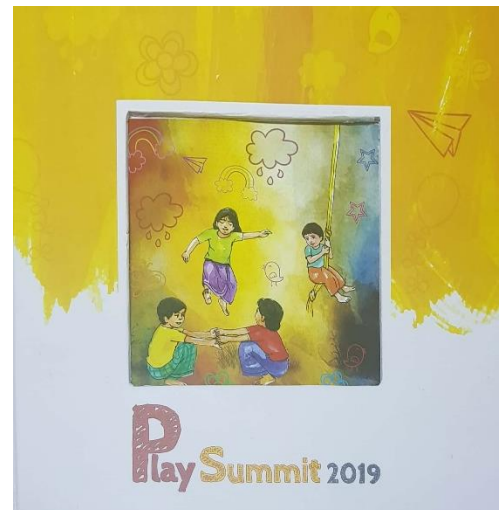
Two translated Kissas 'King's Story' and 'Red bird and two children' collected from the community

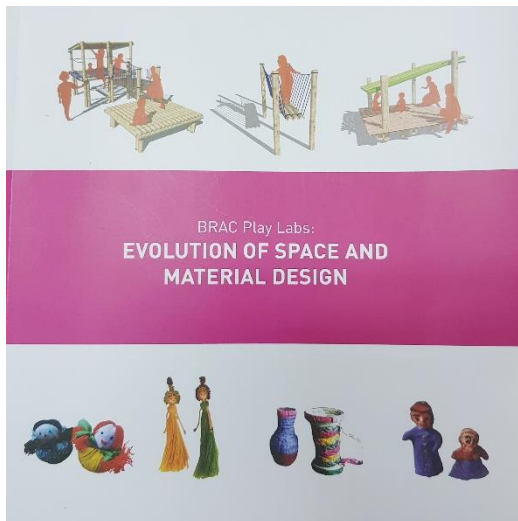


Rohingya children's art collected from the community

Play Summit 2019 notebook

This notebook was produced for distribution during the summit. It included colorful pictures showcasing the world of play, some play lab facts and figures, and testimonials from experts and beneficiaries (play leaders, mothers) alike. Dispersed throughout the notebook were key messages surrounding play and learning as well as Rohingya children's hand-drawn art to captivate and subtly promote the model to the audience.





Evolution of Space and Material Design book

Space and material design are important aspects of the Play Lab and Humanitarian Play Lab models. Children in the Rohingya camps play with whatever materials available and as space is an important issue when it comes to play, the architect team at BRAC IED has come up with innovative ways of designing space. This book highlights the process in text and photographs. Contents include design and development of indoor and outdoor spaces at play labs, a showcase of some of BRAC’s Play Lab design projects, an overview of the HPL model, study of spaces in Rohingya camps, community-centric design and prototype development of outdoor spaces and play materials.

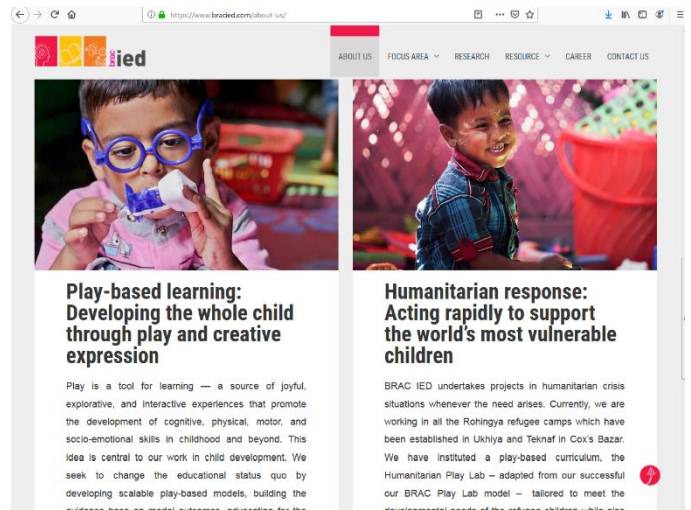
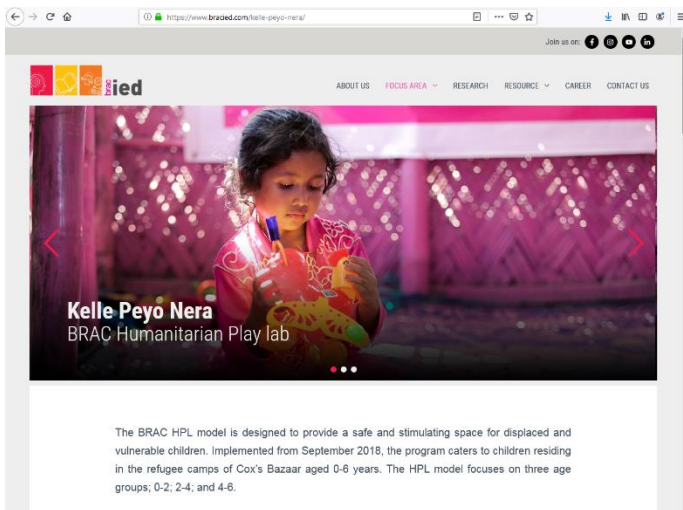
More communications materials

Besides these books, there have been several digital contents created to promote or spread knowledge about the HPL. These include an HPL blog and three articles written for the Moving Minds Alliance and the Bernard Van Leer foundation, two of which have been published. There have also been several videos created for HPL on Play, the Para-counselor model, the HPL Play

summit, the Play Lab and HPL concepts, Highlights of the Home Based model for the 0-2 years old children of HPL and the executive director’s interviews with Lego and BRAC respectively which are all available online.

Digital content: BRAC IED Website and Social media

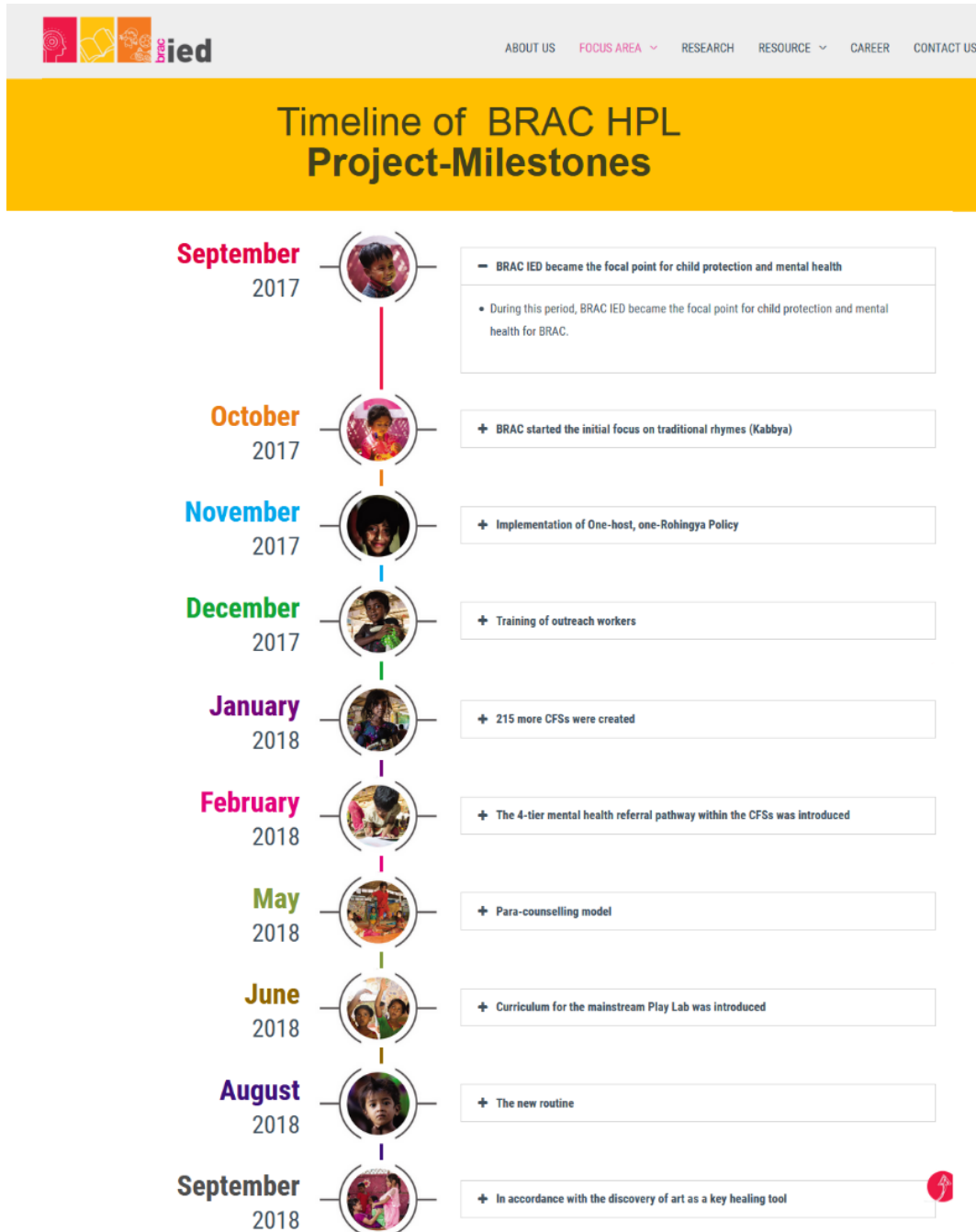
HPL related activities were being communicated through the institute’s website and popular social media platforms in Bangladesh: Facebook and Instagram. The BRAC IED website provides written and audio-visual information on BRAC IED’s various projects. For HPL, BRAC IED communications has showcased videos created from footage collected on-field. Videos



showcase the HPL “Play to heal, Play to learn” concept in various ways to engage the public and are available both on the institute’s website and Facebook page.

Timeline documentation

The Communications and Advocacy teams sat down with the project team to create a



document outlining a brief history of the HPL model with key events and dates from June 2017 to March 2019. This resource is also available on the BRAC IED website. "For those wishing to

know about how the HPL model really started, the entire process of iteration, revision and reviewing; everything is there”, stated a communications team member.

Newsletter

The communications team has produced a quarterly newsletter titled ‘Episodes’ which can also be found on the website. Currently, the January – April 2019 newsletter is up on the website and has featured the Play Summit 2019 and other key advocacy events.



Challenges in Communications and Advocacy for HPL

In order to succeed at their job, communications and advocacy team members face the challenges of trying to educate, motivate and mobilize their stakeholders and the public. This process is not easy as even the interested and well-meaning members are not easily convinced, rather they are confused or difficult to reach.

The HPL project is still evolving. The inception phase has just ended and planning just begun which will define the next four years for the project. The communications team mentioned that it is very difficult to produce visible results if the project plan keeps continuously changing. Therefore, the strategy for communications this year has been to produce only those materials that are absolutely required. This is to avoid investing a lot in something that will not produce a lot of visible results. However, this challenge is specific to the initial year.

Another challenge is a lack of budget, which is a common phenomenon for the non-profits. Communications and advocacy receive a nominal amount. “We want visibility but visibility costs money”. The communications lead expressed, “Even if I want to give our digital promotions, it costs money. Facebook will not automatically show your posts on other people’s timelines; you have to be able to promote that. And that costs money.” So, to be able to manage the funds is a challenge which is not only true for HPL but for many other projects and institutes. They felt that everybody’s support here is important.

Advocacy also faces the challenges to bring people onboard. They want everybody to be aboard, but not everybody is interested. Therefore, it is important to develop and maintain good relationships with those who do express interest. In terms of lobbying, they also mentioned that they feel that there is a need for an advocacy lobbyist based in Cox’s Bazaar. To have somebody be physically present there who would know the right people to talk to or go to is an important aspect which is currently missing.

Conclusion

In this chapter, we have seen how the communications and advocacy teams work in unison to create and deliver the core messages of HPL to various audiences. The communications team shoulders the responsibility of creating materials while the advocacy team presents them to the

right stakeholders. Strong collaboration internally within BRAC IED teams and externally with BRAC HCMP makes this possible. The teams are concerned with reaching local, regional and global audiences alike, although they do not work with direct beneficiaries who are dealt with by programme staff. Communications materials produced thus far have included both digital and hardcopy materials for events, on the institution's website as well as on popular social media channels for wider reach. Despite the efforts, the teams face many challenges in trying to educate and motivate its audiences and stakeholders to champion for the HPL model. As the programme is still in its inception, constant changes make it difficult to make cost-effective decisions in material production as the budget also remains low. Nevertheless, it is hoped that over time, as the model becomes established, these challenges will be overcome.

In the next chapter, we conclude this process documentation and provide some highlights of what has been discussed in our chapters thus far.

Chapter Ten: Conclusion

We exercised process documentation to describe how the HPL model has been developed and implemented in the Rohingya refugee camps. Specifically, we documented how the mainstream Play Lab model and CFSs have been contextualized for the Rohingya refugee setting capturing the stories of various stakeholders and community members in developing and implementing the model for early learning and healing of children, and the challenges faced and the lessons learnt. For this purpose, we triangulated data from documents and interviews to outline how this rigorous process of evolution took place. We gathered the story of HPL from before its inception till March of 2019. Through this process documentation exercise, we have described how the project is managed and coordinated, how staffs are trained for service delivery, how the HPL curriculum was developed, the physical structures of the centres and home-based sessions designed, how this is implemented on-field and monitored and evaluated. We have also touched on research being done in this setting for ECD and Play-based learning. Lastly, we have discussed how the model is being communicated and advocated for the broader audience.

BRAC has been working in child protection since the beginning of the Rohingya crisis. However, the concept of the CFS was entirely new to the BRAC IED and DMCC staffs who were brought onboard for the project in the early days. It was no easy feat to scale up from 3 initial UNICEF-funded CFSs in mid 2017 to 200 CFSs by the end of December of the same year. The number of CFSs had jumped from 20 to 40 to 100 to 342. This scaling up was continued until March 2019. By this time, 342 centres existed with plans to scale up at least 500 centres by the end of March. For HPL project, this would not have been entirely impossible as they had demonstrated thus far. However, due to a lack of space and procedural issues of Child Protection Sector including distribution of CFSs among different organizations, it was decided to scale down the number of centres to 300.

Nevertheless, rapid scaling up required for the recruitment and capacity-building of frontline workers were also accomplished within a very short time. The decision to recruit frontline workers such as Play Leaders and Mother Volunteers from the Rohingya community was a

timely one and served to empower Rohingya women as well. They were given rigorous hands-on training to equip them with the skills and knowledge required in running centre and home-based operations. Continuous changes to curriculum and design to meet the situational needs on-field have been efficiently coordinated by management from Dhaka and Cox's Bazar teams.

BRAC IED has launched this model with the vision that it will improve or enhance ECD, child protection and psychosocial wellbeing in the humanitarian settings. From our field visits and interviews, although this is a documentation exercise and not an impact evaluation, we have observed that the model has catered too many of the objectives than it has set out to meet. All frontline staffs have been trained to engage with the children and nurture their spontaneity through play-based learning. The curriculum has been designed in such a way that it enhances language, cognitive, motor and socio-emotional development. The model has made efforts to preserve Rohingya culture and heritage by incorporating cultural elements from the community through its curriculum and design. Everything has been designed in a participatory approach through conversations with the community. Every time when there were changes to the curriculum, there has been back and forth communications with the beneficiaries and the community for their feedback and incorporation. This is reflected through the incorporation of Kabbiya, Kissa and Rohingya children's traditional games into the curriculum. Even when the centres have been designed for 2-6 years children, from the very start, efforts were made to consult the community regarding what types of structures were typically used and what they liked. For interior too, BRAC IED architects have consulted the beneficiaries and involved children and young adults in the community to decorate the centres. Design aspects such as addition of the *shamiana* and community children's art and design on the walls and ceilings of centres reflect the effort. Furthermore, material development for toys and games is also currently being done with the community. This makes the HPL a space which children and their community can consider as their own. Similarly, for mothers of 0-2 year old children, Home-based sessions were arranged to help the creation of a supportive environment for mothers and their young children through counseling and knowledge-sharing.

Over this period, we observed the HPL management and field operations team faced multiple challenges especially in conducting such a large scale-up implementation in a humanitarian

setting. Firstly, it was difficult to enter the child protection sub-sector due to many other organizations also competing for the same interests. At the beginning, site selection for the centres was a major challenge as it was difficult to obtain land due to space-constraints in camps. The play-based learning concept has been brought from the mainstream play lab model. But, when it came to contextualizing with the Rohingya culture, the management initially felt that they were losing the cultural aspects which were later overcome by bringing in culture-specific contents. One of the biggest challenges was that the curriculum material underwent continuous changes, even to this day. Rohingya language and Burmese language are not the same. As Rohingya language does not have any script or alphabet and most Rohingyas cannot read, developing materials for frontline workers is not the solution. Hence, many pictorials were used for the curriculum used for communications. Due to strong conservativeness, creating acceptance within the Rohingya community was strenuous. For the same reasons when the HPL team wanted to recruit women from the Rohingya community to work as play leaders and mother volunteers, the community did not typically accept women going out of their homes to work. This also causes problem in training as well, where people frowned upon groups of girls and young women gathering together for the training sessions. Training was done swiftly at the beginning after recruitment of a large number of staff, as such, it resulted in some quality compromise. It was also found that many of the recruited women did not have the basic level of literacy required to run the centres. Hence, a rigorous, time-consuming, hands-on training has been conducted and continued with supportive supervision. Use of posters, presentations, boards or paper and pencil became useless as they could not read the materials properly. Low literacy levels among the play leaders and mother volunteers also meant that there needed huge changes in curriculum materials since use of Burmese for them did not seem appropriate and useful. Hence, pictorial descriptions of activities, with the new curriculum being visually heavy were introduced.

Programme implementers had also faced hitches regarding who would be facilitating the home-based sessions. Upon preliminary assessment by psychosocial experts, it was noted that the home-based sessions did not reflect the cultural aspects as the centre-based sessions did.

This is being worked on at the moment to bring cultural aspects in designing chanting and play based interactive sessions.

Not only language was an issue for training, curriculum and service delivery, the BRAC IED research team also expressed challenges while validating the tools. Because of the language difference and absence of Rohingya scripts, it was difficult to translate scales into the Rohingya dialect and make respondents understand what was being asked. Sometimes translations went wrong, the quality was not up to the mark, making the whole process of tool validation became arduous, sluggish and lengthy.

What we have learnt while documenting the process of implementation of HPL project is that the HPL project has developed a model on play based early child development interventions for Rohingya children despite all these continuing and emerging challenges and hurdles. It is clear that understanding the culture and contextualizing the interventions are of immense value to supporting the children for their early learning and healing at scale in refugee camps. Children in humanitarian settings are vulnerable. As such, it is not enough to simply implement the model. We have seen that there is a rigorous monitoring and evaluation of the programme through which the implementers are able to observe whether they are meeting the benchmarks, for example, in building resilience and maintaining spontaneity in the refugee children. Along with this, several research studies are ongoing to measure the impact of the model in this setting. Whether the model is successful in impacting developmental outcome in such settings will be evaluated through an ongoing mixed-methods evaluation by JPGSPH and BIGD and separately by the New York University.

In the upcoming months, the home-based sessions will gain more focus with the scaling-up. To reach out more children, it is planned to partner with other organizations. The programme will continue to serve both 0-2 and 2-6 age groups. Process documentation will also continue phase by phase over the next three years. At the end, it is important to state that in such a short span of time, BRAC has been able to scale up a very large play based innovative interventions for Rohingya children. Understanding and valuing the context, culture, language and life in camps with empathy and respect, coping with the complexity of the camp coordination, and

developing a well-coordinated management system within BRAC have made the operations of the large scale BRAC HPL project possible at the ground with practical solutions. Success is the laughter and the smile on the faces of Rohingya children that the HPL project has been able to bring in order to avert potential developmental loss to this new generation of Rohingyas living in the refugee camps of Cox's Bazar, Bangladesh.