ARNEC CASE STUDY

Pashe Achhi: Standing beside children, caregivers, and front liners in refugee communities during COVID-19

BRAC INSTITUTE OF EDUCATIONAL DEVELOPMENT,
BRAC UNIVERSITY, BANGLADESH

ABOUT THE BRAC INSTITUTE OF EDUCATIONAL DEVELOPMENT, BRAC UNIVERSITY

The BRAC Institute of Educational Development (BRAC IED) is a non-profit educational institute that partners with both BRAC (a non-government international development organisation based in Bangladesh, operating in 13 developing countries) and BRAC University and was established in 2004. BRAC IED works through capacity development, research, and advocacy to develop the education sector in Bangladesh through conducting large-scale research projects, supporting the public sector through capacity building, advocating in early childhood development, particularly in play pedagogy, developing quality educational models, and providing training and courses. BRAC IED works closely with government departments, with projects and works scaled both nationally and internationally. BRAC University has been offering Certificates, Diplomas and Masters Degree Programs on early childhood development (ECD) since 2008. This is the only academic program on ECD in Bangladesh.

EXECUTIVE SUMMARY OF THE PASHE ACHHI PROGRAM

The ***Pashe Achhi*** **remote learning program** was developed to promote the wellbeing of caregivers and their children, aged birth to five years, promote child development through play-based learning, and nurture positive parenting for families within both mainstream and refugee communities in Bangladesh. Pashe Achhi was a newly developed program that was initiated in response to the COVID-19 pandemic. It was developed from some of the key learnings and successful modalities of existing programs. The program consisted of a telecommunication model in which young women from the community, referred to as Play Leaders, facilitated weekly 20-minute phones calls, based on pre-developed scripts, with a mother and child. This included a 10-minute counselling session for the mother and a 10-minute play-based session with the mother and child. Essential health and hygiene information regarding COVID-19 was also shared with mothers.

BRAC Institute of Educational Development, BRAC University, Bangladesh
Leader: Dr. Erum Mariam, Executive Director, erum.m@brac.net
Contact: Suhany Zaimah, Communications and Advocacy Manager, suhany.zaimah@brac.net

Asia-Pacific Regional Network for Early Childhood (ARNEC)
1 Commonwealth Lane
#03-27
Singapore 149544

www.arnec.net
secretariat@arnec.net

ISBN 978-1-74128-377-8

KEY PROGRAM FEATURES

The *Pashe Achhi* ('Beside You' in Bengali) remote learning program was developed to promote the wellbeing of caregivers and their children, foster child development through play-based learning, stimulate positive parenting, and foster the self-care practices of caregivers. Pashe Achhi was developed by the BRAC Institute of Educational Development, BRAC University in Bangladesh. While this program was a newly developed initiative in response to the COVD-19 pandemic, it was developed from the successes and key learnings from BRAC IED's existing programs, including Play Lab and Humanitarian Play Lab models. Play Labs operate for children aged four to five years in government primary schools across Bangladesh. Humanitarian Play Labs were established for children aged birth to six years in the Rohingya Camps in Cox's Bazar. In both settings, young women from the community, known as Play Leaders, act as facilitators of a play-based curriculum initiated to promote children's holistic development. There are 396 physical schools and since some of the schools have two centres instead of one, there are 400 Play Labs total in 32 subdistricts and 9 districts across Bangladesh.

In mid-April 2020 BRAC launched the national tele-counselling platform *Moner Jotno Mobile E* in collaboration with Kaan Petey Roi and the Psychological Health and Wellness Clinic. This platform was used to provide psychosocial assistance to people affected by the COVID-19 pandemic. BRAC IED then leveraged the conceptual framework, ethical guidelines, and safeguarding policies from the Moner Jotno Mobile E to develop new scripts integrating play-based learning to create the Pashe Achhi model.

The program consisted of a telecommunication model whereby Play Leaders contact caregivers and children from 10 districts across Bangladesh, as well as from the Rohingya Camp communities. These 20-minute weekly phone conversations were based on pre-developed scripts and consisted of:

1. a 10-minute counselling session for mothers to support their mental health and wellbeing
2. a 10-minute play-based session with mothers and children whereby children were engaged in learning activities

Critical COVID-19 information was also shared during these calls.

PROGRAM RATIONALE

The COVID-19 pandemic jeopardised child and familial access to education and mental health services across Bangladesh. The resulting loss of education and psychosocial supports had a far greater impact on already vulnerable, marginalised, and displaced children and families. These families faced an increase in financial burden through loss of income and increases in familial and gender-based violence. Concerns were also held for the potentiality of children falling behind across developmental domains, particularly within the realms of social-emotional development.

Pashe Achhi was established to keep connected with children and their families/caregivers during the COVID-19 pandemic, supporting familial wellbeing and children's learning and development when access to services such as Play Labs and face-to-face connections were restricted. The program was further utilised to build awareness of public health and safety during the COVID-19 pandemic.

GOALS OF THE PROGRAM

BRAC's goal for the program was to mitigate the adverse effects of the COVID-19 pandemic on children and their families through providing psychosocial support to parents and caregivers and engaging with children through playful approaches within the home learning environment. The primary aim of the program was to build the capacity of both caregivers and frontline personnel to support children's learning and development. This was measured through analysis of pre- and post-intervention data collected on children's developmental outcomes, mothers' knowledge, attitude and practices (KAP) and maternal depressive symptoms, as well as Play Leaders' KAP.

PROGRAM DEVELOPMENT AND STRUCTURE

An initial survey was conducted to gauge the ownership and use of mobile phones across mainstream and camp communities. This information was then analysed to determine both the most appropriate modality for program delivery and the number of children and families that the program could reach.

Within the program a telecommunication model was utilised, after data on mobile phone ownership was collected and analysed, to connect Play Leaders to children and their caregivers. The content for this model was developed by a collaborative team of international experts and in-house specialists from the BRAC IED, including psychologists and play-based curriculum developers. This team drew on the knowledge and input of Play Leaders to form a contextualised understanding of community capacities and needs.

Scripts were then developed integrating psychosocial support and play based learning approaches, tailored to the learning needs of children in specific age groups. These scripts provided the structure for the call anatomy.

A bottom-up iterative approach was embedded throughout the development and implementation of the program whereby consistent communication

and feedback was sought from Play Leaders, frontline personnel, community members, children, and families within mainstream and camp communities, to refine the content and approach.

CONTENT

The Pashe Achhi telecommunication model involved a weekly 20-minute phone conversation facilitated by a Play Leader consisting of:

- A 10-minute counselling session for mothers focusing on familial wellbeing and positive parenting (e.g., secure attachment, child engagement, positive discipline, mother's psychosocial health)
- A 10-minute child learning session engaging the child and their mother in activities (e.g., kabbiyas [rhymes], stories)
- Health and hygiene information relating to COVID-19

Each week, the learning session facilitated by Play Leaders was changed based on specific curriculum areas. By the fourth week, children could choose which session they would like to re-visit. Content for the program was customised based on feedback/needs of the community and differentiation based on the age ranges of children.

TRAINING & SUPPORT

The team of curriculum developers and psychologists trained frontline staff, including project assistants, project organisers, and para-counsellors, who in turn trained Play Leaders. This involved four to five days of training on both telecommunication and the Pashe Achhi pedagogy with the help of listening to scripts on audio files. A refresher training session was then held monthly. Additionally, all frontline personnel also received numerous training opportunities for psychosocial support content throughout the program. Throughout the training, trainers emphasised the importance of empathy and active listening. Personnel were also trained in early childhood development, play-based learning, mental wellbeing, and basic psychosocial skills. As demand grew, this training pool was utilised to train all frontline personnel and volunteers to undertake the telecommunication sessions.

DURATION & INTENSITY

This program was implemented for three months across ten districts of Bangladesh and nearly seven months in Rohingya Camps, Cox's Bazar. In August 2020, the framework was reviewed in consultation with all stakeholders and a nine-month framework, with different activities from the Play Lab curriculum and areas of focus suggested by community members, was designed.

FUNDING

The program was funded through existing funding partners. This funding was originally aimed towards facilitating face-to-face interventions but was adapted to suit the changing landscape due to the COVID-19 pandemic aided by the flexibility of funders.

PARTNERSHIPS

BRAC IED partnered with communities throughout the districts and camps involved in the program. The Early Childhood Development community within Bangladesh consisted of more than 150 large to local level organisations which presented many opportunities to share and reflect on insights and findings from the program. The BRAC IED reported collaboration with the Government at various levels and program alignment with national goals and policy.

IMPACTS & OUTCOMES

The program reached 144,037 children and 175,774 parents across Bangladesh.

Key outcomes:

- After three months (mainstream) and seven months (camp communities) of participation in the program, mothers reported significant improvements in knowledge, attitude and practices (KAP) and reductions in maternal depressive symptoms in both camp and mainstream communities
- Children demonstrated significant improvements across all developmental domains measured using scores from the ASQ-3 developmental questionnaire (communication, gross motor, fine motor, problem-solving, and personal-social development) and the ASQ:SE (social-emotional development)
- Play Leaders gradually improved their KAP throughout the program with a positive correlation between Play Leaders' competency and caregiver's improvement in KAP
- Children were reportedly excited to hear from Play Leaders
- Families/caregivers reportedly felt secure and valued in their role

Play Leaders grew in their dedication to stay connected with and support children and families.

EVALUATION

A pilot of the program was evaluated after three months of implementation in ten mainstream districts of Bangladesh (340 mother-child dyads and 60 Play Leaders) and in 23 Rohingya camps in Cox's Bazar (152 mother-child dyads and 162 Play Leaders/Mother volunteers). Data was collected at baseline and end line

via telephone interviews and analysed using descriptive statistics, paired sample t-test, and correlation analysis. Data collected focused on outcomes for children, mothers, and Play Leaders.

Further ongoing program evaluation occurred through action research, meetings with stakeholders and beneficiaries, and consistent informal feedback from beneficiaries and facilitators.

Engagement was tracked using online databases.

FACILITATORS & BARRIERS

Key Facilitators:

- Consistent and flexible funding from funding partners built through clear and consistent communication.
- An established network of ECD organisations presented many opportunities to collaborate on work and findings and share key learnings across projects and programs i.e., through webinars and conferences.
- Training and scripts ensured program fidelity, rigour, and consistency in program delivery.

Key Barriers:

- Due to the uncertainty of COVID-19, numerous challenges arose, and therefore, the team worked to understand and stay aligned to the official rhetoric while exploring opportunities for further implementation and adaptation.
- Fire incidents in some camp communities led to Government restrictions on the use of mobile phones. The programs in these communities adapted to include home visits to maintain communication with children and families.

FUTURE DIRECTIONS

The remote connections, learning, and psychosocial support facilitated through the program have played a vital role in supporting children's learning as well as maternal engagement and mental health during the pandemic. Further opportunities to embed remote support and learning to children and their families may continue to improve outcomes for children and families.

Future Directions:

- Implementation of telecommunication practices alongside face-to-face home visiting interventions.
- Include fathers in program.
- Scaling up of program both nationally and internationally, particularly in countries and communities where centre based ECD is limited.

Key Learnings:

- Supporting the mental health of families and children and building familial capacity is paramount in supporting developmental outcomes for children.
- Models of interventions need to fit within the cultural context of the community. This is best facilitated through consistent reciprocal communication between all stakeholders and community.
- Models need to be flexible to the needs and changing circumstances of communities.

LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	
	Improved mental health for mothers by counselling sessions
	Expert supported play-based activities for mothers and children
	Program support learning at home and improved outcomes for children on numerous developmental domains
	Parental security and worthiness as the child's teacher

Mapping to Nurturing Care Framework (NCF)

NURTURING CARE – OUTPUTS (STRATEGIC ACTIONS)

The NCF suggests five strategic actions for a program to align with best practice:

1. LEAD AND INVEST

- The program adopted a multi-level organisation structure with clear role descriptions for the BRAC IED personnel, Play Leaders, and mothers.
- There was a well-developed program plan with clearly articulated vision, goals, and targets.
- Preparing a long-term financial strategy to support the Pashe Achhi model is required.

2. FOCUS ON FAMILIES

- The primary focus of the Pashe Achhi program was to support families directly through the Play Leaders, including the provision of maternal mental health support and home learning activities to enhance home learning experiences.
- Families and Play Leaders provided regular, informal feedback on the experiences and program implementation, which afforded opportunity for program amendments responsive to need.
- Communities were supported by local young women, i.e. Play Leaders, and became the drivers of change for children's development.

3. STRENGTHEN SERVICES

- The Pashe Achhi program was based on previously implemented ECD and mental health counselling programs and, in the future, could strengthen those existing programs with the home learning components.
- Protocols were in place to mentor and supervise all participants (e.g., Trainers, Play Leaders, and parents), to ensure good quality of practices and experiences for everyone.
- ECD experts and psychologists strengthened the capacity of Play Leaders to provide familial mental-health and home learning support.

4. MONITOR PROGRESS

- Progress was monitored through Play Leader and parental feedback with consistent review of program content and frameworks.
- Periodic population-based assessment of children's developmental status and maternal-care practices, as well as Play Leader competency, was monitored through the collection and analysis of baseline and end-line data.

5. USE DATA AND INNOVATE

- The Pashe Achhi program was piloted and evaluated within ten mainstream districts and 23 Rohingya camp communities across Bangladesh. Future plans include scaling the program to a broader cohort of families both nationally and internationally.
- Data and resources have been shared with and through partnerships, such as ARNEC, to support an international platform for early learning and research regarding effective practices in response to the pandemic.

NURTURING CARE – OUTCOMES

To reach children's full potential of adequate early development, the NCF identifies five components of nurturing care, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety.

Stakeholder experiences and considerations for future implementation

Stakeholders from Education, Social and Child Protection sectors recognised that this program:

- Collaborated with local communities to ensure a continuum of nurturing care
- Reinforced the importance of education from an early age
- Ensured good health practices
- Placed family engagement at the forefront of early childhood programs
- Invested in education for adolescents and adults, by providing a strong foundation for young children
- Linked families to services that support nurturing care
- Ensured a continuum of care
- Implemented measures to protect children from maltreatment and family dissolution.

A pilot of the program was evaluated after three months of implementation. Data collected focused on outcomes for children, mothers, and Play Leaders. It was determined that future implementation of the program ought to hone in on mental health support and building familial capacity, understanding that these are elements that are essential in supporting developmental outcomes for children. It was also recognised that communities differ in cultural contexts and subsequent needs, necessitating flexibility in pre-developed scripts and how the program is delivered.

Links to research base and previous evidence

- An increasing body of international evidence supports positive associations between parental engagement in the home learning environment in the early years of a child's life and positive developmental and academic outcomes (Boonk et al., 2017; Lehrl et al., 2020; Melhuish et al., 2008).
- The objectives and outcomes of Pashe Achhi program align with an existing body of evidence linking improved early childhood developmental outcomes to targeted interventions which enhance maternal knowledge of ECD and/or their capacity to provide stimulating home learning environments, responsive interactions, and play based learning (Jeong et al., 2018; List et al., 2021; Shah et al., 2019; Tu et al., 2021). This is of particular importance in Bangladesh where parents have limited awareness and knowledge of supporting ECD with only 13.4% of children aged between 3-5 years attending ECE programs and only 8.8% having access to books in the home environment (UNICEF Bangladesh, 2020).
- While evidence is still emerging on the effects of supporting parents to implement learning within the home environment during the COVID-19 pandemic, a small body of research highlights positive associations between teacher-parental support and frequency of learning focused home activities (Zhang et al, 2021).
- The focus on addressing and supporting maternal mental health and wellbeing within the Pashe Achhi program aligns with literature that highlights an association between parental mental health and wellbeing and parental ability to support positive child developmental outcomes (Belcher et al., 2007; Phua et al., 2020; Yesmin et al., 2016).
- A 2018 Lancet Commission report on global mental health suggests the use of telepsychiatry as a tool, in addition to conventional methods, to reach larger populations experiencing mental ill-health symptoms and disorders during the global COVID-19 pandemic (Patel et al., 2018). Suggestions from this report were based on rigorous global evidence of the potential efficacy of utilising digital technologies to support mental health. Similarly, a 2018 systematic review looking into the use of tele mental services use in low- and middle-income countries found that, while positive outcomes and a rise in overall use of tele mental services was identified across evidence, there exists a growing need for investment and further exploration of this modality within these populations (Acharibasam & Wynn, 2018).

Policy considerations

Refugee and other vulnerable families in Bangladesh have faced significant challenges during the COVID-19 pandemic, facing loss of education and psychosocial supports, as well as loss of income and increases in familial and gender-based violence. BRAC Institute of Educational Development's Phase Achhi remote learning program was developed in response to the recognition that many children were falling behind across developmental domains, and many caregivers were struggling mentally and emotionally. The program sought to foster wellbeing of caregivers and their children, aged birth to five years, promoting play-based learning and nurturing positive parenting through use of pre-developed scripts / phone conversations.

The program reached 144,037 children and 175,774 parents across Bangladesh. Evaluations confirmed reductions in maternal depressive symptoms, improvements across child developmental domains, and increased connection between Play Leaders (Facilitators), children, and families.

At scale, and beyond the pandemic, this intervention has the potential to benefit families in need across Bangladesh and beyond. For this to occur, we recommend the following points are considered:

- Community consultation in program development is critical in ensuring the needs of refugee and other vulnerable families are met. Consistent feedback and reciprocal communication between government, stakeholders, and communities is essential. Program models need to be flexible to accommodate changing circumstances and needs, but also require a solid foundation and evidence-based approach (e.g., pre-developed scripts). These community perspectives should be linked with sub-national and national policy dialogue, recognising the need for plurality of voices and reflecting the principles of inclusion, self-determination, participation and respect.
- A key barrier to the Phase Acchi program was government messaging around COVID-19, including uncertainties regarding COVID-19. This resulted in miscommunications regarding service-level responses, including which services could remain operational as essential services, and when ECEC services could become fully operational. Programs deemed a child protective service were able to remain open during lockdowns. In future, government policy should clearly address the need for programs such as Phase Acchi - which support child development and parental wellbeing – to remain open during lockdowns or similar circumstances. The ability to respond with agility, without concern for bureaucratic and complex restrictions, will ensure family support is provided at critical timepoints.
- Parents and caregivers require additional psychosocial support during times of crisis, e.g., pandemic. A wealth of knowledge and practical experience is required to meet these needs, necessitating stable, ongoing funding to support care workers (e.g., psychologists) to not only support parents and caregivers directly, but advocate at all levels on their behalf. Nurturing care is critical for children to develop, grow, and learn. Organisations such as UNICEF are well-placed to engage in policy discussions with national government and international financial institutions, to advocate for additional supports for refugee and vulnerable families during times of crisis.
- There are a number of ways to support primary caregivers in coping with the mental health challenges associated with significant crises, such as the pandemic. This could include screening to identify parents at risk as early as possible; ongoing home-visiting programs where possible to provide individualised care and facilitate parent-child interactions; trauma-informed counselling; and improving built environments to minimise stressors and encourage play/child development. Stable, ongoing funding will be critical in ensuring continuity of care for primary caregivers.

Reference list

Archarbibasam, J.W., & Wynn, R. (2018). Telemental health in low-and middle-income countries: A systematic review. International Journal of Telemedicine and Applications. Advance online publication. https://doi.org/10.1155/2018/9602821

Belcher, H.M., Watkins, K., Johnson, E., & Ialongo, N. (2007). Early Head Start: Factors associated with caregiver knowledge of child development, parenting behavior, and parenting stress. NHSA Dialog: A Research-to-Practice. Journal for the Early Intervention Field, 10(1), 6-19.

Boonk, L., Gijselaers, H.J.M., Ritzen, H., & Brand-Gruwel, S. (2017). A review of the relationship between parental involvement indicators and academic achievement. Educational Research Review, 24, 10-30. https://doi.org/10.1016/j.edurev.2018.02.001

Jeong, J., Pitchik, H.O., & Yousafzai, A.K. (2018). Stimulation interventions and parenting in low- and middle-income countries: A meta-analysis. Pediatrics, 141(4), 1-15. https://doi.org/10.1542/peds.2017-3510

Lehrl, S., Evangelou, M., & Sammons, P. (2020). The home learning environment and its role in shaping children's educational development. School Effectiveness and School Improvement, 31(1), 1-6. https://doi.org/10.1080/09243453.2020.1693487

List, J.A., Pernaudet, J., & Suskind, D.L. (2021). Shifting parental beliefs about child development to foster parental investments and improve school readiness outcomes. Nature Communications, 12(5765), 1- 10. https://doi.org/10.1038/s41467-021-25964-y

Melhuish, E.C., Phan, M.B., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2008). Effects of the home learning environment and preschool centre experience upon literacy and numeracy development in early primary school. Journal of Social Issues, 64(1), 95-114. https://doi.org/10.1111/j.1540-4560.2008.00550.x

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chrisholm, D., Collins, P.Y., Cooper, J., Eaton, J., Herrman, H., Herzallah, M.M., Huang, Y., Jordans, M.J.D., Kleinman, A., Medina-Mora, M.E., Morgan, E., Niaz, U., Omigbodun, O.,...& UnUtzer, J.U. (2018). The Lancet Commission on global mental health and sustainable development. Lancet, 392(10157), 1553-1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Phua, D.Y., Kee, M.Z.L., & Meaney, M.J. (2020). Positive maternal mental health, parenting, and child development. Biological Psychiatry, 87(4), 328-337. https://doi.org/10.1016/j.biopsych.2019.09.028

Shah, R., Isaia, A., Schwartz, A., & Atkins, M. (2019). Encouraging parenting behaviors that promote early childhood development among caregivers from low-income urban communities: A randomized static group comparison trial of a primary care-based parenting program. Maternal and Child Health Journal, 23, 23-39. https://doi.org/10.1007/s10995-018-2589-8

Tu, B., Chen, Y., Cheung, S., Huang, C., & Hunag, C. (2021). The effects of an innovative caregiver education program on knowledge of child development in China. Children and Youth Services Review, 122. https://doi.org/10.1016/j.childyouth.2021.105926

UNICEF Bangladesh. (2020). More opportunities for early learning: Better, wider scope for children's right to development. https://www.unicef.org/bangladesh/en/more-opportunities-early-learning

Yesmin, S., Rahman, N.F., & Khatun, R. (2016). Community based psychosocial intervention in reducing maternal depression and improving infant's development in Bangladesh: A randomized control trial. IOSR Journal of Nursing and Health Science, 5(3), 11-20. http://dx.doi.org/10.9790/1959-0503021120

Zhang, C., Qiu, W., Li, H., Zhang, L., Li, X., & Li, J. (2021). Parental stress and home activities for young children during the stay-at-home quarantine time in China. Early Education and Development, 32(6), 843-862. https://doi.org/10.1080/10409289.2021.1949561

This is one of the ten case studies from ARNEC's documentation of good ECD practices and innovations in the context of COVID-19.

The case study was prepared for ARNEC by the team from the University of Wollongong led by Professor Marc de Rosnay in collaboration with partners from the Asia-Pacific region.

ARNEC would like to thank the BRAC Institute of Educational Development for allowing us to document its good practice.