ROUTLEDGE HUMANITARIAN STUDIES

YOUNG CHILDREN IN HUMANITARIAN AND COVID-19 CRISES

INNOVATIONS AND LESSONS FROM THE GLOBAL SOUTH

Edited by
SWETA SHAH AND
LUCY BASSETT

ROUTLEDGE

Young Children in Humanitarian and COVID-19 Crises

Enlightening–this book is a must-read for practitioners, policymakers, and donors. Real-life stories and a simple narrative that converts complex science and practice into compelling reading make this book an all-time reference. Read it to learn, and be better prepared! This book has something for everyone.

Dr Unni Krishnan; Global Humanitarian Director; Plan International

The long-term consequences of COVID-19 have been tough for children around the world, but even more so for young children already in humanitarian crisis, whether due to conflict, natural disasters, or economic and political upheaval.

This book investigates how organizations around the world responded to these dual challenges, identifying solutions, and learning opportunities to help to support young children in ongoing and future crises. Drawing on research and voices from the Global South, this book showcases innovations to mobilize new funds and re-allocate existing resources to protect children during the pandemic. It provides important evidence on understudied and overlooked vulnerable populations, recognizing that researchers from the Global South are best positioned to fill these research gaps, contextualize findings, and support the uptake and adoption of recommendations by local decision-makers and practitioners in those same contexts.

The findings in this book will be important for practitioners, policy makers and donors working in or interested in humanitarian contexts, on early childhood development, or early childhood education. The book will also be useful to students and researchers working in these fields.

Dr. Sweta Shah is currently the co-founder and CEO of ChildArise (www.childarise.org) and a Research Fellow at Georgetown University. She has a PhD in Education from University of London, Institute of Education and over 20 years of experience in the development and humanitarian sectors, and over 15 years in early childhood development. This is her second book.

Lucy Bassett is an Associate Professor at the Frank Batten School of Leadership and Public Policy and co-Director of the Humanitarian Collaborative at the University of Virginia. She is also co-founder of ChildArise. She has worked to support young children through international organizations, NGOs, academia, and as a preschool teacher. This is her second book.

Routledge Humanitarian Studies Series

The Routledge Humanitarian Studies series in collaboration with the International Humanitarian Studies Association (IHSA) takes a comprehensive approach to the growing field of expertise that is humanitarian studies. This field is concerned with humanitarian crises caused by natural disaster, conflict or political instability and deals with the study of how humanitarian crises evolve, how they affect people and their institutions and societies, and the responses they trigger.

We invite book proposals that address, amongst other topics, questions of aid delivery, institutional aspects of service provision, the dynamics of rebel wars, state building after war, the international architecture of peacekeeping, the ways in which ordinary people continue to make a living throughout crises, and the effect of crises on gender relations.

This interdisciplinary series draws on and is relevant to a range of disciplines, including development studies, international relations, international law, anthropology, peace and conflict studies, public health and migration studies.

Child Rights in Humanitarian Crisis
Improving Action and Response
Edited by Rigmor Argren and Jessica Jonsson

The Humanitarian Exit Dilemma
The Moral Cost of Withdrawing Aid
Chin Ruamps

The Humanitarian Parent
Balancing Work and Family in the Aid Sector
Merit Hietanen

Young Children in Humanitarian and COVID-19 Crises
Innovations and Lessons from the Global South
Edited by Sweta Shah and Lucy Bassett

For more information about this series, please visit: www.routledge.com/Routledge-Humanitarian-Studies/book-series/RHS

Young Children in Humanitarian and COVID-19 Crises

Innovations and Lessons from the Global South

Edited by
Sweta Shah and Lucy Bassett

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

Designed cover image: Juanmonino

First published 2024
by Routledge
4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

Funded by The Rector and Visitors of the University of Virginia.

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-032-54110-5 (hbk)
ISBN: 978-1-032-54113-6 (pbk)
ISBN: 978-1-003-41521-3 (ebk)

DOI: 10.4324/9781003415213

Typeset in Sabon
by Taylor & Francis Books

Contents

Illustrations

Figures

Tables

Boxes

Acknowledgements

We would like to thank all the authors for their hard work writing, revising, rethinking, updating, and continually bringing their best knowledge and energy to this project. It was a marathon process and they all wrote their chapters in addition to other full time work responsibilities. Without these amazing teams from around the globe, this book would not exist.

It is also thanks to Joan Lombardi that this book exists. Always a tireless advocate and true supporter, she encouraged us to pursue this idea early in the COVID-19 pandemic, cheered us on throughout the process, and wrote a thoughtful forward, which opens the book beautifully.

Numerous members of the University of Virginia Humanitarian Collaborative were also an essential part of this book. Maya Ewart, a Masters student, helped us conceive of the book, define initial steps and processes, and spearheaded outreach to all our authors. Humanitarian Collaborative Practitioner Fellow, Lissett Babaian, read early versions of most chapters and, with her usual deep and reflective review, posed questions and shared feedback that guided authors to improve and clarify their work. Makana Brooks, Sagarika Shiehn, Kate Driebe, and Megan Finney helped later in the process, conducting research, identifying and updating sources, and copyediting final chapters.

We want to thank our families. Lucy's partner, Alex, regularly encouraged her to keep writing and editing when she got stuck (usually in a new coffee shop in Mexico City, for inspiration). Her children, Beacon, Ela, and Si enthusiastically kept her company while she reviewed chapters as they did their homework and were excited their mom was going to have "her own real book." Sweta's partner, Michael, who has always been her toughest critic and editor, gave great advice and supported her during the writing of the book. Her daughters, Kalpana and Priya, gave their mom time and space to write the book and are excited she will publish her second book.

Additionally, Helena Hurd, Senior Editor at Routledge, was excited and supportive of the idea for this book from the beginning and presented the proposal to the Routledge Editorial board and the Humanitarian Series Editors.

Writing a book is hard enough, but doing it with another person can be challenging as each person brings different perspectives and writing styles. Yet, we both found in each other an incredibly flexible, hardworking, and compatible thought and action partner. We somehow seamlessly wrote and edited chapters and brought this book together. Having such a partner is rare and it has allowed each of us to dream big and realize those dreams!

Contributors

Muna E. Abbas is a Palestinian Jordanian and the current CEO of the Asfari Foundation. She has decades of experience implementing Early Childhood Development programs in Jordan and the Middle East with organizations such as Save the Children and Plan International.

Belynda Agu is Finance, Monitoring, and Evaluation Officer at Sesame Square (based in Abuja, Nigeria).

Jahanara Ahmad is with BRAC Institute of Educational Development (BRAC IED), BRAC University and has many years of experience with Early Childhood Development. She is based in Bangladesh.

Nasrin Akter is Director of Content and Creative Services at Sesame Workshop Bangladesh, where she leads the team who creates Sisimpur, the most popular children's show in Bangladesh. She also leads storybook development for early readers and is interested in leveraging digital and social platforms to support children's learning.

Rehnuma Akhter is Manager, Championing Play Project Manager at Save the Children International. She was formerly Education Program Manager at Sesame Workshop Bangladesh (based in Dhaka, Bangladesh).

Nael H. Alami is an Associate Professor at the Modern University for Business and President of the Center of Excellence in Research, Education, and Cultural Studies. He is a molecular neuroscientist, with research interests that fall at the intersection of neuroscience, global health, and the learning sciences.

Dima M. AlFayez holds a Bachelor's degree in logistics science. She started as a volunteer and then as a Project officer on ECD and parenting projects at Plan International Jordan.

Asma S. Al Khatib has more than 16 years of experience working in ECD in development and humanitarian contexts in Jordan. She represents Plan International on global ECD networks, including the Moving Minds Alliance and the Inter-Agency Network for Education in Emergencies. She is a doctoral student.

Sahar Lafi Al-Matarneh is an educational expert in the Middle East. She holds a Master's degree in Psychology and a Bachelor's degree in Philosophy and Psychology, as well as a Higher Diploma in Education and a General Diploma in Art Education.

Lara C. Aoudeh is the Programmes Manager at The Arab Resource Collective and the Arab Network for Early Childhood. She has a BA in Early Childhood Education and a Master's degree in Sociocultural engineering. She is based in Lebanon.

Syful Azam is IRC Bangladesh's ECD Senior Manager and focuses his work in Cox's Bazar in support of the Rohingya refugee crisis. He has a Masters of Public Health and a Master of Social Science from Bangladesh.

Grace J. Boutros is the Regional Programmes Coordinator at the Arab Network for Early Childhood (ANECD) and the Arab Resource Collective (ARC). She has a BA in clinical psychology and is an ECD expert (parenting, mental health, Gender-based violence). She is based in Lebanon.

J. Charles Bradley is a PhD student and sociologist of education in the School of Education and Human Development at the University of Virginia. His research, which sits at the intersection of critical refugee studies and institutional sociology, investigates sector strategies and reform efforts in early learning programs for refugees.

Abigail Bucuvalas is Senior Director of Educational Programs in the International Social Impact Department at Sesame Workshop. In this role, she leads processes for curriculum development and program design for multimedia projects in collaboration with research and creative teams, with a geographic focus on Sub-Saharan Africa and South Asia.

Carolina Casas is Vice President, Education, International Social Impact at Sesame Workshop (based in Bogota, Colombia).

Estefania Sirlopú Castillo is IRC Colombia's ECD Manager. She has over eight years of experience in the designing and testing of brands, products and experiences, including supporting vulnerable, migrant communities. She has a degree in Industrial Design from the National University of Colombia (2012).

Rachel Christina is Director of International Basic Education at Education Development Center. She designs, manages, and evaluates innovative global programming for learners, educators, communities, and systems serving children and youth, with a focus on extremely low resource environments in Africa, Asia, and the Middle East.

April Easter is a Senior Program Officer at Save the Children Philippines. She earned her Master's degree from the University of the Philippines, where she was also assistant professor. She founded a preschool, headed the Early Childhood Education program of a university, and co-authored the Foundations of ECE course module of a national publication.

Kim Foulds is Vice President of Content Research and Evaluation at Sesame Workshop (New York, United States).

Anika Habib is IRC Bangladesh Technical Manager for the Rohingya humanitarian response, is currently a Master's student at the University of Victoria focused on Early Childhood Development.

Maria Fernanda Higuera is IRC's Education Manager in Colombia. She supports the technical development of the education programming ensuring quality and capacity sharing with the education team and external stakeholders. She is licensed in early childhood pedagogy by the Universidad Distrital Francisco José de Caldas.

Ghassan Issa is a Lebanese pediatrician with decades of ECD experience. He is a recognized leader and founded and leads the Arab Network for Early Childhood and Arab Resource Collective. He is the President of the International Developmental Pediatrics Association and taught at the Lebanese Medical University.

Najla A. Lakkis is specialist physician and faculty in Family Medicine at the American University of Beirut. She is currently the President of the Lebanese Society of Family Medicine.

Ahsan Mahmud is IRC Bangladesh's Education Coordinator. He leads the in-country work on a diverse portfolio of projects including rigorous research, teacher professional development, Education ICT innovation and ECD. He holds a Master's in Education from the University of Dhaka.

Erum Mariam is Executive Director of BRAC Institute of Educational Development (BRAC IED), BRAC University and a global leader in Early Childhood Development. She is based in Bangladesh.

Sahar Lafi Al-Matarneh is an educational expert. She holds a Master's degree in Psychology and a Bachelor's degree in Philosophy and Psychology, as well as a Higher Diploma in Education and a General Diploma in Art Education.

Katie Murphy is IRC's Director of ECD and Strategic initiatives overseeing large scale initiatives for families with young children living in humanitarian crises. She holds a PhD and a Master of Public Health from the University of Pennsylvania.

Anuragini Nagar is a development professional with expertise in designing and implementing large scale, impact driven programs in India. During her career, Anuragini has worked with several organizations, partnering with communities, institutions, and government agencies, to positively impact the lives of children and their caregivers, adolescents, educators, and farmers.

Ayobisi Osuntusa is CEO and Executive Director of Sesame Square Foundation (based in Abuja, Nigeria).

Mari Payne is Director of Education and Outreach, International Impact at Sesame Workshop South Africa (Johannesburg, South Africa).

Gabriela Peña is IRC's Education Technical Advisor. She has over ten years of experience in the humanitarian sector. She supports IRC's country teams in Latin America and during emergencies. She holds a Master of Arts from New York University and the University of Alcala.

Simon Richmond designs technology-based interventions to deliver educational content to underserved populations. He has helped create ICT tools to ensure the fidelity of mental health training, to help teachers improve their teaching and collect actionable feedback on student performance, to teach reading to the deaf, and to train youth entrepreneurs.

Joy Sampang is the Early Childhood Care and Development Advisor of Save the Children Philippines. She is also the co-lead of Save the Children Early Learning Working Group at the global level and a Steering Committee member of Asia-Pacific Regional Network for Early Childhood. She was an Assistant Professor in the University of the Philippines.

Sukhna Sawhney is Lead of Early Childhood Care and Education at Rocket Learning. She was formerly Senior Manager of Content and Curriculum at Sesame Workshop India (Delhi, India).

Apurba Shikder is Manager of Program and Research at Sesame Workshop Bangladesh (Dhaka, Bangladesh).

Sarah Tabassum is the Strategic Communications Specialist at BRAC Institute of Educational Development (BRAC IED), BRAC University. She lives in Bangladesh.

Julia Tomchinsky is the Education Director for Sesame Workshop in Latin America. Dr. Tomchinsky has extensive experience coordinating social impact projects in education and media, and in developing and implementing early childhood development programs aligned with Brazilian public policy.

Camilo Valenzuela is IRC's Education Coordinator in Colombia. He leads the work in the country and manages field staff. Camilo is a Sociologist with 13 years of experience in education and child protection project coordination, including in humanitarian contexts.

Katelin Wilton is the ECD Technical Adviser at the International Rescue Committee based in New York. She supports ECD programs globally.

Samera Zaidi is Director of International Research and Evaluation at Sesame Workshop (based in New York, United States).

Foreword

Uncertainty, fragility, and mobility are all terms that have come to define the world we live in today. COVID-19 brought untold suffering to people everywhere; ethnic conflicts, war, and environmental degradation all bring stress, hardship, and displacement. Of the estimated 100 million people now displaced, almost half are children. It is estimated that about 12 million are children under-five (Moving Minds Alliance, 2022). Since these numbers are sure to grow, our challenge is to protect the most vulnerable, particularly the very young; support their families; build resiliency; and help them create a better world for the next generation.

The COVID-19 crisis brought on its own set of challenges. Families lost their livelihoods, children went hungry, children missed school, and domestic violence increased. What is important for all of us to remember is that this crisis came on top of serious existing risks, including poverty and malnutrition, that were already affecting some 43% of young children in low and middle-income countries (Black et al., 2017). This *double jeopardy* threatened to undermine any progress that had been made in recent years to improve child well-being.

In *Young Children in Humanitarian and COVID-19 Crises: Innovations and Lessons from the Global South*, Sweta Shah and Lucy Bassett have brought together the voices and experiences that both sound an alarm and provide a beacon of hope in the midst of ongoing crises and emergencies. The pages of this important edited volume reflect the various conditions that we see around the world. Some situations are the direct result of the COVID-19 pandemic and the resulting poverty, others could be considered "hotspots" where there is active conflict and displacement, some are the result of environmental disasters that seem to be becoming the norm, still, others are crises that have gone on for decades and are too often ignored after so many years of protracted conflict and displacement.

What is common across these chapters is the vulnerability of young children and their families to the ongoing stress brought on by all emergencies. While the field of child development globally has come together in support of the essential ingredients of nurturing care – health, nutrition, safety and security, responsive caregiving, and early learning – every aspect of such care is

threatened during a crisis. Basic needs such as shelter, food, and safety must take precedence during emergencies. However, at the same time, the social and emotional needs of children and their caregivers also need immediate attention in order to reduce the risk of long-term consequences that trauma can have on health, learning, and behavior. It is during these times that parents of young children need the most support, times when displacement, loss of community, and material hardship can challenge the most dedicated family.

Reading through these pages, one can almost feel the challenges faced by those who work every day to provide services and support. In the early hours of a crisis, there is a need to just take stock, try to count the numbers affected, and assess their basic needs. But as the hours turn to days, weeks, and even years, the evidence grows that children may be suffering in ways that are not as immediately obvious. Moreover, they have an integrated set of needs that often fall through the cracks, all of which demand a comprehensive approach that is coordinated across health, nutrition, education, and other related sectors. Such an intentional and coordinated response is essential to increase the protective factors that are essential for healthy development.

When responding to such needs, those who work on the ground during humanitarian crises must not only work under very difficult conditions, with limited support, but also often have to reinvent strategies with limited evidence of what might work, for whom, and under what circumstances. Yet what we read in this volume are examples upon examples of people trying new approaches, using radio, and tapping new technologies, to reach families who were isolated, displaced, and too often alone. All around the world, people rallied to support each other: from Bangladesh to Lebanon, from Colombia to Jordan, and from Mali to the Philippines.

There are important lessons that emerge from this work, a set of recommendations that should not be ignored. As displacement, unfortunately, becomes more and more common, investments in young children and families, both development and humanitarian assistance must be a priority. Displaced children must be allowed to access services as their families are forced across borders due to poverty, conflict, or climate. They have a right to education and health care no matter where they live. Their parents need support to adjust to new places and build new lives. Host communities need resources that can provide for both the families who have lived in a place for generations and those families who have recently arrived. Front-line workers need ongoing support, respect, and respite so they can continue to provide effective services.

What is refreshing to read throughout this set of chapters is the innovations that emerge, and the ingenuity that is displayed as people try to respond to families, with a focus on listening to their needs, understanding their culture, and involving them directly in the response. Hope comes when people affected feel a sense of agency and can begin to take charge of their lives again, in ways that feel familiar and supportive.

I hope people working in similar settings are inspired to keep moving forward, that those in decision-making roles increase their efforts to provide resources and support, that researchers and practitioners continue to find answers to the hard questions, and that together we all rededicate and redouble our efforts to make a difference for every family facing emergencies. Young children are counting on us.

Joan Lombardi, Ph.D.
Washington, DC

References

Black, M., Walker, S., Fernald, L., Andersen, C., DiGirolamo, A., Lu, C., McCoy, D., Fink, G., Shawar, Y., Shiffman, J., Devercelli, A., Wodon, Q., Vargas-Barón, E., Grantham-McGregor, S., & Lancet Early Childhood Development Series Steering Committee. (2017). Early childhood development coming of age: science through the life course. *Lancet*, 389(10064), 77–90. https://doi.org/10.1016/S0140-6736(16)31389–31387.

Moving Minds Alliance. (2022). Research on Young Children in Emergencies: Current Evidence and New Directions. https://movingmindsalliance.org/research-on-young-children-in-emergencies/.

Introduction

Sweta Shah and Lucy Bassett

Nearly three years into a once-in-a-century pandemic, people's lives remain altered in every corner of the world. While many have settled into a "new normal," conditions for many children, especially those living in humanitarian crises – including large-scale displacement and migration from war, natural hazards such as earthquakes and floods, and impacts of climate change such as forest fires – remain devastating and disruptive to their development.

Although young children have not been the main population of concern for COVID-19 health impacts, they are some of the worst off in terms of the long-term consequences of the pandemic (Moving Minds Alliance, 2020). And young children affected by both the pandemic and humanitarian crisis face a double threat. In 2020, the United Nations predicted that the pandemic's "broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole" (UN, 2020). UNICEF's Executive Director, Henrietta Fore, said, "The signs that children will bear the scars of the pandemic for years to come are unmistakable."

Indeed, over the past two and a half years, there has been a growing body of evidence on the pandemic's negative impacts on children. For example, UNICEF estimates that the pandemic has resulted in a 10% increase in child poverty since 2019, catapulting 100 million additional children into poverty. Children living in poorer nations, which are recovering more slowly than wealthier ones, are at the greatest risk (UNICEF, 2021). When compounded with humanitarian crises, UNICEF estimates that the additional adversities have exacerbated poverty; decreased psychosocial well-being; and added greater pressure on already overwhelmed and sparse education, health, and social services. The result has been more families without sufficient shelter, food, and water; more children with severe malnutrition; and fewer children accessing education (UNICEF, 2020; UNHCR, 2020).

What has brought about these consequences for children? Around the world, the COVID-19 pandemic resulted in interrupted access to critical services such as education and health, compromised employment opportunities for parents, and caused ongoing psychosocial challenges stemming from trauma and isolation (UNICEF, 2021; WHO, 2022). Taken together, especially at the critical period of early childhood development (ECD), these factors have curtailed children's learning and development.

DOI: 10.4324/9781003415213-1

Globally, children of every age have lost valuable learning opportunities during COVID-19. At the height of the lockdowns, more than 1.6 billion children were out of school (UNESCO, 2020). In several countries, it is estimated that children lost 10% or more of the total time they were expected to spend at school in-person over the duration of their lives (Evans et al., 2021). Recent evidence indicates that COVID-19 has not only impacted children's academic learning (Kuhfeld et al., 2022), but also their socio-emotional well-being, mental health, and social skills (Viner et al., 2021; Spiteri et al., 2022). These impacts are not evenly distributed among children, with particularly strong impacts in refugee or displaced persons camps, where children often already face concerns about safety and trauma, and have limited access to learning materials, trained teachers, and other adult support. For example, some common responses to COVID-19 lockdowns and school closures, like virtual and hybrid approaches, are especially difficult in humanitarian settings with limited access to technology and WiFi (UNHCR, 2020). Gaps in learning outcomes are set to widen.

School closures and the COVID-19-induced economic recession have also had massive implications for children's safety. Schools often provide children a sense of security, whether through school feeding and psychosocial support or by providing a safe space for socializing, learning, and play. When children lose this critical safety net and school community, they are more likely to experience violence, abuse, and neglect within their family or their broader community. In fact, out-of-school children are more likely to be forced into child marriage, child labor, armed forces, and human trafficking rings (UNESCO, 2020).

Although not always recognized, these impacts are dire for the youngest children. Substantial evidence indicates that the early years of a child's life (from birth to age eight) lay a foundation for optimal development. Early childhood development (ECD) is the period of the greatest amount of brain development. More than one million new neural connections are made in a young child's brain every second, and nearly 90% of the brain's growth occurs in the first five years (Brown & Jernigan, 2012; National Scientific Council on the Developing Child, 2007). What happens during these important years can have long-term and irreversible consequences on children's health and well-being as well as their ability to learn (Felitti, 2009; Anda et al., 2006). Experiencing poverty, inadequate or interrupted learning opportunities, and a lack of safety and security can change the trajectory of young children's development and truncate their potential.

All of this is exacerbated for children in crisis contexts. Humanitarian crises, resulting from conflict within and between countries, natural disasters, or economic and political upheaval, have increased in recent years, causing more displacement of children and families. The United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) estimated that in 2022, 274 million people would need humanitarian assistance, up from the 2021 estimate of 235 million, and the highest number in decades (UNOCHA, 2022). Additionally, OCHA estimates that now more than 1% of the world's population is displaced and 42% of the total displaced are children (UNOCHA,

2022). Because of the protracted nature of modern crises – many lasting between ten and 15 years – millions of young children will spend the *entirety* of their childhoods in crisis conditions. During this time, children are likely to face a greater risk of physical harm, psychological trauma, and exploitation than they would in other settings. And access to services is often more challenging when delivery is interrupted.

Gaps in research, evidence, and knowledge

Limited evidence on ECD in emergencies

Over the last five years, there have been five significant publications that inform the future of research focused on young children in emergencies. These include a review of implementation research focused on ECD in emergencies (Murphy et al., 2018), a background paper for the UNESCO 2019 Global Education Monitoring Report that analyzes humanitarian response plans (Bouchane et al., 2018), ECD in emergencies landscape review (Ponguta et al., 2022), a book focused on ECD in emergencies for South Sudanese refugees in Uganda (Shah, 2020) and a special issue on ECD in emergencies in the Journal of Education in Emergencies (Shah & Lombardi, 2021). These publications all expand the limited evidence focused on young children and humanitarian crises, but overall evidence on young children affected by crisis and conflict is still limited (Moving Minds Alliance, 2022).

Research in humanitarian contexts poses myriad challenges. With high mobility, it can be difficult to track participants and collect systematic data. Mobility, along with safety and security issues can also disrupt data collection and cause high attrition (Murphy et al., 2018; Shah, 2020). Some displaced people in refugee camps may need to drop out of a study due to food distribution where they need to wait in line for days (Shah, 2020). These factors can affect the ability to implement certain research methodologies. For example, Randomized Controlled Trials (RCTs), require a control group that will not be contaminated and conditions across treatment and control groups that remain (relatively) comparable. Longitudinal research requires the ability to track participants and collect data at multiple points in time. In many humanitarian contexts, conditions are often unstable. High mobility can lead to contamination across treatment and control groups or an inability to find participants for subsequent data collection. Furthermore, humanitarian contexts require adhering to humanitarian principles which state that if there is suffering, humanitarian aid agencies should alleviate that with the provision of support and services (OCHA, 2022). A pure control group requires a set of people to not get services that another group would get. This is difficult to achieve in real-life settings, can cause tension in a community and is contrary to humanitarian principles. Different types of control groups like having a waitlist or providing a smaller package of services can and have been used in emergency contexts, but these are imperfect solutions (Shah, 2020). Security concerns can limit participants' willingness to participate in research due to the fear of consequences if authorities or political groups learn that they shared

their perspectives. Finally, while there are myriad data collection tools available, most have been developed in the Global North, and require adaption and testing to ensure appropriateness for a particular cultural context. Increasingly, tools used in humanitarian settings are being used and shared, but testing is still recommended in new contexts, and this takes time. The short duration of humanitarian funding makes it difficult to test a model and do a rigorous impact evaluation.

Lastly, host governments often have the ultimate say about what research can and cannot be approved in a particular context. Not all governments want research focused on refugee populations; they may prefer those funds be used for host communities.

Evidence on ECD and COVID-19

The emergence of the COVID-19 pandemic sparked many implementing organizations to mobilize new funds[1] in order to address needs that arose from the pandemic (Shah & Lombardi, 2021; Moving Minds Alliance, 2022). Many organizations adapted their service delivery approaches, using more digital or hybrid modalities such as SMS messaging, WhatsApp, phone, radio, and video (Bassett et al., 2020; Moving Minds Alliance, 2022).

However, while the COVID-19 pandemic spurred new approaches, innovation, and research, evidence on the impacts of these efforts are still limited and much of the new research that has been conducted has yet to be published (Hackett et al., 2021). According to the Early Childhood Development Action Network (ECDAN)'s 2021 review of research on ECD in the context of COVID-19, despite a growing evidence base, there were several important evidence gaps. Less than 10% of the research they identified focused explicitly on infants and young children. Most research focused on maternal and child health or nutrition (85% of studies), leaving gaps in other critical areas for young children's development and well-being (i.e., early learning and responsive caregiving (9% of research studies) and safety and security (7% of studies)). The research was uneven between the Global North and South, with 60% of the studies focused on upper-middle-income countries or commissioned and led by people living in these countries. Only 29% of the studies focused on lower-middle countries and 9% on low-income countries (Hackett et al., 2021). Very little research focused on the nexus between ECD, COVID-19, and other humanitarian emergencies.

A follow-up report on research priorities for ECD in the context of COVID-19 identified five priority research themes. These were: (1) early childhood education and childcare, (2) parent-child interactions and responsive caregiving; (3) mental health, (4) social protection/livelihoods/safety nets, and (5) support for children with disabilities. The ranking was agreed upon by researchers and funders, as well as consumers of research (Proulx et al., 2022). The report also concluded that "there is a demand for more qualitative-oriented studies to understand nuance, complexity, and context in children, family, and community experiences of and responses to the COVID-19 pandemic" (Proulx et al., 2022, p. 15). This book aligns with these identified research priorities and tries to help fill this gap.

Limited voice from the Global South

Most of the published work on ECD and on emergencies globally has been written by authors living in the Global North. Two recent publications that analyze Global South roles in humanitarian knowledge production have found limited involvement of Global South authors. A review by a group of organizations analyzing Global South roles in humanitarian knowledge production found that the majority of the published humanitarian documents had only between 17% and 20% co-authorship between Global North and Global South actors, and none of the published documents were fully authored by Global South authors (Humanitarian Advocacy Group (HAG) et al., 2022a). According to qualitative research by the same group, Global South researchers mentioned that they collected data in countries, but they did not know what happened to the research at a global level and there was often a lack of acknowledgment for their contribution. One Global South researcher said, "You are still invisible in the end product because they are going to highlight the use of the international consultant or exclude you entirely" (Humanitarian Advocacy Group (HAG) et al., 2022b). Another participant in the same study said, "[We are not seen] as credible enough or viable to bring the knowledge into products that will be seen as legitimate" (Humanitarian Advocacy Group (HAG) et al., 2022b). The same study found that all publications used at the global level in the humanitarian sector were in English and that most of the analysis was conducted by Global North authors (Humanitarian Advocacy Group (HAG) et al., 2022a).

There are several reasons for the lack of voices from the Global South: (1) existing power differentials between the Global North and South, (2) different conceptions of knowledge, (3) language and style, and (4) funding.

Globally, there is an imbalance in power in the development and humanitarian sectors between the Global North and Global South (or, as some call it, the Majority World), despite a growing global effort to address this (Elrha, 2021). In 2016, as part of the preparations for the World Humanitarian Summit (WHS), five large donors and six large UN agencies came together to try to improve the effectiveness and efficiency of the humanitarian system (International Council of Voluntary Agencies, 2022). They came to a consensus through a Grand Bargain that has localization at the core of its reform efforts and increased funding (up to 25%) for local actors in humanitarian responses (Khan & Kontinen, 2022). Updated in 2021, Grand Bargain 2.0 retains the overall objectives initially agreed upon, but also prioritizes increased funding to local actors and more involvement of affected peoples in humanitarian action (Khan & Kontinen, 2022).

Research – and, accordingly, conceptions of what is valued as knowledge – has been dominated for decades by institutions in the Global North. Questions such as what rigorous research is, whose expertise is valued, and who determines what success looks like have been ongoing (Shallwani & Dossa, 2023; Humanitarian Advocacy Group (HAG) et al., 2022a). Often, academic and research departments at institutions in the Global North have established

guidelines for rigorous research that does not align with what is seen as relevant in the Global South (Elrha, 2021). Policymakers and donors generally want evidence of why they should invest in a particular type of program, whereas local actors want to understand what works, who is affected, and how to adapt their programming, often using limited resources. According to an Elrha review of evidence use in the humanitarian sector, much of the research on humanitarian issues is aligned with the priorities of organizations and donors based in the Global North (Elrha, 2021). Global North researchers also lead most knowledge production and learning that has shaped the international development and humanitarian spheres even when the learning happens in and mostly impacts people in the Global South (Shallwani & Dossa, 2023; Humanitarian Advocacy Group (HAG) et al., 2022a, 2022b; Piquard, 2022).

While research and training from Global North institutions are often associated with "quality" (Elrha, 2021; Shallwani & Dossa, 2023), this "sometimes does not provide an adequate understanding of the specific local context and even risks over-researching some vulnerable host populations whilst not being positioned for use by local actors" (Elrha, 2021).

Differences in research purpose often place academics and practitioners on different sides (Bartunek & Rynes, 2014). From the academic perspective, research does not always need to be useful for practice; academic relevance is enough, yet practitioners who engage in research do so for applicability to practice (Bartunek & Rynes, 2014). This difference means that knowledge production including research could be designed differently. Practitioners that commission or engage in knowledge production with the aim of improving their practice or influencing policymakers, peer organizations, or donors, may not know how to conduct complex research studies or they may use more simple research techniques. They may not have large research budgets, so they use the existing budget for collecting monitoring data to produce knowledge and learning.

One example is from the Journal on Education in Emergencies[2] Special Issue on ECD in emergencies. Only two articles met the Global North academic criteria to be considered "research articles," while many more were classified as field notes. For this journal, there were different criteria used for research articles and field notes, with research articles being considered stronger evidence and knowledge contribution than field notes. Out of the two research articles, one was co-authored by Global South authors, but the other was fully researched and written by Global North authors (Shah & Lombardi, 2021). Out of the five field notes published in the journal, four of them had Global South authorship. None of the articles in the journal were fully researched and written by Global South authors (Shah & Lombardi, 2021). Of the recent reports and studies published on COVID-19 and young children, none focus specifically on children in humanitarian crisis contexts (Hackett et al., 2021). The ECDAN COVID-19 and early childhood research review explicitly recommends that future research focus on unrepresented regions and populations.

Language and style are other barriers to Global South voices in global research. In some cases, it is simply that English is not the main language of

researchers in the Global South, and while they can conduct research and write articles, they feel more comfortable doing so in their own language. Academia in the Global North also requires a certain writing style and approach, which is different from how many in the Global South are taught to write and express themselves. Peer reviewers for academic journals are also mostly from the Global North (Humanitarian Advocacy Group (HAG) et al., 2022a).

While these barriers are in place, researchers from the Global South are best positioned to fill the research gaps mentioned previously for ECD in emergencies and for all other disciplines which have research conducted in Global South countries. Global South researchers can not only ensure access to communities and approval by government but can contextualize findings and support the uptake and adoption of recommendations by local decision-makers and practitioners in those same contexts.

Donor funding was noted as a constraint to research on ECD and emergencies and is also a reason for the lack of Global South voices in research. Most donor funds come from Global North institutions, which have the power to influence and make decisions on what is funded and how it is funded (Humanitarian Advocacy Group (HAG) et al., 2022b; Chankseliani, 2022; Shallwani & Dossa, 2023). Most donors need their funding to fit within their organizations' goals, which may not fully align with the needs of a particular community or area. It is often easier for donors to give research grants to Global North institutions that have a track record of doing quality work and experience in managing funds. In many cases, Global South institutions do not pass the due diligence processes of donor organizations, which can include requirements on tracking, managing, and using funds. Furthermore, donors often seek visibility for their own contribution and so funding a well-known research institution in the Global North can increase their likelihood of gaining visibility and influencing policymakers and others for change. The Firelight Foundation, a multi-donor public charity fund, seeks to change this power dynamic. It has started a process with donor groups, such as the ELEVATE Children Funder's group, to raise awareness among donors supporting children's work and help them shift their grantmaking to more organizations based in the Global South.

Steps forward

Deeply entrenched power structures have enabled Global North stakeholders to continue to retain more power, voice, and leadership than Global South colleagues. However, a few publications and initiatives have tackled or are beginning to tackle this power imbalance between knowledge produced and published by Global North and Global South authors. The Humanitarian Horizons 2021–2024 research program, "Power, People and Local Leadership," examines inequalities in the humanitarian system and possible ways to initiate change (Humanitarian Advisory Group, n.d.). The Early Childhood Development in Emergencies Research Forum led by the Moving Minds Alliance[3] aims to address the underrepresentation of Global South voices in research, especially

research related to young children in emergencies. It focused on three key principles: including voices from people involved in humanitarian crises, engaging and empowering local researchers, and conceptualizing implementation and research in emergency settings (Moving Minds Alliance, 2022). This book clearly fits within these principles.

This book

From Asia to the Americas, this edited book aims to fill critical gaps in knowledge and practice about how to support young children in crises, highlighting voices from the Global South, while embracing a broader understanding of learning and knowledge.

The book fills critical gaps in the evidence base, highlighting what has worked and not worked in a wide variety of COVID-19 responses and how these approaches could be deployed to support young children in ongoing and future crises. We deliberately feature experiences and lessons from low- and middle-income countries, and look at interventions in multiple sectors, filling in other gaps we have seen in the current published literature. All chapters focus on learnings from COVID-19 and many also include another acute crisis or risk of multi-emergency situations and identify discrete lessons relevant to COVID-19 and other crisis situations.

Unlike most Global North-based academic publications, this book challenges the status quo and privileges authors from the Global South who have knowledge and experience to share but often limited opportunity to do so. Much of the evidence and knowledge in this book is either fully authored or co-authored by those from the Global South. We allowed authors to submit chapters in the language they felt most comfortable writing in (one chapter was submitted in Spanish) and then we translated and worked with the authors to prepare it in English. Many of these authors were writing for publication for the first time, so we spent significant time supporting them to structure the chapters and edit the writing.

The book includes a range of data sources and types of analyses ranging from process evaluations and analysis of monitoring data to qualitative research and descriptions of field experiences. In many circumstances, authors aimed to have more rigorous research that would fit the criteria of Global North research criteria, but due to the myriad challenges of conducting research in humanitarian contexts, they had to modify their approaches to data gathering and analysis. Many of these chapters, therefore, may not meet the standards of most academic journals in the Global North, but we believe their learnings and experiences have value and are worth publishing. The research-related lessons learned will provide insight for researchers and academics considering research in multi-crisis contexts.

COVID-19, like all other crises, evolved, was unpredictable, and disrupted day-to-day life. The chapters in this book document how, over the last two years, organizations from and working in the Global South have adapted the

ways in which they delivered services to children and families; recruited, trained, supported, and supervised their workforce; and tracked, evaluated, and learned from their programming. The chapters describe how organizations have addressed families' and children's needs for both continuity and flexibility and how they have considered inevitable trade-offs.

Finally, the book highlights the importance of building resilient systems that can better support children and families (and the workforce) when a crisis occurs. These systems must suit the country's context, so in many cases, this means being low-cost, widely accessible, and low-tech.

The book is divided into three sections. The first provides a lay of the land: why it's important to focus on young children, especially in crisis contexts, and what we know about remote service delivery for young children. The second section, which is the largest in the book, focuses on reaching young children during COVID-19 and emergencies. This section includes six chapters that cover programmatic innovations and experience during COVID-19. The featured countries either have experienced acute humanitarian crises (e.g., Bangladesh, Lebanon, Jordan, and Colombia) or have a history or high risk of other crises. The first two chapters in this section highlight lessons from two parenting programs in Bangladesh used as part of the Rohingya refugee crisis. The first chapter tested virtual and hybrid approaches to increase parents' and caregivers' knowledge and understanding of ECD and how to support their children's growth and development. The second chapter tested Interactive Voice Response (IVR) to support parents and caregivers of very young children from birth to three years and pregnant women. The next chapter discusses a parenting program for Syrian refugees and others in Lebanon and Jordan that was adapted for COVID-19 and the testing they did of face-to-face and virtual approaches. The fourth chapter focuses on support for Venezuelan families on the move to Colombia. The fifth chapter shares lessons from radio programming in Mali and Zambia. The last two chapters in this section take a more global view of experiences using multimedia, including WhatsApp, phone calls, and videos for young children's learning in Brazil, Bangladesh, India, South Africa, Colombia, Jordan, Lebanon, Mexico, and Nigeria.

The third section of the book centers on supporting the workforce. A chapter from the Philippines focuses on ECD leaders who are critical for ensuring the continuation and quality of ECD services during multi-crisis situations. The second chapter in this section shows how para-counselors, young women from the community trained to provide community-based mental health support in Bangladesh, supported Rohingya refugee children and families' psychosocial well-being.

The examples in this book and the knowledge produced demonstrate that the most successful interventions were those that could quickly adapt across a continuum of in-person, hybrid, and remote options. This might be especially important for displaced populations, who are often either on the move and require different interventions along their journey or spend their many years in refugee or internally displaced camps and experience changing conditions due to ongoing crisis conditions or vulnerability.

Together, the chapters of this book offer insights to implementers, researchers, and policymakers about possible programmatic solutions, lessons, and research approaches that can help them understand the trade-offs and consider optimal implementation conditions, especially in crisis contexts.

Dr. Jack Shonkoff, Director of the Center on the Developing Child at Harvard University, says that we need to "re-imagine" and not just "re-build" the journey for young children around the world (Shonkoff, 2021). We hope that through the chapters in this book, we can do so together.

Notes

1 According to a survey by the ELEVATE Children Funders Group, a coalition of private philanthropic organizations, many members increased their funding to support parents and caregivers in the Global South during the pandemic.
2 The *Journal on Education in Emergencies* is an open-sourced publication led by the Inter-agency Network for Education in Emergencies with the aim to increase the evidence base on education in emergencies. The journal is housed at New York University.
3 The Moving Minds Alliance is a network of donors, international organizations and local organizations aims to scale up financing, policies, and leadership needed to effectively support young children and families affected by crisis and displacement everywhere. https://movingmindsalliance.org/.

References

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., Dube, S. R. & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256 (3), 174–186.

Bartunek, J. M., & Rynes, S. L. (2014). Academics and Practitioners Are Alike and Unlike: The Paradoxes of Academic–Practitioner Relationships. *Journal of Management*, 40(5), 1181–1201. https://doi.org/10.1177/0149206314529160.

Bassett, L., LoCasale-Crouch, J., Bradley, C., Thompson, M., Perez Parra, C., & Arango, M.C. (2020). *Assessment of Early Childhood Development Programming in Humanitarian Settings*. Inter-agency Network for Education in Emergencies, Moving Minds Alliance, UVA Humanitarian Collaborative.

Brown, T. and Jernigan, T. (2012). Brain development during the preschool years. *Neuropsychology Review*, 22(4), 313–333. doi:10.1007/s11065-012-9214-1.

Bouchane, K., Yoshikawa, H., Murphy, K., & Lombardi, J. (2018). Early childhood development and early learning for children in crisis and conflict. Background paper for the 2019 Global Education Monitoring Report. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000266072.

Chankseliani, M. (2022). Who funds the production of globally visible research in the Global South? *Scientometrics*, 128, 783–801. https://doi.org/10.1007/s11192-022-04583-4.

Elrha. (2021). From learning to doing: Evidence use in the humanitarian sector. https://www.elrha.org/wp-content/uploads/2021/06/Elrha-R2HC-From-knowing-to-doing-Learning-Paper.pdf.

Evans, D. K., Hares, S., Mendez Acosta, A., & Saintis, C. (2021, February 10). It's Been a Year Since Schools Started to Close Due to COVID-19. Center for Global Development. https:// www.cgdev.org/blog/its-been-year-schools-started-close-due-covid-19.

Felitti, V. J. (2009). Adverse childhood experiences and adult health. *Academic Pediatrics*, 9 (3), 131–132. https://doi.org/10.1016/j.acap.2009.03.001.

Hackett, K., Proulx, K. & Zonji, S. (2021). Covid-19 and Early Childhood Development in Low-and Middle-income Countries: A Research Roundup. Early Childhood Development Action Network. https://ecdanbeta.com/download/covid-19-and-early-childhood-development-in-low-and-middle-income-countries.

Humanitarian Advisory Group (HAG), CoLAB, GLOW and inSights (2022a). *Needles in a Haystack: An Analysis of Global South Roles in Humanitarian Knowledge Production*. Humanitarian Horizons. Humanitarian Advisory Group.

Humanitarian Advisory Group (HAG), CoLAB, GLOW, inSights, PIANGO & Pukiono Centre (2022b). *Stories for Change: Elevating Global South Experiences in Humanitarian Knowledge Production*. Humanitarian Horizons. Humanitarian Advisory Group.

Humanitarian Advisory Group. (n.d.) Humanitarian Horizons Research Program 2021–24: Achieving better outcomes for crisis-affected people. https://humanitarianadvisorygroup.org/wp-content/uploads/2022/06/HH2-Overall-2-pager_draft3.pdf.

International Council of Voluntary Agencies (ICVA). (2022). The Grand Bargain 2.0 Explained: An ICVA briefing paper. https://www.icvanetwork.org/uploads/2022/04/The-Grand-Bargain-Explained-An-ICVA-Briefing-Paper.pdf.

Khan, A. & Kontinen, T. (2022). Impediments to localization agenda: humanitarian space in the Rohingya response in Bangladesh. *Journal of International Humanitarian Action*, 7(14). https://doi.org/10.1186/s41018-022-00122-1.

Kuhfeld, M., Soland, J., & Lewis, K. (2022). Test Score Patterns Across Three COVID-19-impacted School Years. EdWorking Papers, Brown University. https://doi.org/10.26300/ga82-6v47.

Moving Minds Alliance (2020). Analysis of international aid levels for early childhood services in crisis contexts. https://movingmindsalliance.org/wp-content/uploads/2020/12/analysis-of-international-aid-levels-for-early-childhood-services-in-crisis-contexts.pdf.

Moving Minds Alliance. (2022). Research on Young Children in Emergencies: Current Evidence and New Directions. https://movingmindsalliance.org/research-on-young-children-in-emergencies/.

Murphy, K. M., Yoshikawa, H., & Wuermli, A. J. (2018). Implementation research for early childhood development programming in humanitarian contexts. *Annals of the New York Academy of Sciences*, 1419, 90–101.

National Scientific Council on the Developing Child. (2007). The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do. www.developingchild.harvard.edu.

OCHA. (2022). OCHA on Message: Humanitarian Principles. https://www.unocha.org/sites/unocha/files/OOM_Humanitarian%20Principles_Eng.pdf.

Piquard, B. (2022). What knowledge counts? Local humanitarian knowledge production in protracted conflicts. A Central African Republic case study. *Peacebuilding*, 10(1). 85–100. doi:10.1080/21647259.2021.1989902.

Ponguta, L., Moore, K., Varghese, D., Hein, S., Ng, A., Alzaghoul, A.F., Benavides Camacho, M.A., Sethi, K., & Al-Soleiti, M. (2022). Landscape Analysis of Early Childhood Development and Education in Emergencies. *Journal on Education in Emergencies*, 8(1), 138–186. https://doi.org/10.33682/w69a-bhpt.

Proulx, K., Hackett, K. & Zonji, S. (2022). Research priorities for early childhood development in the context of Covid-19: Results from an international survey. Early Childhood Development Action Network, https://ecdan.org/download/research-prior

ities-for-early-childhood-development-in-the-context-of-covid-19-results-from-an-international-survey-january-2022/.

Shah, S. (2020). *Early Childhood Development in Humanitarian Crisis: South Sudanese Refugees in Uganda*. Routledge.

Shah, S. & Lombardi, J. (Eds.). (2021) ECD Special Issue. *Journal on Education in Emergencies*, 7. https://inee.org/collections/journal/volume-7-number-1.

Shallwani, S. & Dossa, S. (2023). Evaluation and the White Gaze in International Development, in Khan, T., Dickson, K. & Sondarjee, M. (Eds.), *White Saviorism in International Development*. Daraja Press.

Shonkoff, J. (2021). Re-Envisioning, Not Just Rebuilding: Looking Ahead at a Post-Covid-19 World. Center on the Developing Child, Harvard University. https://developingchild.harvard.edu/re-envisioning-not-just-rebuilding-looking-ahead-to-a-post-covid-19-world/?utm_source=newsletter&utm_campaign=march_2021.

Spiteri, J., Deguara, J., Muscat, T., Bonello, C., Farrugia, R., Milton, J., Gatt, S., & Said, L. (2022). The impact of COVID-19 on children's learning: a rapid review. *Educational and Developmental Psychologist*, 40(1), 5–17. doi:10.1080/20590776.2021.2024759.

UN. (2020). The Impact of COVID-19 on Children. Policy Brief. https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf..

UNESCO. (2020). 2020 Global Education Meeting, Extraordinary Session on Education post-COVID-19. Background document, UNESCO: Paris. https://en.unesco.org/sites/default/files/gem2020-extraordinary-session-background-document-en.pdf.

UNHCR. (2020). Supporting Continued Access to Education During COVID-19: Emerging Promising Practices. UNHCR: Denmark. https://www.unhcr.org/5ea7eb134.pdf.

UNICEF. (2020). *COVID-19 and conflict: A deadly combination*. https://www.unicef.org/coronavirus/covid-19-and-conflict-deadly-combination.

UNICEF. (2021). Preventing a Lost Decade: Urgent action to reverse the devastating impact of COVID-19 on children and young people. https://www.unicef.org/reports/unicef-75-preventing-a-lost-decade.

Viner, R., Russell, S., Saulle, R., Croker, H., Stansfield, C., Packer, J.Nicholls, D., Goddings, A-L., Bonell, C., Hudson, L., Hope, S., Ward, J., Schwalbe, N., Morgan, A., & Minozzi, S. (2021). School Closures During Social Lockdown and Mental Health, Health Behaviors, and Well-being Among Children and Adolescents During the First COVID-19 Wave: A Systematic Review. *JAMA Pediatrics*, 176(4), 400–409. doi:10.1001/jamapediatrics.2021.5840.

WHO (2022). World mental health report: transforming mental health for all. WHO: Geneva.

1 Supporting young children affected by crisis

Sweta Shah

Children across the globe continue to be affected by crises – whether it is due to war, climate-caused floods, forest fires, typhoons and hurricanes, drought, political and economic upheaval, or pandemics. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that in 2023, over 300 million people would need humanitarian assistance, up from the 2021 estimate of 235 million. This is the highest number in decades and accounts for 1 in every 23 people in the world (OCHA, 2022). Further, in 2022, over 100 million people globally were forcibly displaced either in their country or outside of it, which is double what it was ten years before (UNHCR, 2022). This represents one in every 78 people and about 1% of the world population (OCHA, 2022; UNHCR, 2022). While conflict in and between countries had been driving these upward trends, the UN now sees disasters and extreme weather events such as floods and drought, caused by climate change, as responsible for most of the global forced displacement (OCHA, 2022). In 2019, 20 million people were displaced globally due to extreme weather events (Perera, 2022).

Children account for about 42% of the total displaced (OCHA, 2022). Children, especially young ones, are particularly vulnerable as they depend on adults to protect their ability to survive and thrive. Today, more than 1 billion children (which is nearly half of all children worldwide) live in places at high risk of being impacted by climate change or conflict and 87 million are currently experiencing the climate crisis, conflict, and/or political and economic difficulties (European Union, 2023; OCHA, 2022; WHO, 2020). Approximately 8 million children under five years of age in 15 countries are at risk of death from malnutrition and severe wasting. Over 222 million children need urgent education support (European Union, 2023).

The impact of large humanitarian crises can thus have a devastating impact on children. Yet, their, especially those five years and younger caught in one or multiple emergencies, are often overlooked in programming, funding, and research. This book, therefore, adds to the evidence base and programming experience for this gap.

In this chapter, I frame the book by laying out the key definitions and frameworks the book uses. I outline what are humanitarian emergencies, how emergencies affect the youngest children and what is early childhood development in humanitarian contexts.

DOI: 10.4324/9781003415213-2

What are humanitarian emergencies?

This book defines humanitarian emergencies as "an event or series of events that represents a critical threat to the health, safety, security or well-being of a community or large group of people, usually over a wide area" (OCHA, n.d.). These can be caused by an internal or cross-border armed conflict that results in internal displacement and internally displaced persons (IDPs) or external displacement and refugees (United Nations Office for Disaster Risk Reduction, 2009). An emergency can also be caused by a natural or human-induced hazard (i.e., flooding, typhoon, hurricane, landslide, tsunami, earthquakes) (United Nations Office for Disaster Risk Reduction, 2009). Chapters in this book do not include localized emergency situations such as house fires or local floods as these do not require an international humanitarian apparatus to support them. This book will include events that impact a region or country, millions of children, and families, and which require significant international humanitarian assistance. The words humanitarian, emergencies, and crises are similar and often used interchangeably in the humanitarian sector. Our book will follow this and use these three terms interchangeably as well.

Emergencies can occur in three ways: acute onset, slow onset, and protracted crisis. Acute onset emergencies occur quickly and are usually caused by a single sudden shock with little or no warning. Some examples include earthquakes, hurricanes, and outbreaks of war. Slow-onset emergencies emerge gradually over time (months or years). Some examples include drought and economic and political difficulties in a country. Protracted crises are those that remain in an emergency state (and do not go into recovery) for many years. Many refugee crises are protracted as mass displacement continues for a decade or more. The average refugee situation today lasts 17 years (Their World, 2016). Humanitarian emergencies, whether, acute, slow-onset, or protracted follow a cycle of response, recovery, and preparedness for future crises (United Nations Office for Disaster Risk Reduction, 2009; WHO, 2021a). The length of time for each phase depends on each emergency.

This book has chapters that address the COVID-19 pandemic, but also other acute, slow onset, and protracted crises. Most of the chapters illustrate programming during the response or early recovery phases of an emergency.

How do emergencies affect the youngest children?

As many humanitarian situations last a long time and have community, regional, national, or global-level implications, the challenges that affected children face are significant. Compared to children in stable contexts, those who experience humanitarian crises often suffer from weakened protective and caring environments; increased physical health risks; higher mental health risks and toxic stress; and reduced cognitive development.

Weakened protective and caring environment

During emergencies, children's protective environment can weaken if they are displaced from their homes, and separated from family members, friends, and their community (Barbarin et al., 2001; Attanayake et al., 2009). The risk of injury increases, and the risk of death can be twenty times higher than in normal situations (Their World, 2016). Parents and/or primary caregivers, who provide key defense and protection for young children, may not be able to care for and protect children as they did prior to an emergency. They may have fewer resources and time. They could be injured, experience high stress and psychosocial difficulties, and may need to focus on searching for food, finding a safe place to live, or finding work (Bryce et al., 2008; Victora et al., 2008; Williams et al., 2005; Evans, 2006). The impact of emergencies on parents can expose children to emotional neglect, and violent conflict within the home (Barbarin et al., 2001; Betancourt, 2015).

A randomized control trial of institutionalized Romanian children compared children who remained in institutions without adult care or interaction with those that were moved to responsive and caring foster care before the age of two. The study revealed how early interventions can reverse the negative effects of extreme neglect and lack of a safe and secure protective environment and early stimulation (Nelson et al., 2007; Black et al., 2016). At a 54-month follow-up assessment, the children in foster care with caring adults were more likely to form safe and secure attachments to their foster families, had greater protection from stressors in their environment, and greater cognitive stimulation. This in turn led to more children having increased IQs and brain activities in comparison to children who remained in institutional care (Nelson et al., 2007; Black et al, 2016).

Humans are social animals and peer relationships are important at all ages. Displacement can cut off or weaken young children's connections to their peers. Peers can provide positive (or negative) influences on the social and emotional development and psychosocial well-being of children from early childhood (Hartup, 1996; Almqvist & Broberg, 1999). Relationships with peers can promote resilience and a sense of self-worth and belonging (Fazel & Betancourt, 2018). For young children who are displaced due to a humanitarian emergency, peers can play an important role in helping them adjust to their new surroundings and life (Schwartz et al., 2021; Almqvist & Broberg, 1999). This social adjustment is important for children's psychosocial well-being (Almqvist & Broberg, 1999). By having children to play with, and talk to, they can feel safe and have another person with whom they can process their experience.

Additionally, social services can provide a protective environment – such as childcare, education, etc. – could be interrupted in an emergency. Young children could therefore lose the safety and security of their daily routines, early stimulation, responsive care, learning, nutrition, immunizations, and other supports that are essential for their healthy development and well-being. Without this layer of protection that parents, other caregivers (older siblings,

stepparents, grandparents), friends, and communities provide, young children can face risks to their physical safety and security. They are less likely to bounce back from the many impacts of a stressful situation (Center on the Developing Child, 2015).

Increased physical health risks

A humanitarian situation can directly affect a child's physical health or impact the environment he/she lives in and increase his/her likelihood of contracting life-threatening diseases. The mortality rate for children before birth until five years in humanitarian situations is considerably higher than for other age groups (WHO, 2021a). Children could be injured or become physically disabled due to the impacts of wars. For those with disabilities before a humanitarian emergency, impairments and discrimination could increase (Handicap International, 2015). Malnutrition and stunting of young children could increase due to drought and food insecurity or insufficient access to nutritious food in a refugee or migrant context. Consequences of malnutrition and stunting can have long-term effects on the growing bodies and brains of young children (Kiess et al, 2017; Mates et al., 2017; Perera, 2022). Young children can contract preventable diseases such as diarrhea, cholera, malaria, and others due to a lack of clean water, mosquito nets, or a breakdown of health systems (WHO, 2021a; Brennan and Nandy, 2001; Al Gasser et al., 2004).

The impacts of climate change (i.e., air pollution, increased heat, forest fires, floods, hurricanes etc.) have also shown devastating impacts on children's health. Under five-year-olds account for about 10% of the global population yet the World Health Organization estimates that more than 88% of the burden of climate change falls on them (Perera, 2022). Most research focused on young children and climate has focused on the impacts on the lungs and brain. As children's bodies are smaller and not fully developed during early childhood, they do not have the same ability as adults' bodies to defend against toxic chemicals such as air pollution, lead, mercury, and other fossil fuel contaminants. Air pollutants are 30 times smaller than human hair so they can escape the body's defenses in the upper lung and penetrate deep into the lungs. Globally, in 2019, approximately 1.8 million new pediatric asthma cases were attributed to nitrogen dioxide, a transportation-related air pollutant. Studies have also linked children who have asthma and live near industrial pollutants to have a higher risk from COVID-19. A five-year landmark study of children of children from the US found that when some of these children moved from more polluted areas to cleaner ones, their lung function improved (Perera, 2022).

Research indicates that toxic air pollution exposure, even while in the womb, can interfere with normal lung and brain development as the chemicals can pass to the baby's bloodstream through the placenta. Air pollution has also been linked with low-birthweight in babies and pre-term birth worldwide (Rees, 2017; Perera, 2022). When areas are plagued with air pollution and very high temperatures, they increase the likelihood of pre-term birth even more.

Research in Guangzhou, China indicates that the combination of exposure to air pollution and higher temperatures greatly increased the likelihood of preterm births (Perera, 2022). Preterm babies have higher risks of lower respiratory infections, asthma, infectious diseases, intellectual disabilities, Autism, anxiety, and depression (Rees, 2017; Perera, 2022).

During early childhood, the brain develops quickly and needs nutrients. Millions of neural connections are made; ones that are important to the child are strengthened while those that are not pruned away. These neural connections are critical as the brain grows. Toxic chemicals such as lead that get through to the brain can interfere with the brain's ability to distinguish important connections from unimportant ones. Pruning of important connections could therefore be a result of this interference (Perera, 2022).

Young children do not have fully developed immune systems which also adds to their vulnerability and susceptibility to diseases such as Malaria, Dengue fever, and Lyme disease (Rees, 2017). Zika is another disease that alludes fetal immune defenses to negatively affect the fetal brain (Perera, 2022). These are all diseases that flourish in hotter climates where there are more mosquitos. Children under three are also at an increased risk of hyperthermia or heat stress in very hot climates; it can cause a child to feel tired, have an increased pulse, and breathe rapidly (Perera, 2022; Rees, 2017).

Increased mental health risks and toxic stress

As children and families are displaced, struggling to ensure food and safety, and searching for a way to earn an income, they can face psychological distress. The World Health Organization (WHO) has found that in humanitarian situations, nearly all affected people experience a level of psychological distress, with one in five experiencing depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia (WHO, 2021b). Recent research on children impacted by climate change found the previously mentioned effects along with an increase in the development of phobias, sleep disorders, and attachment disorders. These conditions can lead to longer-term problems in childhood related to emotional regulation, cognition, learning, behavior, language development, and academic performance. This can also create a predisposition to adverse adult mental health outcomes (Burke et al., 2018).

All people, including children, experience stress, on a regular basis in their daily lives. Stress is not always bad, and it can be buffered by a protective environment. For children, a protective environment includes parents, caregivers, friends, and trusted community members. However, when a person experiences severe stress that is prolonged or frequent (such as separation from a family member, death of a family member, displacement, annual floods), faces multiple adversities (poverty, abuse, neglect, single-parent household), *and* does not have a supportive and caring parent or primary caregiver, normal stress can become toxic. Research shows that the more risk factors a child has in his/her life, the more likely he/she is to experience toxic stress (Shonkoff & Bales, 2011; Shonkoff et al., 2012).

"Toxic stress," even when temporary, can increase the chance of death from preventable illnesses, long-term psychological difficulties, and impaired abilities to success in school and later life. It can significantly increase blood pressure, heart rate, and hormones such as cortisol (stress hormone), to the point where it can turn off the body's normal ability to manage difficult situations. In most people, when blood pressure, heart rate, and cortisol levels increase, they will eventually go back to normal levels whereas this does not happen to a person experiencing toxic stress. During early childhood, toxic stress can affect early brain circuitry and organ and metabolic functioning (Shonkoff et al., 2012). Such disruptions increase the likelihood of developmental delays, and health problems, such as alcoholism, depression, heart disease and diabetes (Shonkoff et al., 2012; National Scientific Council on the Developing Child, 2007, 2010). Further, toxic stress can impair all aspects of child's development: cognitive (i.e., learning, executive function, working memory, decision-making), linguistic, socio-emotional (i.e., behavior, impulse control, mood and self-regulation problems) and physical (i.e., physical and mental illness) (Shonkoff et al., 2012; National Scientific Council on the Developing Child, 2007, 2010). Some symptoms of severe distress among young children (including those affected by emergencies) include thumb sucking, bed wetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, withdrawal from friends and routines, and regression in behavior (ISSA, 2010). The physiological and chemical changes in the brain and the body that can occur due to toxic stress may never be fully reversed and could be transmitted to the next generation (Bryce, et al. 2008; Victora et al., 2008; Shonkoff & Bales, 2011; National Scientific Council on the Developing Child, 2007).

There is evidence that even in utero, maternal stress and depression can affect how a child develops (Thabet et al., 2009). Stress that pregnant women can experience has been associated with childhood under-nutrition, stunting, cognitive and socio-emotional development (Thabet et al., 2009; Feldman et al., 2013). It is unclear exactly how maternal stress affects a child's development while he/she is still in the womb. However, there is some evidence pointing to a mother's elevated levels of stress hormones (cortisol) crossing the placenta to the baby and causing similar effects as tolerable or toxic stress (Van den Bergh et al., 2005). Further, there are also links between postnatal stress and anxiety of mothers and their abilities to provide appropriate care for their children and the ability of the child to form a secure attachment (MacMahon et al., 2006; Field, 2010). Research also points to exposure to violence affecting marital tension, discipline styles being harsher than normal which in turn can affect a child's own anxiety and behaviors in a negative manner (Betancourt, 2015; Dybdhal, 2001).

Reduced cognitive development

Early childhood is a critical "sensitive" period for brain development. It is the period where the brain grows the most and when the foundation for future learning and development is established. Neuroscience research indicates that

about 90% of brain growth occurs in the first five years of life and 80% in the first three years of life (Conel, 1959). Harvard's Center on the Developing Child has estimated that there could be up to 1 million neural connections per second (Center on the Developing Child, 2009). After the period of early childhood, the brain continues to develop and mature, especially by pruning unused neural connections, but it never grows at the speed it did during early childhood.

The lack of early stimulation and learning can have a tremendous influence on a brain's initial development and architecture, more so than insufficient food as revealed in multiple studies (Grantham-McGregor et al., 1991; Yousafzai et al., 2014). Early stimulation refers to cognitive stimulation through exploration and play and the "extent that the environment provides physical stimulation through sensory input (e.g., visual, auditory, tactile), as well as emotional stimulation provided through an affectionate caregiver-child bond" (Chan et al., 2017). The environment in which a child grows shapes his/her brain and creates the foundation for future learning and capacities. Deficiencies in early stimulation and learning during the earliest years of a child's life can delay their cognitive, linguistic, socio-emotional, and physical development (Heckman, 2006).

Perry and Pollard (1997), in their landmark research of children with severe sensory deprivation and neglect, showed significant differences in their brains at age three from those normally developing at the same age. When compared, the children that experienced severe sensory deprivation and neglect such as lack of linguistic stimulation, physical contact, and interaction with others had smaller brains in terms of size, but also lower brain density, indicating fewer neural connections (Perry & Pollard, 1997). Humanitarian situations can mirror this type of neglect and deprivation as parents may not be able to or may not understand the importance of talking to their children, hugging, playing, looking, and smiling at them. They may also be distressed or injured and unable to support their children.

Humanitarian contexts can reduce opportunities for cognitive development, but climate change impacts, especially air pollution, can also affect children's IQ and memory (Perera, 2022). Research in Asia, Europe, and the United States found associations between severe traffic-related air pollution and reduced memory and IQ, especially in boys (Perera, 2022). Research among American, Chinese, and Polish mothers and children found an association between prenatal exposure to chemicals from coal, oil, and gas with delayed mental development at age 3 and reduced IQ at ages five and seven (Perera, 2022).

What is early childhood development in emergencies

Substantial evidence across disciplines – from neuroscience to economics – indicates that the early years of a child's life are critical for optimal development. Early childhood development is the period of human development from before birth to right years (American Academy of Pediatrics, n.d.). This period can be further divided into five stages with approximate ages: newborn (0–3 months); infant (3–12 months); toddler (1–3 years); pre-schooler (3–5 years); and school age (6 years and up) (Children's Medical Center, n.d.). Each stage of a young

child's early life is different and important, yet they all need holistic support. The globally agreed upon Nurturing Care Framework (WHO et al., 2018) outlines five key inter-related areas young children need: (1) health care; (2) nutrition; (3) early learning and cognitive stimulation; (4) safety and security; and (5) responsive care from parents and primary caregivers (see Figure 1.1)

These are critical elements to enable young children to survive and thrive under all circumstances (WHO et al., 2018). Many young children around the world do not get all this holistic support. So, over 250 million children younger than five years, in low- and middle-income countries (which accounts for more than 40% of all children worldwide), are at increased risk of not reaching their developmental potential due to adverse situations such as poverty and neglect. Developmental damage that occurs without support (i.e., caring adults, opportunities to learn, feeling of safety and security) during emergencies may never be fully reversed (Bryce et al, 2008; Victora et al., 2008). Yet, with appropriate care and support, young children – even in multi-crisis contexts that experience various adversities – can flourish. This section outlines key types of ECD programming, framed around the Nurturing Care Framework, that promote children's growth and development in humanitarian contexts.

Strengthen safety and security: Child-friendly spaces

Child protection is defined as the prevention of and response to abuse, neglect, exploitation, and violence against children (UNICEF, n.d.). The programming

Figure 1.1 Nurturing Care Framework

aims to help children feel safe and secure. The UN Convention on the Rights of the Child highlights that children need special protection until they have reached a level of physical, mental, and emotional maturity to take on the duties and responsibilities of an adult (UNICEF, n.d.). Some types of child protection programming include the establishment of child-friendly spaces, family tracing and reunification, psychosocial support, birth registration, alternative care for orphaned children, and individual case management. While all these activities can include young children and thus could be categorized as ECD in emergencies programming, establishing child-friendly spaces, has been the intervention most used by both child protection and ECD professionals (UNICEF, n.d.).

Child-friendly spaces (CFS) have become a standard approach to promote children's protection and psychosocial needs in emergency contexts. They aim to provide a temporary, safe environment (often in tents or existing community spaces) where children of all ages can re-establish a sense of normalcy, find social support networks, and participate in non-formal education. Through play, sports, art, and other activities, children can improve their psychosocial well-being (including self-esteem, emotional regulation, etc.), learn about topics such as safe hygiene practices, and be protected from abuse, exploitation, and violence. Usually established to support children of all ages and for a period of three to six months, they often become gathering places for more than just children and often last much longer than six months (Hermosilla et al., 2019). Humanitarian Play Labs are a recent example of a child-friendly space, within the child protection sector, used for the Rohingya refugee crisis in Cox's Bazaar (Mariam et al., 2021). The spaces use play-based learning activities to promote the protection, development, and psychosocial well-being of children from birth to six years and their families. The labs use center-based (for 2–6 years) and home-based modalities (for 0–2 years). Rohingya women serve as play leaders in the centers and mother volunteers in homes (Mariam et al., 2021).

As the needs of humanitarian contexts are varied, CFS objectives for young children have been adapted in some contexts to be mobile. After the Nepal earthquake, mobile teams walked to where children were and conducted activities (Plan International, 2016). In the Philippines, after Typhoon Haiyan, a Big Blue Bag was developed to hold key play and learning materials that mobile teams took to shelters and any available open spaces (UNICEF, 2012). In Uganda, CFSs as physical spaces were closed during COVID-19 lockdowns. Some agencies used radio and adhered to safety protocols to have smaller groups of children in outdoor community spaces (Metzler et al, 2021). A meta-analysis of CFSs across five humanitarian contexts found that they were associated with increased psychosocial well-being, improved development, and reduced reporting of protection concerns (Hermosilla et al, 2019).

Strengthen children's psychosocial well-being and resilience

While children experience significant stress in humanitarian crises, science tells us that they are *resilient* and support can help them shift the scale from negative outcomes to more positive ones (Center on the Developing Child, 2015). ECD

in emergencies programs can support children's resilience and tip that balance when they have a combination of the following types of activities (which are not exhaustive): a stable, responsive, and nurturing caregiver; access to early learning and stimulation through play; availability of nutritious food; and immunizations. The more positive inputs a child receives, especially in emergencies, the higher the likelihood that he/she will follow a positive development trajectory (Center on the Developing Child, 2015).

Research indicates that in most children in crisis do not need traditional mental health and psychiatric services (IASC, 2007; Pine et al., 2005). The incidence of children that might need traditional mental health and psychiatric services is usually around 1–3% (IASC, 2007; Pine et al., 2005). A study of Syrian refugee children revealed an anomaly, indicating that this crisis has significantly increased children's stress levels, more than other humanitarian situations (Their World, 2016). The research found that among Syrian refugee children, 45% of them were displaying symptoms of Post-Traumatic Stress Disorder (PTSD), which is ten times higher than children surveyed in other humanitarian situations (Their World, 2016). In the Syrian crisis context, children have had fewer buffers (i.e., parents and primary caregivers to support them) to protect them from stress or help them mitigate it. Many parents and primary caregivers have been suffering from severe stress and struggle to care for their children as they did prior to the conflict (Their World, 2016). These elements are tipping the scales toward negative outcomes. The Inter-agency Standing Committee (IASC) in their global Guidelines on Mental Health and Psychosocial Support in Emergencies, highlights the psychosocial intervention pyramid to help humanitarian staff implement programs (IASC, 2007) (see Figure 1.2).

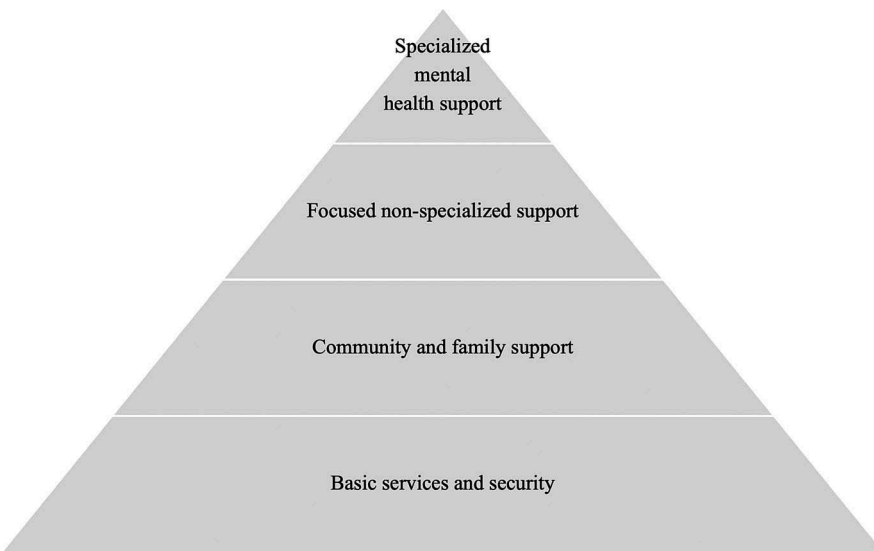

Figure 1.2 Psychosocial Intervention Pyramid

At the bottom, which would be relevant to virtually the whole displaced population, are basic services and security which includes the (re)establishment of security, and services to address basic physical needs (i.e., food, shelter, water, basic health care). For young children, these services would not just focus on them, but also on basic services for their families. Services considered essential for initial survival such as food distribution, non-food item kits, and tents for temporary housing would be included here. The second level of interventions, which would be important for a large group of the displaced population, but a slightly smaller group than those included in the bottom level, are the community and family support activities. For ECD in emergencies, this could include establishing child-friendly spaces, play and recreation activities for children, and support services for parents. This level can also include family tracing and reunification (which is especially critical for young children), parenting programs, formal and non-formal education activities, livelihoods activities, and the activation of social networks (i.e., women's groups, and youth clubs). These two bottom layers can help most people during a humanitarian crisis. About 10% of the affected population may need focused, non-specialized support, which is the third layer up from the bottom. This includes focused individual, family, or group interventions by trained and supervised workers. These workers would not be psychologists or psychiatrists and would not have had multiple years of training to treat mental illness. Activities at this level would include psychological first aid which is a person-to-person conversation. It can help people express their feelings and emotions with a person who would listen and support them through their experience. This third layer could also include targeted small group support for children. Approximately 1–3% of most affected populations in a humanitarian crisis would need mental health services that only a psychologist or psychiatrist can provide. This is not the type of work that any agency can do as it requires people with the right professional license and expertise (IASC, 2007).

Strengthen responsive care through parents and caregivers

A core type of ECD in emergency programming directly targets parents and caregivers and indirectly targets young children through what is called "parenting programs." Parents/caregivers are people in children's daily lives. The definition varies slightly from culture to culture, but generally, "this includes biological parents, grandparents, step-parents, adoptive parents, foster parents, aunts/uncles, and/or siblings. These parents/caregivers could be biological or may not be biological" (Shah, 2022, p. 8). Parenting programs are defined as interventions or services aimed at improving parents'/caregivers' knowledge, attitudes, behaviors, and practices so they can more positively interact with their children and promote their optimal development (Britto et al., 2016). These programs can be implemented through group-based sessions where small groups of parents and/or caregivers come together or through individual home visits or short counseling sessions at health facilities (Britto et al., 2016).

Evidence of group programs in Bangladesh and Uganda has revealed improved maternal health and increased children's cognitive and linguistic capabilities (Britto et al., 2016). Other evidence from Bangladesh and Brazil points to a combination of group and individual sessions having the best results on children and parents/caregivers (Britto et al., 2016).

Parenting education in numerous evaluations in developing countries including Uganda, Bangladesh, and Pakistan, has shown positive results on parents' knowledge and skills and children's development outcomes in fragile contexts (Singla et al., 2015; Aboud, 2007; Yousafzai et al., 2014; Britto et al., 2016). One of the most thoroughly researched parenting programs is the Nurse-Family Partnership (NFP) in the US. This program began in 1977 at three sites and included 2,000 families. An experimental design was used with a control and treatment group. The program included parenting education and support prior to their baby's birth and during its first year of life. Longitudinal follow-ups of the participating mothers and children showed 56% fewer arrests and 81% fewer convictions among the children and families who participated in the program than among the control group (Evans, 2006).

Care and protection of young children are often thought of as a mother's job. However, fathers and other caregivers are equally critical in their children's protection, care, and development. While more research investigating the impact of fathers' active involvement in children's care and development is needed, especially in emergencies, several studies point to positive outcomes on children's development and mothers' stress levels (Britto et al., 2016). A study of fathers in South Africa estimated that over 50% of fathers did not have daily contact with their children (Evans, 2006). This trend is common in many countries; however, there is also research showing that the active involvement of fathers is important for their child's development (Spielberger et al., 2015). One study found that fathers' active involvement reduced mothers' stress levels, which in turn, created a more positive family environment where children could better flourish (Nomaguchi et al., 2012).

Large research gaps, especially in humanitarian contexts, remain around parenting programs and ECD activities aimed to strengthen children's protective environment. For large-scale refugee crises where funding is likely to be limited, the right combination of approach (home visits, group sessions, counselling at health centers), number of sessions, and timing of sessions (e.g., weekly, fortnightly, monthly) is critical to understand. Furthermore, these same issues need to be better understood in non-emergency contexts as well so countries can affordably take programs to scale. The current evidence points to services focused on strengthening children's protective environment and particularly parents' capabilities as critical elements for children, especially in humanitarian situations.

Strengthen health and nutrition

Proper health and nutrition support the formation of a child's brain and his/her physical growth and development. Studies in emergency and non-emergency contexts have found that malnutrition in the first five years of life has significant

long-lasting negative effects on cognitive, physical, social, and emotional development. Malnourished children, when compared to well-nourished ones, were more likely to start school late, concentrate less in school, and have lower academic outcomes (Sanchez, 2009). A study conducted by the University of Sussex in Zimbabwe explored the impacts of preschool malnutrition on subsequent human capital formation. The study found that even temporary malnutrition and lack of health services during drought and conflict times resulted in lower development indicators including lower height and weight and fewer years of schooling. The researchers estimated a loss of lifetime earnings of around 14%. Results from the longitudinal data of the multi-country Young Lives Survey, led by the University of Oxford, showed a strong positive association between stunted height during the first two years of life and cognitive achievement four years later (Sanchez, 2009). Another study from the Lancet provides evidence from multiple countries of the effects of maternal and child undernutrition on adult health and reduced economic productivity (Victora et al., 2008).

While nutrition and health support for young children can have significant benefits, this in combination with early stimulation can have an even greater effect. A landmark study of Jamaican malnourished children found evidence to support the combination of early stimulation and nutritional supplementation (Grantham-McGregor et al., 1991). In this study, the researchers followed five groups of children over time. Two groups of children did not receive any intervention as they were either healthy, normally developing children or assigned to a control group. One intervention group received nutritional supplements only, another received early stimulation only and a third received both early stimulation and nutritional supplements. The healthy children had the best child development outcomes, but after them, were the children who had both the early stimulation and nutritional supplements, followed by the children who had only early stimulation. The children with the lowest development scores were those with nutritional supplementation only and those that received no support (the control group). This indicates a few things: firstly, ECD interventions need to start before a child is born so they can develop normally. Once a child is born and if he/she becomes malnourished, a combination of early stimulation and nutritional supplements would provide the best support to help those children return to a normal development path (Grantham-McGregor et al., 1991).

Evidence from Ethiopia during the 2008 food crisis shows that children's weight and survival rates increased when nutrition and health services were provided with early stimulation and parenting education (Conticini & Quere, 2011). They found that the combination helped children recover faster from acute malnutrition than nutrition support alone (Conticini & Quere, 2011). Additional research from Bangladesh, Pakistan, and other countries has also found that children who receive nutritional supplements along with early stimulation and learning that promotes brain development had higher survival rates, healed faster, and returned to a more normal development trajectory (Conticini & Quere, 2011; Hamdani et al., 2006; Gowani, et al., 2014; Yousafzai et al., 2014; Nahar et al., 2009; Nahar et al., 2012).

Early learning

Young children's learning is an intervention most consider to be ECD in emergency programming. Learning is a complex process that uses multiple areas of the brain, yet many early learning programs focus on formal academic learning rather than holistic learning (Fox et al., 2010; Liu et al., 2017). Formal learning is usually teacher-led and directed in a classroom where a teacher provides knowledge to students (Nilsson et al., 2018). It is focused on gains in academic knowledge and children's ability to read, write, and do math calculations. While these skills are very important, other skills such as problem-solving, negotiation, creativity, communication, social skills, emotional regulation, and others are also important (Larson and Miller, 2011; Kay and Greenhill, 2011). A movement toward developing children's holistic skills in education has been gaining momentum since the 1980s as has a movement to use a play-based approach to learning (American University, n.d.; Liu et al., 2017).

Research shows that different areas of learning are more interconnected than previously thought and that playful learning experiences can be particularly effective in fostering deeper learning and developing a broad range of skills (Liu et al., 2017). Additionally, research also shows that children learn best when they are actively engaged, able to iterate and try things, learn something meaningful to their lives with others, and when the activity brings them joy (Liu et al., 2017).

Early learning interventions vary based on the age of the child – with younger ones from birth to two most often engaged in home-based activities, childcare spaces, or child-friendly spaces. For children three to six years, this includes more formal and structured learning in pre-primary classrooms or non-formal learning in less structured child-friendly spaces. ECD in emergency programming can also provide opportunities for young children to learn about building peace and protecting the environment. UNICEF supported an ECD and peacebuilding program for Ugandan and Congolese refugee children in Uganda near the Congolese border (UNICEF, 2015). Integrated into play-based activities in ECD centers were activities that helped children aged three to five learn how to cooperate with each other, resolve conflicts, understand the perspectives and cultures of others, and regulate emotions (UNICEF, 2015). After floods in Bangladesh in 2012, disaster risk reduction activities were integrated into ECD centers. Young children, along with older siblings and friends and families, developed local contingency plans for future disasters (Shah, 2013). In the Philippines, as part of disaster risk reduction activities, Plan International and the Philippines Department of Education developed a film series and puppetry activity called "Tales of Disaster". It introduced key concepts of Disaster Risk Reduction, climate change adaptation, environmental awareness, and conflict resolution (Shah, 2013).

While there are numerous early learning in emergency programs, there is limited research on early learning outcomes in humanitarian contexts. A 2023 review of research and program reviews on early childhood education in refugee settings found 15 documents of varied rigor that included academic, gray

literature, doctoral dissertations, and field experiences. Many research studies and program reviews found potential to support socio-emotional learning and emotional recovery (Stevens et al., 2023). The various research and program reviews included early childhood education programs that targeted children directly, targeted parents/caregivers, or had elements of direct child and parent support (Dalrymple, 2019; Shah, 2019; Tobin et al., 2015; VSO Bangladesh, 2019). One study of South Sudanese children from three to six years old learning in child-friendly spaces in refugee settlements in Uganda used mixed research methods and found that early learning interventions that focused on holistic development did have a positive impact on children's development when compared with similar children on a wait-list control group (Shah, 2019). Another study targeted parents and caregivers of young Burundian children in Tanzania and had a stronger focus on mindful learning which falls within the larger category of socio-emotional learning. This program review which used qualitative methods found positive views of the program on children's feelings of stress (Dalrymple, 2019).

Many ECD in emergency programs include some or all of the elements mentioned in this section. The book highlights different ways that programs have supported young children and their families during COVID-19 (and often other ongoing crises), the challenges they faced in adapting and providing services as well as conducting different types of assessments in multi-crisis contexts, and the promising practices they have identified. Some of the chapters use rigorous quantitative and qualitative research methods, while others use more of a case study approach to share their programmatic experiences. All chapters build on and are framed by the definitions, frameworks, and evidence base presented in this chapter.

References

Aboud, F.(2007). Evaluation of an early childhood parenting programme in rural Bangladesh. *Journal of Health, Population and Nutrition*, 25(1), 3–13.

Al Gasseer, N., Dresden, E., Keeney, G. & Warren, N. (2004). Status of Women and Infants in Complex Humanitarian Emergencies. *Journal of Midwifery & Women's Health*, 49(suppl 1), 7–13.

Almqvist, J. & Broberg, A. (1999). Mental Health and Social Adjustment in Young Refugee Children y 3½ Years After Their Arrival in Sweden. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(6), 723–730.

American Academy of Pediatrics (n.d.). Early Childhood. https://www.aap.org/en/patient-care/early-childhood/.

American University (n.d.). What Is Holistic Education? Understanding the History, Methods, and Benefits. https://soeonline.american.edu/blog/what-is-holistic-education/.

Attanayake, V. *et al*. (2009). Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children. *Medicine, Conflict and Survival*, 25(1), 4–19.

Barbarin, O. A., Richter, L. & DeWet, T. (2001). Exposure to violence, coping resources, and psychological adjustment of South African children. *American Journal of Orthopsychiatry*, 71(1), 16–25.

Black, M. *et al*. (2016). Early childhood development coming of age: Science through the life course. *The Lancet*, Series: Advancing Early Childhood Development: From Science to Scale, 389, 77–90.

Betancourt, T. S. (2015). The inter-generational effect of war. *Journal of the American Medical Association, Psychiatry*, 72(3), 199–200.

Brennan, R. & Nandy, R. (2001). Complex humanitarian emergencies: a major global health challenge. *Emergency Medicine*, 13(2), 147–156.

Britto, P. *et al*. (2016). Nurturing care: Promoting early childhood development. *The Lancet*, Series: Advancing Early Childhood Development: From Science to Scale, 389, 91–102.

Bryce, J. *et al*. (2008). Maternal and child under nutrition effective action at national level. *Lancet*, 371, 510–526.

Burke, S. E. L., Sanson, A. V. & Van Hoorn, J. (2018). The Psychological Effects of Climate Change on Children. *Current Psychiatry Reports*, 20, 35. https://doi.org/10.1007/s11920-018-0896-9.

Chan, M. , Lake, A. , & Hansen, K. (2017). The early years: silent emergency or unique opportunity? *The Lancet*, 389(10064), 11–12.

Center on the Developing Child at Harvard University (2009). Five Numbers to Remember About Early Childhood Development (Brief). www.developingchild.harvard.edu.

Children's Medical Center (n.d.). The Five Stages of Early Childhood Development. https://www.npcmc.com/2022/07/08/the-5-stages-of-early-childhood-development/.

Conel, J. L. (1959). *The postnatal development of the human cereal cortex*. Harvard University Press.

Conticini, A. & Quere V., (2011). Emotional stimulation for acutely and severely malnourished children in SNNPR. *Field Exchange*, 40, 84–85.

Dalrymple, K. (2019). Mindful Learning: Early Childhood Care and Development for Refugee Children in Tanzania. *Journal on Education in Emergencies*, 5(1), 133–155. https://doi.org/10.33682/37cx-3017.

Dybdahl, R. (2001). Children and mothers in war: an outcome study of a psychosocial intervention program, *Child Development*, 72(4), 1214–1230.

European Union (2023). Children in Crisis: Spotlight on Underfunded Humanitarian Emergencies. https://www.eeas.europa.eu/delegations/un-new-york/children-crisis-spotlight-underfunded-humanitarian-emergencies_en#:~:text=Children%20are%20disproportionately%20affected%20by,their%20survival%2C%20growth%20and%20development.

Evans, J. (2006). Parenting programmes: an important ECD intervention strategy. Background paper prepared for the Education for All Global Monitoring Report 2007, Strong foundations: early childhood care and education. UNESCO.

Fazel, M. & Betancourt, T. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet*, 2(2). https://doi.org/10.1016/S2352-4642(17)30147-5.

Feldman, R. *et al*. (2013). Stress reactivity in war-exposed young children with and without posttraumatic stress disorder: relations to maternal stress hormones, parenting and child emotionality and regulation. *Development and Psychopathology*. 25, 943–955.

Field, T. (2010). Postpartum depression effects on early interactions, parenting, and safety practices: a review. *Infant Behavior and Development*, 33(1), 1–6.

Fox, S. E., Levitt, P., & Nelson, C. A. (2010). How the timing and quality of early experiences influence the development of brain architecture. *Child Development*, 81(1), 28–40. doi:10.1111/j.1467-8624.2009.01380.

Gowani, S., Yousafzai, A. K., Armstrong, R., Bhutta, Z. A. (2014). Cost effectiveness of responsive stimulation and nutrition interventions on early child development outcomes in Pakistan. *Annals of NY Academy of Sciences*, 1308:149–161.

Grantham-McGregor, S., Powell, C. A., Walker, S. P. & Himes, J. H. (1991). Nutritional supplementation, Psychosocial stimulation, and mental development in stunted children: The Jamaican Study. *Lancet*, 338, 1–5.

Hamdani, J. D., Huda, S. N., Khatun, F. & Grantham-McGregor, S. M. (2006). Psychosocial stimulation improves the development of malnourished children in rural Bangladesh. *Journal of Nutrition*, 136, 2645–2652.

Handicap International (2015). Disability in humanitarian contexts Views from affected people and field organizations. https://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf.

Hartup, W. W. (1996). The company they keep: Friendships and their developmental significance. *Child Development*, 67(1), 1–13. doi:10.2307/1131681.

Heckman, J. (2006). Return on Investments: Cost vs. Benefits. University of Chicago. http://www.childandfamilypolicy.duke.edu/pdfs/10yranniversary_Heckmanhandout.pdf.

Hermosilla, S., Metzler, J., Savage, K., Musa, M. & Ager, A. (2019). Child friendly spaces impact across five humanitarian settings: a meta-analysis. *BMC Public Health* 19, 576. https://doi.org/10.1186/s12889-019-6939-2.

IASC (2007). IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007.

ISSA (2010). Early Childhood Development and Education in Emergencies. Amsterdam.

Kay, K., & Greenhill, V. (2011). Twenty-First Century Students Need 21st Century Skills. In Wan, G., & Gut, D. (Eds.), *Bringing Schools into the 21st Century. Explorations of Educational Purpose*, Vol 13. Springer. https://doi.org/10.1007/978-94-007-0268-4_3.

Kiess, L., Aldern, N., de Pee, S., & Bloem, M.W. (2017). Nutrition in Humanitarian Crises. In de Pee, S., Taren, D., & Bloem, M. (Eds.), *Nutrition and Health in a Developing World*. Humana Press. https://doi.org/10.1007/978-3-319-43739-2_29.

Liu, C., Solis, S. L., Jensen, H., Hopkins, E. J., Neale, D., Zosh, J. M., Hirsh-Pasek, K., & Whitebread, D. (2017). Neuroscience and learning through play: a review of the evidence (research summary). The LEGO Foundation, DK.

Larson, L. & Miller, T. (2011). 21st Century Skills: Prepare Students for the Future. *Kappa Delta Pi Record*, 47(3), 121–123. doi:10.1080/00228958.2011.10516575.

Mariam, E., Ahmad, J. & Sarwat, S. (2021). BRAC Humanitarian Play Lab Model: Promoting Healing, Learning and Development for Displaced Rohingya Children. *Journal on Education in Emergencies*, 7(1), 133–149. https://doi.org/10.33682/u72g-v5me.

Mates, E., Shohmam, J., Khara, T. & Dolan, C. (2017). Stunting in protracted crises: discussion paper. www.ennonline.net/stuntingprotractedemergencies.

McMahon, C. A., Barnett, B., Kowalenko, N.M., & Tennant, C.C. (2006). Maternal attachment state of mind moderates the impact of postnatal depression on infant attachment. *Journal of Child Psychology and Psychiatry*, 47(7), 660–669.

Metzler, J., Gabriel, A., Mwebe F. & Savage, K. (2021). From place to space: field insights on adapting child-friendly spaces during COVID-19, *Forced Migration Review*. 66. www.fmreview.org/issue66.

Nahar, B. *et al*. (2009). Effects of psychosocial stimulation on growth and development of severely malnourished children in a nutrition unit in Bangladesh. *European Journal of Clinical Nutrition*, 63, 725–731.

Nahar, B. *et al*. (2012). Effects of psychosocial stimulation on improving home environment and child-rearing practices: results from a community-based trial among severely malnourished children in Bangladesh, *BMC Public Health*. 12, 622.

National Scientific Council on the Developing Child (2007). The Timing and Quality of Early Experiences Combine to Shape Brain Architecture. Working Paper #5, Harvard University.

National Scientific Council on the Developing Child. (2010). Persistent fear and anxiety can affect young children's learning and development: Working paper no. 9. Boston, MA: NSCDC.

Nelson, C. A. *et al*. (2007). Cognitive recovery in socially deprived young children: The Bucharest early intervention project. *Science*, 318(5858).

Nilsson, M., Ferholt, B. & Lecusay, R. (2018). The playing-exploring child: Reconceptualizing the relationship between play and learning in early childhood education. *Contemporary Issues in Early Childhood*, 19(3), 231–245.

Nomaguchi, K., Brown, S. & Leyman, T. (2012). Father Involvement and Mothers' Parenting Stress: The Role of Relationship Status. Fragile Families Working Paper. https://www.bgsu.edu/content/dam/BGSU/college-of-arts-and-sciences/center-for-family-and-demographic-research/documents/working-papers/2012/CFDR-Working-Papers-2012-08-Father-Involvement-and-Mothers-Parenting-Stress-The-Role-of-Relationship-Status.pdf.

OCHA (2022). Global Humanitarian Overview 2023. https://reliefweb.int/report/world/global-humanitarian-overview-2023-enaresfr#:~:text=One%20in%20every%2023%20people,at%20the%20beginning%20of%202022.

OCHA (n.d.). https://www.ohchr.org/en/taxonomy/term/878#:~:text=A%20humanitarian%20emergency%20is%20an,usually%20over%20a%20wide%20area.

Perera, F. (2022). *Children's Health & the Peril of Climate Change*. Oxford University Press.

Perry, B. D., & Pollard, D. (1997). Altered brain development following global neglect in early childhood. Society For Neuroscience: Proceedings from Annual Meeting, New Orleans.

Pine, D., Costello, J. & Masten, A. (2005). Trauma, proximity, and developmental psychopathology: The effects of war and terrorism on children. *Neuropsychopharmacology*, 30, 1781–1792.

Plan International (2016). Mobile Teams Delivering Child Protection and Education in Emergencies: A Case study from the Nepal 2015 Earthquake Response. Woking, United Kingdom: Plan International.

Rees, N. (2017). *Danger in the air: How air pollution can affect brain development in young children*. UNICEF.

Sanchez, A. (2009). Early Nutrition and Later Cognitive Achievement in Developing Countries. Paper commissioned for EFA Global Monitoring Report 2012, Reaching the Marginalized. Paris: UNESCO.

Schwartz, D, Ryjova, Y., Kelleghan, A. & Fritz, H. (2021). The refugee crisis and peer relationships during childhood and adolescence. *Journal of Applied Developmental Psychology*, 74.

Shah, S. (2022). Philanthropic Funding For Parent, Caregiver, and Family Support Programs in the Global South. Elevate Children Funders Group. https://static.showit.co/file/-9aWjkmJRlSu9q-L-uJ4MQ/145396/philanthropic_funding_for_caregiver_support.pdf.

Shah, S. (2019). *Early Childhood Development in Humanitarian Crises: South Sudanese Refugees in Uganda*. Routledge.

Shah, S. (2013). *Investing in the Youngest: Early Childhood Care and Development in Emergencies*. Plan International.

Shonkoff, J. & Bales, S. N. (2011). Science Does Not Speak for Itself: Translating Child Development Research for the Public and Its Policymakers. *Child Development*, 82(1), 17–32.

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L. *et al.* (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129(1), 232–246.

Singla, D., Kumbakumba, E. & Aboud, F. (2015). Effects of parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: A community-based, cluster-randomised trial. *The Lancet*, 3, 458–469.

Spielberger, J., Gouvea, M., Dinata, E. & Fleischman, L. (2015). *Father Involvement in Early Childhood Development: a Brief Report from Palm Beach County Family Study*. Chapin Hall at the University of Chicago.

Stevens, K. E., Siraj, I. & Kong, K. (2023). A critical review of the research evidence on early childhood education and care in refugee contexts in low- and middle-income countries. *ICEP*, 17(7). https://doi.org/10.1186/s40723-023-00109-4.

Thabet, A. A., Ibraheem, A. N., Shivram, R., Winter, E. A., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *International Journal of Social Psychiatry*, *55*(3), 226–237.

Their World (2016). Safe Spaces: The Urgent Need for Early Childhood Development in Emergencies and Disasters. https://theirworld.org/resources/report-safe-spaces-the-urgent-need-for-early-childhood-development-in-emergencies-and-disasters/.

Tobin, T., Boulmier, P., Zhu, W., Hancock, P., & Muennig, P. (2015). Improving outcomes for refugee children: A case study on the impact of Montessori education along the Thai-Burma Border. *International Education Journal: Comparative Perspectives*, 14(3), 138–149. https://doi.org/10.7916/D82V2GHJ.

UNHCR (2022). More than 100 million now forcibly displaced: UNHCR report. https://news.un.org/en/story/2022/06/1120542.

UNICEF (n.d.). Child Protection. https://www.unicef.org/child-protection.

UNICEF (n.d.). Convention on the Rights of the Child. https://www.unicef.org/child-rights-convention#learn.

UNICEF (2015). *Evaluation of UNICEF's Peacebuilding, Education, and Advocacy Program*. UNICEF.

UNICEF (2012). Noteworthy Practices: Early Childhood Development in Emergencies. https://inee.org/sites/default/files/resources/UNICEF_NoteworthyPractices_2013_En.pdf.

United Nations Office for Disaster Risk Reduction (2009). http://www.unisdr.org/we/inform/publications/7817.

Van den Bergh, B. R. *et al.* (2005). Antenatal maternal anxiety and stress and the neurobehavioral development of the fetus and child: links and possible mechanism. *Neuroscience and Biobehavioral Reviews*, 29(2), 237–258.

Victora, C. *et al.* (2008). Maternal and child under-nutrition: consequences for adult health and human capital. *Lancet*, 371(9609), 340–357.

VSO Bangladesh (2019). A research report on home-based early childhood care and education for the forcibly displaced Myanmar nationals (Rohingya). https://www.vsointernational.org/sites/default/files/vso_eie_project_full_report_may_2019.pdf.

WHO (2021a). Child and adolescent health in humanitarian settings: operational guide. A holistic approach for programme managers. WHO Regional Office for the Eastern Mediterranean. https://apps.who.int/iris/handle/10665/351255.

WHO (2021b). Providing mental health support in humanitarian emergencies: an opportunity to integrate care in a sustainable way. https://www.who.int/news-room/feature-stories/detail/providing-mental-health-support-in-humanitarian-emergencies-an-opportunity-to-integrate-care-in-a-sustainable-way#:~:text=Nearly%20all%20those%20affected%20by,disorder%2C%20bipolar%20disorder%20or%20schizophrenia.

WHO (2020). Nurturing care for children living in humanitarian settings. https://nurturing-care.org/wp-content/uploads/2021/06/NC_humanitarian.pdf.

WHO, UNICEF, World Bank (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. World Health Organization.

Williams, J. R. A. *et al*. (2005). Save the Children's Experience: ECD in Emergencies, *Early Childhood Matters*, 124, Bernard Van Leer Foundation: The Hague.

Yousafzai, A. K., Rasheed, M. A., Rizvi, A., Armstrong, R. & Bhutto, Z. (2014). Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker program in Pakistan on child development, growth and health outcomes: a cluster randomised factorial effectiveness trial. *Lancet*, 384(9950), 1282–1293.

2 Evidence from practice and research

Remote service delivery for early childhood development in humanitarian settings

Lucy Bassett and J. Charles Bradley

Introduction

An estimated 250 million children under the age of five in low- and middle-income countries are at risk of poor developmental outcomes (Black et al., 2017). For the 87 million children living in crisis contexts, the compounded challenges of poverty and forced displacement make optimal development even more difficult to achieve.

One of the key reasons for these poor developmental outcomes is limited access to high-quality services for young children (aged eight and under), including health, nutrition, education, and other essential supports for children and families. While some families can access these essential services, others face frequent interruptions, unreliable, or low-quality provision, especially in conditions of ongoing conflict or natural disaster.

Already dire circumstances for displaced children and families – whether resulting from conflict, climate, or other causes – were intensified by the COVID-19 pandemic. Young children with precarious access to education and health services were fully cut off from these services as schools, health clinics, and community centers closed to curb community spread and prevent widespread illness.

For many organizations delivering early childhood development (ECD) services under difficult circumstances, the COVID-19 pandemic forced practitioners to immediately adapt their approach to continue reaching vulnerable communities. In a mapping of humanitarian early childhood programming conducted by the University of Virginia Humanitarian Collaborative and the Interagency Network for Education in Emergencies (INEE) in 2021, nearly two-thirds (63%) of organizations delivering humanitarian ECD services reported a pivot to remote delivery of programming. The transition from in-person to remote delivery of humanitarian ECD programs affected the daily lives of thousands of displaced children and their families, but evidence on the effectiveness of such remote programs is sparse and often inconclusive.

This chapter analyzes the under-explored issue of remote delivery of early childhood programming, focused primarily for children aged three to six in crisis contexts. Our review explores experiences with different remote service delivery models and offers a series of initial lessons from their application for

DOI: 10.4324/9781003415213-3

young children. These lessons can be used to design effective and practical combinations of in-person and remote services that can support young children and their families in crisis and humanitarian settings. Ultimately, we envision this chapter as a resource for both policymakers and humanitarian practitioners as they wrestle with decisions on how best to provide accessible and holistic services to support young children and families in crisis contexts.

The chapter first provides background on remote service delivery for early childhood. It then presents the research questions and methodology. Next, it shares findings with relevant examples. Finally, the chapter presents implications and possible recommendations for future programming.

Background: remote delivery and young children's needs

Remote service delivery

Twenty-first-century advances in global connectivity have shaped a new era of remote information provision and service delivery. While radios and phones have long been a tool for connecting communities to information, expanding global internet coverage along with growing access to computers, tablets, mobile phones, and smart televisions has made it easier than ever to connect with people digitally.

For children, remote connection has generally focused on distance learning, with some complementary support for parents. Four modalities have commonly been used: audio/radio, video/television (TV), mobile phones and online teaching over a tablet/computer. Each modality is unique in the target audience it can best reach and its ability to facilitate new learning and behaviors. As a result, many programs choose to use a combination (or blend) of modalities rather than relying on a single delivery type. Access varies greatly by location with some modalities, like radio, being widely available in both the Global North and Global South, while others, like smart phones or laptops, are much less accessible in remote or very poor communities. Table 2.1 provides examples of how each modality is used and illustrates how access varies by region.

Young children's needs

Young children begin to learn even before birth and, once they are born, their brains develop rapidly. During their first year, children's brains double in size, and by the age of three, their brains reach 90% of their adult volume. During these first three years, children are active learners, building knowledge and behaviors that lay the foundation for their future. Interactions with their environment, their caregivers, and members of their wider community condition the ways children understand the world. For children who have been displaced, developmental risks resulting from poverty, poor nutrition, or toxic stress can cause long-term consequences for their health, learning, and well-being (Ataullahjan et al., 2020).

Table 2.1 Distance Learning Modality by Use and Access

Technology	*Common uses*	*Access*
Radio/audio	• Community radio shows • Podcasts • Interactive radio shows	• ~75% of Global South households have access to radio (Mallet, 2022) • Radio access is relatively evenly spread across urban and rural users
TV/video	• Educational TV programs • YouTube videos	• While TV use is growing globally, some regions still have very little access. • Over 1.7 billion households are predicted to have regular access to television programming (Abásolo et al., 2020)
Mobile phones	• SMS campaigns • Interactive Voice Response (IVR) • Mobile internet access	• Two-thirds of the world's population owns some sort of mobile phone (Okeleke & Suardi, 2022) • In 2021, the number of mobile devices operated was 15 billion, an increase of one billion from the previous year • The number of mobile devices owned is project to increase by several billion over the next three years (The Radicati Group, 2021) • Richer, younger, and better educated individuals are more likely to own phones
Computers/ tablets	• Video games (gamification) • Video calls (Zoom, Skype, Teams) • E-books • Facebook groups	• Computer access is low in the Global South. UNESCO reports rates of computer ownership in LMIC countries at less than a quarter – this statistic drops to below 10% in low-income countries (ITU/UNESCO Broadband Commission for Sustainable Development, 2022)

Children experiencing displacement, however, are not destined to experience poor development. A growing body of evidence demonstrates that access to holistic early childhood services such as health, nutrition, and early learning programs (often called nurturing care) – especially when delivered with consistency – can have significant positive impacts on a child's developmental trajectory (Richter et al., 2021). When they have consistent access to these types of trauma-buffering services and support, even the most marginalized children can flourish.

Research questions and methods

For many policymakers and practitioners, the 2020 transition to remote delivery in response to the COVID-19 pandemic was their first experience in scaling virtual support and they were often left with more questions than answers. In this chapter we address two fundamental questions around remote delivery of services for young children and families: (1) what evidence exists on the effectiveness of remote service delivery for early childhood development programs for children aged three to six in humanitarian settings? and (2) what lessons can policymakers and practitioners draw from this body of evidence to inform humanitarian program planning and implementation?

To respond to these questions, we used a mixed-methods approach. We first identified academic and grey[1] literature on remote service delivery for a range of childhood services, including education, health, etc. We also looked at related interventions with evidence on or relevant to remote service delivery, such as mobile health, responses to other health pandemics (i.e., Ebola, Zika), gender-based violence, technology for humanitarian aid, and nudges/behavioral science. Our search identified more than 175 sources, including several meta-analyses and systematic reviews.

The qualitative analysis methodology involved several steps. First, we identified initial thematic codes based on the research questions and an initial scan of the literature collected. These initial themes included different service delivery modalities as well as a range of possible outcomes for children and caregivers (i.e., access to services, equity, final outcomes like knowledge, skills, and wellbeing, etc.). After fine-tuning the initial codes and developing an operating rubric for intercoder reliability, we reviewed and coded each of the documents. This first stage of review enabled a global understanding of the themes and allowed us to add and finetune codes for subsequent stages of analysis. At this time, we also consolidated redundant codes and eliminated codes deemed irrelevant or outside of the scope of the current assessment. During the second stage of review, we updated coding, identified trends, and then synthesized lessons, challenges, and opportunities for remote service delivery. We also selected examples with relevance for humanitarian settings to highlight each of the key findings.

To complement the desk review, we also conducted key informant interviews with experts in remote service delivery, both related to early childhood and more broadly to gain additional insights and examples. Finally, we received thoughtful feedback on initial findings from members of Sesame Workshop's Play to Learn country program partners, all of whom have direct experience using remote modalities in humanitarian programming in the Global South.

Main findings

Our review identified nine key lessons on remote service delivery for young children, which we organized around three thematic areas: (1) access and engagement; (2) implementation; and (3) programmatic impact. We describe each of the lessons below.

Access and engagement

Box 2.1 Key findings

- Remotely delivered ECD services can increase participants' access to services and maintain their engagement
- Remote delivery of ECD services may improve father and male caregiver engagement, which is valuable, but often limited in early childhood programs
- However, remotely delivered ECD services can also exacerbate existing inequalities

Remotely delivered ECD services can increase participants' access and engagement

Some evidence from high- and middle-income countries suggests that remote modalities have the potential to increase reach beyond interventions that are restricted to face-to-face delivery (Topping et al., 2021). The extent to which this evidence extends to low- and middle-income countries and humanitarian contexts is unknown, largely because many programs do not gather data on participants' access to technology and use of remote services. In contexts with many people on the move, merely identifying potential participants can be challenging, let alone tracking which of them are participating in remote programming using different modalities. However, based on available evidence from this review, remote interventions show promise in reaching large numbers of children and families. For example, radio programs targeting children and caregivers have proven especially effective in realizing broad coverage. The Good Life Ghana Lively Minds Together radio program, a family-centered intervention providing play-based learning and positive parenting messages to rural caregivers of children aged three to six, has reached an estimated listenership of over 1.3 million children in the target demographic (Cummings, 2022). Like radio, other modalities that are already broadly popular in the target population are often successful in achieving a high degree of uptake. For example, in India, the Ummeed Child Development Center used WhatsApp chats to create mental health support groups and ECD skills workshops that ultimately reached more families compared to before the pandemic (Baldiwala & Sanghvi, 2020).

One challenge limiting the uptake of some forms of remote services is a lack of access to technological resources such as phones or tablets. But another, more durable challenge is resistance by potential participants. For example, without the accountability implicit in face-to-face modalities, individuals may mistrust the source of remote programming or be afraid to click on a link because it might hack their phone or other device. Programs that have been able

to provide necessary technology (phones, SIM cards, etc.) and bridge trust and knowledge gaps, (e.g., through personal invitations to join remote platforms, training on digital literacy, or access to technology to track children's milestones) have been most effective in ensuring broad uptake (Rubio-Codina & López-Boo, 2022).

Beyond uptake, there is some evidence that remote approaches may increase meaningful engagement, such as caregivers sharing experiences and seeking support from programs and peers. In Canada, when the *Nobody's Perfect* parenting program shifted to WhatsApp and video calls during the pandemic, facilitators noticed an increase in parents' willingness to share honestly, such as discussing anxiety, loneliness, and questions about children experiencing fear about the virus. Qualitative interviews with facilitators and caregivers found that it was in fact possible to create and maintain meaningful connections with and between caregivers (Paterson-Payne, 2021). Similarly, in Jordan and Lebanon, facilitators of Play to Learn caregiver phone call sessions observed more open sharing and support-seeking. They said the one-on-one phone modality allowed them to better understand the needs of the families they serve and reported an increased number of caregivers opening up about their mental and emotional health as well as challenging family dynamics, including domestic violence and abuse.

Remote delivery of ECD services may improve father and male caregiver engagement

Globally, men are most commonly the users and gatekeepers of mobile devices and connective technologies. According to the Global System for Mobile Communications' Mobile Gender Gap Report, the discrepancy between men and women for mobile internet use stands at 16%, with disparity increasing to 37% and 41% in Sub-Saharan Africa and Southeast Asia, respectively (Shanahan, 2022). What's more, girls and women often have less overall leisure time and freedom to travel, which results in men and boys being much more likely to have access to internet cafes and personal devices, ultimately positioning them to have more comprehensive technology skills than girls and women (Khlaif et al., 2021). While this may present a gender parity challenge for the remote delivery of ECD programs, it also presents an opportunity for such programs to reach male caregivers. A recent study on the impact of paternal involvement on child development outcomes in LMICs found that engagement from male caregivers has significant effects on a child's development and can also relieve childcare duties for mothers and other female caregivers (Jeong, 2018). Findings from the COVID-19 pandemic seem to suggest that, when given the opportunity because of time away from work, many male family members chose to engage more in household activities, including caring for children (Hallgarten et al., 2020).

While there is no information available comparing fathers' involvement in in-person vs. remote programming, this review did identify some evidence of paternal participation and meaningful engagement in remote early childhood

programs. For example, the Daddy Cool project in India, launched in 2021 by the HCL Foundation and Sesame Workshop, aims to improve male caregiver engagement with young children using a combination of social media (YouTube and Facebook) and radio programming. Targeting fathers between the ages of 25 and 44 living in urban, impoverished neighborhoods in Uttar Pradesh, the project encourages them to play with their children, develop daily routines, and reject stigmatizing narratives around child raising being feminized work. The Daddy Cool radio show ran seven times a day for 40 days with 30-second spots. The radio show alone reached over 2 million people and resulted in 300 call-ins to radio producers. When combined with social media initiatives, qualitative findings suggest that the Daddy Cool campaign resulted in significant increases in fathers engaging in storytelling and pretend play with their children (Kapoor, 2021).

When done incorrectly, remotely delivered ECD services can exacerbate existing inequalities

Despite the potential to broaden engagement and ensure ongoing access to services, remote modalities can also increase inequalities (Korin, 2021; Timmons et al., 2021). Drivers of differential outcomes in remote delivery are multifaceted, so for simplicity we consider equity implications using Paterra et al.'s (2022) framework of availability, affordability, readiness, and relevance. Availability refers to the existence of consistent, high-quality infrastructure and electricity and the accessibility of necessary hardware or software (cell phones, tablets, etc.). This is often a significant challenge for families trying to access remote programming, especially in rural communities or humanitarian settings, where displaced communities generally lack high quality infrastructure. A 2020 report from UNICEF estimated that 31% of schoolchildren worldwide could not be reached by remote programs due to their lack of access to technology; in marginalized rural communities the share was even higher, with around 50% of children lacking access (UNICEF, 2020).

In humanitarian settings consistency of access to high quality infrastructure is especially difficult. For example, in Lebanon, where hundreds of thousands of refugees are currently hosted, refugee households reported only seven hours of grid-produced electricity per day (UNHCR, 2021). What's more, even beyond availability, affordability can be a significant barrier to access. In many cases families lack the financial resources to pay for consistent access to devices and services and markets do little to keep prices in check. Interviews with displaced *caminantes* traveling from Venezuela to Colombia show that while many displaced families start their journey with mobile phones, they are often forced to sell them along the way in exchange for other, more pressing resources (Torrealba et al., 2022). Readiness to use remote services is another factor affecting equity. Potential participants may have limited awareness of/interest in remote services, lack the skills and literacy to use mobile devices or apps, or feel inadequate trust in the service providers. Finally, the relevance of the service or

content (i.e., degree to which it draws on local beliefs, practices, behaviors, stories, etc. and is relevant to participants' realities) can affect equitable access.

Some examples from the review illustrate how these factors have increased inequality in access to remote services. According to a study of Jusoor's Refugee Education Program, which supports out-of-school Syrian refugee children, while 88% of refugee families had access to a smartphone, participation depended on who within the family owned the phone, resulting in unequal access for women and children (Boujikian & Carter, 2021). Similarly, in Jordan, IRC's Play to Learn program found that men had control over phones, so women and children had less access to content than men. A 2021 qualitative study of K-2 teachers and parents in Canada found an increase in inequality through remote learning both because children and families lacked access to materials and some parents did not have the skills to support their children in the remote activities (Timmons et al., 2021).

The Timmons et al study also found some approaches to mitigate these equity impacts. To address availability, programs can invest in electricity (i.e., solar and diesel generators) and internet, provide devices, or use apps that do not require internet connection or large data plans.[2] Providing free or reduced-cost devices, broadband, SIM cards to poor families can help address affordability challenges. And providing guidance and support for children, caregivers, and teachers on how to use and access remote content and awareness-raising about value and safety of remote services can improve participants' readiness. Relevance can be improved by involving participants in program design[3] and using local language and cultural references.

Implementation

Box 2.2 Key findings

- Remote ECD services are most effective when they complement in-person services and use multiple modalities
- Pedagogical approaches must be sensitive to participants' needs
- Personalization, interactivity, and simplicity drive participant engagement
- Timing matters

Remote ECD services are most effective when they complement in-person services and use multiple modalities

There is consensus that remote approaches function better as a complement, rather than replacement, to in-person interventions, especially in places with limited access to remote modalities like TV and phones. For example, a review of 127 country responses to the COVID-19 pandemic found that interventions could reach more people by using a combination of digital (TV, radio, phone)

and non-digital (radio, take-home packages) delivery mechanisms (Dreesen et al., 2020). Take-home materials often include books and play materials like coloring books, balls, and blocks for children and parental support resources, which can help caregivers to supervise and guide young children in their learning processes (Korin, 2021). Several programs, including the *Ahlan Simsim* Remote School Readiness program and the Bangladesh *Gindegi Goron* program, have indicated that having these materials available in the home made it easier for caregivers to attract the attention of the child to do activities that were provided through remote modalities. Access to these resources can facilitate ongoing engagement and practice with content from remote sessions.

Using multiple modalities has several other benefits. In many cases children of varying ages may be present in the home and want to participate in ECD activities. A combination of modalities with different activities, types of content, and levels of complexity can help simultaneously engage younger and older siblings (Korin, 2021). A combination of approaches can also support children with different learning styles and thereby improve learning outcomes (UNESCO, 2016).

Pedagogical approaches must be sensitive to participants' needs

Remote ECD interventions work best when they are responsive to participants' needs – from their capacities for abstract thought and attention spans to their motivating interests and abilities to engage with technology – and utilize appropriate pedagogical practices. Children tend to rely more heavily on experiential learning than adults, which has several implications for remote services. One such consideration is the choice of modality for program delivery. While children are often attracted to all kinds of engaging visuals and sounds, they often stay more engaged when they can immediately apply and experiment with new information, so technologies that allow two-way communication can be especially effective. Interactive voice response, Zoom, SMS, or interactive games allow facilitators and young learners to engage in learning that engages multiple senses and involves interaction.

For example, children learn better when programs teach new concepts and encourage immediate application in practice. Young children learn best through collaborative, hands-on, play-based, experiences (Dodd-Nufrio, 2011). For example, according to a qualitative survey of the *Ahlan Simsim* mass messaging intervention, children paid more attention to and enjoyed activities that were "practical" and more interactive such as songs and activities that involved movement (Sesame Workshop, 2021).

At the same time, engaging caregivers is critical to children's learning so interventions should also consider caregivers' own needs and support them to help their children engage in remote modalities. This involves understanding the challenges that caregivers face in accessing technology, but also their digital literacy, how much they trust the source of the intervention, and how social and cultural norms affect caregivers' decisions and actions (Korin, 2021).

Building and maintaining positive relationships between children and caregivers or teachers is also important to the success of any ECD intervention, and especially in humanitarian settings where children often have little consistency in their daily lives. Remote modalities that include two-way communication such as IVR, Zoom, SMS, or interactive games can support young children's learning needs by providing opportunities for this kind of meaningful and supportive interaction. When scaffolded with SMS and WhatsApp messaging, TV and radio can also support feedback between children and facilitators (Korin, 2021).

Personalization, interactivity, and simplicity drive participant engagement

Personalizing messages and tailoring support to children's specific needs has been shown to better engage parents and promote learning (Jordan and Mitchell, 2020). Aligning the difficulty of a task to a child's skill may lead to a greater probability of success in carrying out the activities and generating more learning gains.

For example, in Malawi, after receiving information about their primary-school-aged child's academic performance, parents began to invest in their children more efficiently (e.g., purchasing appropriate school materials, enrolling children in the next level of school) (Dizon-Ross et al., 2016). In the US, parents of four-year-olds getting ready for kindergarten in the READY4K! program who received text messages that were differentiated and personalized based on each child's developmental level increased parental engagement in literacy activities with their child by 26% of a standard deviation ($p<0.05$) (Doss et al., 2018). In the humanitarian context, implementers of mass messaging in Lebanon and Jordan found that an individualized format was perceived as a more accommodating service, tailored to participants' schedules, interests, and needs (Sesame Workshop, 2021).

Like in-person interventions, remote programs are most effective when they are interactive. In fact, one of the benefits of remote modalities is that they can offer frequent and timely interaction with participants, which can encourage ongoing participation. There are various ways of collecting feedback from participants, including SMS quizzes or questions, IVR, etc. Feedback can be used to better understand users' perceptions, behaviors, and challenges and be used to reshape program activities and messages in real time (Korin, 2021).

For example, interactive audio instruction programs coach teachers or facilitators in real time on how to guide children in the sessions. Through a variety of segments, including songs, dramas, activities involving materials from the environment, and ongoing verbal interaction with the person facilitating the lesson and the radio characters, students become actively engaged (York, 2019). In Bangladesh, the *Gindegi Goron* program provided participants with biweekly phone call check-ins from trained facilitators, which served as an opportunity for participants to ask questions and share insights, and for the facilitators to offer encouragement and support. Participants could request a call back from a facilitator, so none of their own mobile phone airtime was required (Wilton et al., 2021).

At the same time, research shows that keeping things simple is important for users. People living in poverty or experiencing displacement are more likely to face high cognitive load because of stress and ongoing high-stakes decision-making. For caregivers, this burden is particularly challenging as they must make decisions for their own wellbeing and that of their children (Adamkovič & Martončik, 2017). Research shows that keeping programming simple often comes down to two key practices: limiting the number of programmatic options and promoting an opt-in default. Providing caregivers and learners multiple options is an important part of localizing programming and promoting democratic mechanisms in humanitarian programming. However, providing too many options can also be paralyzing for parents already adjusting to a new environment (Gennetian et al., 2019). Practically, remote programming can still be sensitive to context by presenting users with a menu of two or three programmatic options, while not overwhelming them with too many options. Similarly, an automatic opt-in format for remote delivery can have the two-fold benefit of reaching more caregivers while also reducing their decision-making burden. A study on an intervention for pre-kindergarten students and caregivers in the US found that automatically enrolling mothers in a text message-based informational program that allowed them to opt-out at any point had a greater programmatic reach than programs that required mothers to self-enroll (Hill et al., 2021; Cunha et al., 2017; Gennetian et al., 2019).

Timing matters

Programming works best when participants have time, attention, and need. Some programs have looked into how timing matters for participation and uptake. For example, a study on Hippocampus, an early childhood service provider in India that uses WhatsApp to reach parents, found that caregivers wanted simple activities that they could engage in with their children at any point in the day (Korin, 2021). Other studies have found that varying the delivery time for text messages increased the likelihood that any one message arrived in a "viewing window" when caregivers were attentive; this improved participation (Hill et al., 2021; Cunha et al., 2017; Gennetian et al., 2019). Targeting times when caregivers are interacting with their children (e.g., after school, after meal) can be particularly helpful in ensuring impact (Nugroho et al., 2020; Garbe et al., 2020; Fletcher et al., 2017). There is some evidence from US that sending texts on weekends (vs. weekdays) is more beneficial to children's development, especially for lower-achieving students whose parents faced more time constraints during the week (DiClemente, 2019). Some programs using remote service delivery in humanitarian settings are looking into when caregivers most want to receive messages. For example, the *Ahlan Simsim* mass messaging intervention found that many caregivers preferred to receive messages in the evening so the program adapted the delivery time accordingly (Sesame Workshop, 2021).

Programmatic impact

Box 2.3 Key findings

- Remote ECD services can increase knowledge and capacity of facilitators, teachers, and caregivers
- Remote ECD services can improve caregiver responsiveness and interaction with children
- Remote ECD services can improve child academic skills, socio-emotional development, and health outcomes

Remote ECD services can increase knowledge and capacity of facilitators, teachers, and caregivers

Adults provide critical support and scaffolding for children's flourishing and development and in many countries educators and parents have limited access to critical resources. In recognition, early childhood development programs, whether remote or in person, aim to enhance caregivers' and educators' knowledge and equip them with a toolbox of behaviors proven to improve children's wellbeing (Shah, 2019). This review confirmed that remote programming can indeed build knowledge and improve behaviors for early childhood teachers and facilitators, as well as caregivers. Most of the evidence is from the Global North where digital infrastructure is more abundant, but there is some evidence that suggests impacts in low-connectivity contexts within the Global South.

One approach to effectively improving knowledge and capacity of educators, with evidence from around the Global South, is Interactive Audio Instruction (IAI) – a modality in which recorded audio includes both activities for children and accompanying coaching for teachers on how to actively engage children through these activities and support their learning (Yasin, 2020). It is a kind of in-service training for teachers or facilitators that helps them in real-time. Teachers can access IAI recordings via radio, phones, CDs, or MP3s, even in rural and hard-to-reach areas and during humanitarian emergencies. IAI has shown positive results in countries such as Honduras, Nepal, El Salvador, Indonesia, Zanzibar, Malawi, and Paraguay as well as during the Ebola and COVID pandemics (Caceres, 2015; Näslund-Hadley et al., 2012) (see Chapter 7).

Mobile phone messaging (SMS and WhatsApp), thanks to its broad reach and ease of use, has proven especially effective in raising facilitator knowledge and improving practice in low resource settings (Koval-Saifi & Plass, 2018a, 2018b). In response to the COVID-19 pandemic, iACT, an American-based NGO began a WhatApp platform where local ECD practitioners in Chad, Cameroon and Tanzania could communicate and share best practices. Over a six-month period, practitioners shared over 3,900 photos documenting their efforts and thousands more messages of encouragement and support (Kercher et

al., 2020). iACT's program underscores how remote programs, in addition to building and sharing expert knowledge, can also create space for refugee agency and leadership by reducing obligations to use humanitarian spaces.

There is also evidence that remote modalities can help caregivers build knowledge and capacity. For example, in Uruguay, the *Crianza Positiva* E-Messaging Program sent parents text and audio messages three times per week for 24 weeks. The messages were designed to help parents improve parenting skills and adopt positive parenting strategies with their young children. Results from a randomized-controlled trial showed that the intervention increased the frequency of parental involvement with children by 0.24 standard deviations (Bloomfield et al. 2023). Parents also demonstrated improvements in several other measures of parenting quality. Results were greater for families experiencing more economic and other types of difficulties (Bloomfield et al., 2023). Similarly, in a very different context, Vietnam, the Research and Training Center for Community Development, an organization dedicated to catalyzing grass-roots development through community-led training and research, used the mobile phone messaging service Zalo to deliver health, nutrition, and child safety trainings to 'busy parents' in rural communities. While a full-scale randomized control trial is still underway, initial results found that the complete training package successfully reached over 2,000 caregivers and that after completion, the intervention cohort demonstrated a statistically significant increase in responsive care knowledge relative to those in the control (RTTCD, 2022).

Remote ECD services can improve caregiver responsiveness and interactions with children

Young children's learning and development is shaped and supported by interactions with peers and adults. Therefore, approaches that can improve caregiver responsiveness and interactions with children are important in benefitting children – especially in settings of displacement where caregivers are themselves adapting to a new context. Bridging the gap between knowledge and behavior can be difficult, but this review finds evidence from a variety of modalities and contexts that point to the positive impact of remote ECD programming on caregiver interactions with young children, including play, engagement in learning activities, and positive health behaviors.

One example comes from Guatemala where the COVID-19 pandemic forced some creative thinking from community workers attempting to implement remote ECD programs in a lower-connectivity context. Childfund's *Juega Conmigo* program implemented a combination of communication strategies promoting early stimulation and play using radio dramas, megaphone announcements, text messages, and videos. Families received information and strategies for playing with and engaging with their young children in multiple local languages on a bi-weekly basis. Internal program evaluations also showed the program effective in promoting parental behaviors that support children's hygiene and motor skills (Sierra, 2022). Displaced families in Jordan, Iraq,

Lebanon and Syria showed similar results during their uptake of the *Ahlan Simsim* School Readiness Program – an interactive multi-modal ECD program that includes television programming, WhatsApp messaging, online digital materials and informational phone calls. In initial reports, Sesame found a significant increase in caregivers who reported playing with their children at the program's endline (84%) relative to its baseline (56%). Moreover, caregivers reported specifically playing more number games with their children at endline (84%) than baseline (40%) (IRC, 2020).

These findings suggest that even under some of the most difficult implementation conditions, where connectivity is limited and communities' daily lives are full of uncertainty and challenge, a thoughtfully designed and implemented remote ECD program can have a positive impact on displaced communities.

Remote ECD services can improve child academic skills, socio-emotional development, and health outcomes

The basic literacy and math skills children build at an early age lay the foundation for their future learning. Young children with strong literacy and math skills in preschool and kindergarten tend to be more successful in primary and secondary school, leading to improved performance in higher education and beyond (Azevedo et al., 2019). For children who have been displaced by disaster, access to high-quality schooling can be challenging, making early literacy and math learning even more critical for their long-term flourishing.

Promising evidence from evaluations of early literacy and math programs demonstrates the power of face-to-face early learning programming (Banerjee et al., 2007; Weiland & Yoshikawa, 2013; Yoshikawa et al., 2013). The evidence is less straightforward, however, in demonstrating the effectiveness of remote programming in building academic skills in young children. While some evaluations show remote programming was able to significantly improve early learning outcomes, in others, young children struggled to become proficient in language and math without the in-person support found in classrooms or early childhood centers. For example, Timmons et al.'s (2021) study of early learning during the COVID-19 pandemic found stagnating literacy and mathematics as young learners in Canada transitioned to the online delivery of teaching materials. The authors concluded that the lack of diverse, in-person engagement negatively affected young children's uptake of vocabulary and phonetic proficiency.

While findings such as Timmons et. al.'s (2021) suggests limits on the success of remote early learning programs, several other studies indicate learning through these modalities can be effective (Cabell et al., 2019; Coffey International Development Ltd, 2019; Doss et. al., 2018; Snell et al., 2020). Several examples from the Global North show positive results for children's literacy. For example, In the US, parent-facing literacy lessons proved effective in promoting literacy among four-year-olds. In the READY4K! program, parents received three personalized SMS messages a week for eight months. Using an experimental design, clustered at the district level, sets of caregivers were randomly assigned to opt into the program. Topics included

"parent-child conversations", "book reading routines", and "language acquisition." Ultimately, children of caregivers in the intervention were 0.22 to 0.34 standard deviations ahead on literacy assessments and the caregivers themselves exhibited 0.13 to 0.19 standard deviation increases in parental involvement in school – an impressive impact given the short tenure of the intervention (Young et al., 2012).

Evidence of effectiveness is also found in the Global South. In Sierra Leone, a blended remote learning program named Pikin-to-Pikin, which included radio and face-to-face peer listening groups, was implemented in response to the Ebola crisis. The program was started in 2011 and was intended to last five years, but in 2014, just three years in, the Ebola outbreak forced a halt of programming and a transition to remote delivery. Using a combination of radio broadcasting and post-program group call-ins with young facilitators, educators, parents, and young learners. The Pikin-to-Pinkin Movement program proved astoundingly effective, reaching over 3,300 young learners and 2,600 young facilitators. Both young learners and young facilitators demonstrated enhanced literacy, numeracy and confidence and interviews with grade 1 and 2 instructors suggested that incoming students demonstrated improved knowledge and attitudes compared to previous years. Alongside improved education quality, reach also improved, with a 35% increase in grade 1 enrollment in the region over the life of the project (Institute for Development, 2017).

Conclusion

In the wake of the COVID-19 pandemic, professionals in the field of early childhood development in emergencies (ECDiE) are increasingly looking for new and innovative ways to increase the reach and impact of programming for young children. The initial lessons outlined in this chapter can help decision-makers make hard choices about how best to delivery services – in-person, remotely, blended – to children in emergency contexts. Evidence is insufficient to make strong conclusions about comparisons about the impacts of in-person versus remote services and not every ECD intervention is well suited for remote delivery, but clearly, a thoughtful and well-designed remote program can have powerful positive impacts on communities that would otherwise lack access.

Many of the factors that help improve face-to-face implementation quality also extend to remote program, like building local partnerships that take community needs seriously and cede decision making power to local educators and caregivers, supporting peer interaction for children and caregivers, and creating space for autonomous play (Dunn, 1993). But achieving these outcomes remotely can be difficult. Building trusting relationships between educators and community members and within communities is hard to do over WhatsApp or via an online platform.

There are also challenges unique to distance learning for young children in particular. Cognitive development in the early years is built through the senses of touch, vision, hearing, taste, and smell. Despite interactive features and other innovations, it is much harder – and in some cases impossible – to stimulate these senses through remote approaches. Furthermore, young children learn

best through collaborative, hands-on, play-based, experiences and these are not easily implemented using online approaches (Dodd-Nufrio, 2011). As a result, young children often lose interest in participating in online learning experiences, even after just ten to15 minutes (International Development Bank, 2020).

By taking into consideration these barriers and designing programs to mitigate them as much as possible, educators and policymakers can implement innovative remote ECD programs that fulfill their potential for meaningful impact. This review shows that simple, developmentally appropriate, and personalized messaging for caregivers, educators and children can make a difference across a variety of contexts. Digital modalities are infinitely customizable and relatively simple to adapt, and this makes them effective tools for grounding programs in local realities and integrating local priorities into the curriculum.

This flexibility also extends to the timing of messaging. Support for caregivers and educators works best when caregivers have time, attention, and a ready solution to an immediate need. Something as simple as varying the timed delivery of SMS messages can improve attendance and engagement and kickstart a new caregiving routine (Hill et al., 2021 ; Cunha et al, 2017; Gennetian et al., 2019).

In contexts of displacement, circumstances often force communities to stay put – preventing them from accessing the materials they need to flourish. When done correctly, remote delivery programs present a clear and effective avenue for access to life improving ECD resources. Ultimately, we hope this chapter presents a clear body of evidence as to contextualize when such programs are most effective and a simple set of guiding principles to reduce the complexity of planning and implementing such programs around the world.

Notes

1 Grey literature is documentation outside traditional publishing channels, and can include reports, working papers, newsletters, government documents, etc.
2 For example, in Australia a mobile peer support program for refugee women gave participants phones. An IRC app for gender-based violence was designed to function in settings with little or no connectivity and a Jardin Sesamo program provided a small plug-in device that broadcasts content.
3 The Australia SMS4dads program engaged Aboriginal fathers as team members in the design of text messages, which reinforced community pride and ownership.

Acknowledgements

Thanks to Sesame Workshop, and especially Anjuli Shivshanker, for commissioning this review and providing valuable feedback.

References

Abásolo, M. J., Abreu, J., Almeida, P., & Silva, T. (2020). *Applications and usability of interactive TV*. Springer Cham. https://link.springer.com/book/10.1007/978-3-030-81996-5.

Adamkovič, M., & Martončik, M. (2017). A Review of Consequences of Poverty on Economic Decision-Making: A Hypothesized Model of a Cognitive Mechanism. *Frontiers in Psychology*, 8. https://doi.org/10.3389/fpsyg.2017.01784.

Ataullahjan, A., Samara, M., Betancourt, T. S., & Bhutta, Z. A. (2020). Mitigating toxic stress in children affected by conflict and displacement. *British Medical Journal*, m2876. https://doi.org/10.1136/bmj.m2876.

Azevedo, J., Wagner, P.; Crawford, M., Nayar, R., Rogers, H., Barron Rodriguez, M., Ding, E., Yi, Z., Gutierrez Bernal, M., Dixon, A., Saavedra, J., & Arias, O. (2019). *Ending Learning Poverty: What Will It Take*. World Bank Group. http://documents.worldbank.org/curated/en/395151571251399043/Ending-Learning-Poverty-What-Will-It-Take.

Baldiwala, J., & Sanghvi, J. (2020). Creative Responses to the COVID-19 Pandemic: Shared Stories of Caregivers and Mental Health Practitioners. *Sambhāṣaṇ*, 1(4), 131–136.

Banerjee, A. V., Cole, S., Duflo, E., & Linden, L. (2007). Remedying Education: Evidence from Two Randomized Experiments in India. *The Quarterly Journal of Economics*, 122(3), 1235–1264. https://doi.org/10.1162/qjec.122.3.1235.

Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. *The Lancet*, 389(10064), 77–90. https://doi.org/10.1016/s0140-6736(16)31389-7.

Bloomfield, J., Balsa, A., & Cid, A. (2023). Using behavioral insights in early childhood interventions: The effects of Crianza Positiva e-messaging program on parental investment. *Review of Economics of the Household*, 1–36.

Boujikian, M., & Carter, A. (2021). Lack of means or lack of awareness? Survey findings: barriers to learning with WhatsApp in refugee camps in Lebanon. EdTech Hub. https://docs.edtechhub.org/lib/4UQT8WRN.

Cabell, S. Q., Zucker, T. A., DeCoster, J., Copp, S. B., & Landry, S. (2019). Impact of a Parent Text Messaging Program on Pre-Kindergarteners' Literacy Development. *AERA Open*, 5(1). https://doi.org/10.1177/2332858419833339.

Caceres, S. (2015). World Bank support to early childhood development. World Bank. https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/early_child_dev_eval.pdf.

Coffey International Development Ltd. (2019). Impact Evaluation Fieldwork Report: Ubongo. https://pdf.usaid.gov/pdf_docs/PA00WQWZ.pdf.

Cummings, Mike. (2022, February 16). Lively Minds: Program Aims to Enhance Early Childhood Development in Ghana. *YaleNews*. news.yale.edu/2022/02/16/lively-minds-program-aims-enhance-early-childhood-development-ghana.

Cunha, N., Lichand, G., Madeira, R., & Bettinger, E. (2017). What is it about communicating with parents?https://cepa.stanford.edu/sites/default/files/cunha_cover_paper1.pdf.

DiClemente, C. C. (2019). Reaching out to smokers: Technology, timing, and tailoring. *Translational Behavioral Medicine*, 10(2), 478–481. https://doi.org/10.1093/tbm/ibz057.

Dizon-Ross, R., Abramitzky, A., Banerjee, J., Berry, M., Bertrand, N., Bloom, D., Bernheim, M., Deshpande, C., Dizon, E., Dizon-Ross, N., Douvos, E., Duflo, A., Eble, L., Einav, N., Hagerty, R., Hanna, J., Haushofer, Y., Hochberg, A., Jain, A., & Khwaja, A. (2016). Parents' Beliefs and Children's Education: Experimental Evidence from Malawi. https://ipl.econ.duke.edu/seminars/system/files/seminars/1591.pdf.

Dodd-Nufrio, A. T. (2011). Reggio Emilia, Maria Montessori, and John Dewey: Dispelling teachers' misconceptions and understanding theoretical foundations. *Early Childhood Education Journal*, 39(4), 235–237. https://doi.org/10.1007/s10643-011-0451-3.

Doss, C., Fahle, E., Loeb, S., & York, B. (2018). NBER Working paper series more than just a nudge: supporting Kindergarten parents with differentiated and personalized text messages. https://www.nber.org/system/files/working_papers/w24450/w24450.pdf.

Dreesen, T., Akseer, S., Brossard, M., Dewan, P., Gi. J-P., Kamei, A., Mizunoya, S., & Santiago Ortiz, J. (2020). Promising practices for equitable remote learningEmerging lessons from COVID-19 education responses in 127 countries. Innocenti Research Brief. https://www.researchgate.net/publication/342277290_Promising_practices_for_equitable_remote_learning_Emerging_lessons_from_COVID-19_education_responses_in_127_countries.

Dunn, J. (1993). *Young children's close relationships: beyond attachment*. Sage Publications.

Fletcher, R., Hammond, C., Faulkner, D., Turner, N., Shipley, L., Read, D., & Gwynn, J. (2017). Stayin' on Track: the feasibility of developing Internet and mobile phone-based resources to support young Aboriginal fathers. *Australian Journal of Primary Health*, 23(4), 329. https://doi.org/10.1071/py16151.

Garbe, A., Ogurlu, U., Logan, N., & Cook, P. (2020). Parents' Experiences with Remote Education during COVID-19 School Closures. *American Journal of Qualitative Research*, 4(3). https://doi.org/10.29333/ajqr/8471.

Gennetian, L. A., Marti, M., Kennedy, J. L., Kim, J. H., & Duch, H. (2019). Supporting parent engagement in a school readiness program: Experimental evidence applying insights from behavioral economics. *Journal of Applied Developmental Psychology*, 62, 1–10. https://doi.org/10.1016/j.appdev.2018.12.006.

Hallgarten, J., Gorgen, K., & Sims, K. (2020). Overview of emerging country-level response to providing educational continuity under COVID-19 What are the lessons learned from supporting education in conflicts and emergencies that could be relevant for EdTech-related responses to COVID- 19?https://inee.org/system/files/resources/supporting-education-conflict.pdf.

Hill, Z., Spiegel, M., Gennetian, L., Hamer, K.-A., Brotman, L., & Dawson-McClure, S. (2021). Behavioral Economics and Parent Participation in an Evidence-Based Parenting Program at Scale. *Prevention Science*. https://doi.org/10.1007/s11121-021-01249-0.

Institute for Development. (2017). Final Evaluation Report: Increasing Access, Retention and Performance in Primary Education. http://www.childtochild.org.uk/wp-content/uploads/2017/09/FINAL-Evaluation-Report-21April2017-Institute-for-Development.pdf.

International Development Bank. (2020, November). Hablemos de política educativa en América Latina y el Caribe #4: Educación inicial remota y salud mental durante la pandemia COVID-19. Https://Publications.iadb.org/Es/Hablemos-De-Politica-Educativa-En-America-Latina-y-El-Caribe-4-Educacion-Inicial-Remota-y-Salud.

International Rescue Committee (IRC). (2020). PowerPoint presentation from internal learning meeting on Ahlan Simsim: Jordan and Lebanon (not publicly available).

International Telecommunication Union, United Nations Educational, Scientific and Cultural Organization Broadband Commission for Sustainable Development. (2022). State of Broadband Report 2022. UNESCO.

Jeong, J. (2018). Fathers' parenting and early child development. *Digital Access to Scholarship at Harvard*. http://nrs.harvard.edu/urn-3:HUL.InstRepos:37945641.

Jordan, K., & Mitchell, J. (2020). Rapid Evidence Review: Messaging Apps, SMS, & Social Media. The EdTech Hub.

Kapoor, S. (2021, March 18). HCL Foundation and Sesame Workshop India Trust partner to launch "Daddy Cool" a first-of-its-kind Initiative. *Sesame Workshop India*. https://www.sesameworkshopindia.org/press-room/press-releases/hcl-foundation-and-sesame-workshop-india-trust-partner-launch-daddy-cool.

Kercher, D., Gilmore, A., Scott, K.-J., Stauring, G., & Dougal, K. (2020). Supporting refugee-led frameworks: A response to COVID-19. iACT. https://www.iact.ngo/items/supporting-refugee-led-frameworks%3A-a-response-to-covid-19.

Khlaif, Z. N., Salha, S., Fareed, S., & Rashed, H. (2021). The Hidden Shadow of Coronavirus on Education in Developing Countries. *Online Learning*, 25(1), 269–285. https://eric.ed.gov/?id=EJ1287144.

Korin, A. (2021). #EdTechHub @GlobalEdTechHub edtechhub.org Using edtech to support learning remotely in the early years: rapid literature review of evidence from the global response to COVID-19. *Zenodo*. https://doi.org/10.5281/zenodo.4746391.

Koval-Saifi, N., & Plass, J. (2018a). *Feed the Monster: Impact and technical evaluation*. World Vision and Foundation for Information Technology Education and Development.

Koval-Saifi, N., & Plass, J. (2018b). Antura and the Letters: Impact and technical evaluation. Washington, DC: World Vision and Foundation for Information Technology Education and Development. *World Vision*. http://hdl.handle.net/10625/58106.

Mallet, J. C. (2022). *Technology-Enabled Multilingual Education: Challenges and Opportunities*. UNESCO.

Näslund-Hadley, E., Hernandes-Agramonte, J. M., Martinez, E., & Ludlow, C. (2012, September). IDB Briefly Noted: No. 20: September, 2012: The Making of Little Mathematicians: Fostering Early Math Understanding in Paraguay. https://publications.iadb.org/publications/english/viewer/IDB-Briefly-Noted-No-20—September-2012-The-Making-of-Little-Mathematicians-Fostering-Early-Math-Understanding-in-Paraguay.pdf.

Nugroho, D., Lin, H-C., Borisova, I., Nieto, A., & Ntekim, M. (2020). *COVID-19: Trends, Promising Practices and Gaps in Remote Learning for Pre-Primary Education*. UNICEF Office of Research Innocenti.

Okeleke, K., & Suardi, S. (2022). The mobile economy 2022. The GSM Association. https://www.gsma.com/mobileeconomy/wp-content/uploads/2022/02/280222-The-Mobile-Economy-2022.pdf.

Paterson-Payne, C. (2021). Nobody's perfect parenting program. Early Childhood Development Action Network. https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/parent/nobody-perfect.html.

Paterra, M., Mukarji, S., Pandey, S., & Fattahi, Z. (2022). The inclusive internet index 2022 executive summary. Economist Impact. https://impact.economist.com/projects/inclusive-internet-index/downloads/3i-executive-summary.pdf.

The Radicati Group. (2021). Forecast number of mobile devices worldwide from 2020 to 2025 (in billions) [Graph]. https://www.statista.com/statistics/245501/multiple-mobile-device-ownership-worldwide/.

Richter, L. M., Behrman, J. R., Britto, P., Cappa, C., Cohrssen, C., Cuartas, J., Daelmans, B., Devercelli, A. E., Fink, G., Fredman, S., Heymann, J., Boo, F. L., Lu, C., Lule, E., McCoy, D. C., Naicker, S. N., Rao, N., Raikes, A., Stein, A., & Vazquez, C. (2021). Measuring and forecasting progress in education: what about early childhood? *Nature Partner Journals Science of Learning*, 6(1). https://doi.org/10.1038/s41539-021-00106-7.

RTTCD (Research and Training Centre for Community Development). (2022). RTTCD 2022 Early Journey of Life. https://rtccd.org.vn/wp-content/uploads/2023/01/EJOL_Impact-page_Update-Dec-2022_Final.pdf.

Rubio-Codina, M., & López-Boo, F. (2022, August). What Have We Learned from the Design and Delivery of Remote and Hybrid Early Childhood Development Services During the Pandemic? Inter-American Development Bank. https://publications.iadb.org/en/what-have-we-learned-design-and-delivery-remote-and-hybrid-early-childhood-development-services.

Sesame Workshop. (2021). PowerPoint presentation: Mass Messaging Program: Redesign Workshop (not publicly available).

Shah, S. (2019). *Early Childhood Development in Humanitarian Crises* (1st ed.). Routledge. https://doi.org/10.4324/9780367228590.

Shanahan, M. (2022, June 22). The Mobile Gender Gap Report 2022. Mobile for Development. https://www.gsma.com/mobilefordevelopment/blog/the-mobile-gender-gap-report-2022/.

Sierra, A. (2022). Juega Conmigo Resumen de resultados de encuesta de Conocimientos. Actitudes y Prácticas (CAP) – Ciclo 2. https://juega-conmigo.org/blog/visualizar.php?id=41.

Snell, E. K., Wasik, B. A., & Hindman, A. H. (2020). Using Texting to Help Families Build Their Children's Vocabulary at Home. *The Reading Teacher*, 74(1), 49–57. https://doi.org/10.1002/trtr.1906.

Timmons, K., Cooper, A., Bozek, E., & Braund, H. (2021). The Impacts of COVID-19 on Early Childhood Education: Capturing the Unique Challenges Associated with Remote Teaching and Learning in K-2. *Early Childhood Education Journal*. https://doi.org/10.1007/s10643-021-01207-z.

Topping, M., Douglas, J., & Winkler, D. (2021). General Considerations for Conducting Online Qualitative Research and Practice Implications for Interviewing People with Acquired Brain Injury. *International Journal of Qualitative Methods*, 20. https://doi.org/10.1177/16094069211019615.

Torrealba, M., Acosta, Y., & Lough, O. (2022) Communicating with mobile populations in Venezuela's humanitarian crisis: can social media offer a lifeline? Humanitarian Practice Network. https://odihpn.org/publication/communicating-with-mobile-populations-in-venezuelas-humanitarian-crisis-can-social-media-offer-a-lifeline/.

UNESCO. (2016). Harnessing the Potential of ICTs Literacy and Numeracy Programmes using Radio, TV, Mobile Phones, Tablets and Computers. https://unesdoc.unesco.org/ark:/48223/pf0000243981.

UNHCR. (2021). Lebanon – Preliminary Results of the Vulnerability Assessment of Syrian Refugees – VASyR 2021. https://data.unhcr.org/en/documents/details/88960.

UNICEF. (2020). COVID-19: Are children able to continue learning during school closures? UNICEF Data; UNICEF. https://data.unicef.org/resources/remote-learning-reachability-factsheet/.

Weiland, C., & Yoshikawa, H. (2013). Impacts of a Prekindergarten Program on Children's Mathematics, Language, Literacy, Executive Function, and Emotional Skills. *Child Development*, 84(6), 2112–2130. https://doi.org/10.1111/cdev.12099.

Wilton, K., Murphy, K., Mahmud, A., Azam, S., Amin, R., Kane, E., & Understory Consulting. (2021). Gindegi Goron: Results from IRC's audio initiative to support nurturing care for early childhood development in Cox's Bazar during the COVID-19 pandemic. International Rescue Committee. https://nurturing-care.org/wp-content/uploads/2021/06/Gindegi_Goron.pdf.

Yasin, K. (2020). Five myths about educational radio. Education Development Center. https://pubdocs.worldbank.org/en/360681593181659141/EDC-5myths-About-Educational-Radio.pdf.

York, B. N. (2019). One Step at a Time: The Effects of an Early Literacy Text-Messaging Program for Parents of Preschoolers. *Journal of Human Resources*, 54(3), 537–566. Retrieved from https://ideas.repec.org/a/uwp/jhriss/v54y2019i3p537-566.html.

Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinosa, L. M., Gormley, W. T., Ludwig, J., Magnuson, K. A., Phillips, D., & Zaslow, M. J. (2013). Investing in our future: The evidence base on preschool education. ERIC. Society for Research in Child Development. https://eric.ed.gov/?id=ED579818.

Young, M., Slota, S., Cutter, A., Jalette, G., Mullin, G., Lai, B., Simeoni, Z., Tran, M., & Yukhymenko, M. (2012). *Our Princess Is in Another Castle: A Review of Trends in Serious Gaming for Education*. 82(1), 61–89.

3 Pashe Achhi

Supporting children and caregivers in Bangladesh during the COVID-19 pandemic

Erum Mariam and Jahanara Ahmad

Introduction

The closure of schools and other learning centers for young children during the COVID-19 pandemic posed significant threats to children's development and learning around the world. These threats were amplified by the pandemic's negative impact on caregivers' physical and mental health as well as their financial resources. According to a 2021 UNICEF report, the pandemic exacerbated inequality and deepened child poverty worldwide (UNICEF, 2021b).

In response to COVID-19, BRAC developed *Pashe Achhi* (Bangla for "Beside You"), a phone-based intervention to support children aged 0–6 and their caregivers. The intervention was piloted in Rohingya refugee camps and the host community in Cox's Bazar, as well as the rest of Bangladesh. *Pashe Achhi* demonstrates how high-quality ECD interventions can be developed and implemented at a low-cost, using limited technology. The model is easy to set up, scalable, and adaptable, and has strong potential to benefit children worldwide, especially in crisis settings or situations where quality ECD interventions do not exist.

This chapter describes the pandemic's impact on children in Bangladesh, the initial development of *Pashe Achhi*, and its evolution mainly in the Rohingya refugee camps and the surrounding Bangladeshi host community, as well as key lessons and recommendations for future programming which are relevant for multi-crisis and non-humanitarian contexts.

Background

Bangladesh is one of the most densely populated countries in the world, with a population estimated at close to 160 million (UNFPA, n.d.). Children under age 17 make up 36% of the total population in Bangladesh (Government of Bangladesh, UNICEF, & Research and Policy Integration for Development, 2020). There is widespread poverty, but before the pandemic, the country had made great strides in reducing population growth and poverty rates and improving health and education outcomes.

DOI: 10.4324/9781003415213-4

The country also hosts one of the largest refugee populations in the world. Almost a million Rohingya fled to Cox's Bazar in 2017 to escape violence and persecution in Myanmar. The majority of the Rohingya people living in Bangladesh are women and children, and more than 40% are under age 12 (UNHCR, n.d.).

Since the 1990s, Bangladesh has seen significant increases in primary school enrolment and has achieved gender parity in primary and secondary school. The government has increasingly focused on improving education quality, and major reforms and investments are taking place. The government has also formulated a national policy for Early Childhood Care and Development (Bangladesh ECD Network, n.d.). Since introducing pre-primary education for children aged 5–6 in 2014, the government has developed a curriculum for pre-primary education for four-year-olds which will be piloted in 2023 and then scaled nationally. Despite these improvements, only 77% of children are enrolled in pre-primary and only 74.5% were considered developmentally on track as of 2019. There were disparities across socio-economic groups. About 68% of children in the poorest quintile were developmentally on track compared to 84% of children in the richest quintile (Government of Bangladesh, 2019).

Beyond education, children in Bangladesh still face many challenges. While child mortality has been falling, it remains at 29 deaths per live birth. Proper postnatal care is lacking, especially in poor and rural households. Nutritional status, though improved, is far from ideal as one-third of children under two still suffer from stunting. Child marriage is common with half of all girls married before 18 (UNICEF, n.d.). Many children also experience psychological aggression or physical punishment (Government of Bangladesh, UNICEF & Research and Policy Integration for Development, 2002).

In Myanmar, children also have poor development indicators. One-quarter of children under five suffer from chronic malnutrition and less than a quarter of children aged 3–5 attend an early education program (UNICEF, 2021c). There is little information disaggregated for the Rohingya population.

Impact of COVID-19 on children in Bangladesh

With the onset of the COVID-19 pandemic, schools closed in March 2020 and only reopened on a limited scale in September 2021. Lasting 543 days, this was one of the longest continuous school closures in the world and disrupted the education of around 37 million children. To mitigate the adverse effects, the government introduced remote learning through television, radio, mobile phones, and the internet. However, access to these methods was limited. A study by the Campaign for Popular Education (CAMPE), supported by UNICEF, highlighted that only one out of three pre-primary to upper-secondary students were reached through remote education (UNICEF, 2021a). According to the World Bank, pre-pandemic estimates showed that 58% of children did not reach minimum reading proficiency at the end of primary school, and school closures were estimated to push that figure to 76% (Rahman & Ahmed,

2021). In addition to significant learning losses, prolonged school closures increased child labor, child marriage, and dropout rates (UNICEF, 2021a).

School closures and the loss of livelihoods have had a particularly negative impact on children in Cox's Bazar, both in the Rohingya refugee camps as well as in the surrounding host community (iMMAP, 2021). In the camps, the closure of schools, learning centers, and other child-based facilities led to increased risks for children, including undernutrition, child labor, early marriage, domestic violence, and trafficking. As a result, children have felt distressed and isolated, with limited access to support. In the host community, Bangladeshi families faced additional financial hardship, which has put children at risk of undernutrition and limited their access to remote learning (iMMAP, 2021).

Adaptation of BRAC services to the COVID-19 pandemic and development of *Pashe Achhi*

BRAC has continuously adapted its program delivery model for young children and their caregivers, as illustrated by Figure 3.1 below.

Pre-pandemic interventions

Research shows that young children learn best through play and develop skills in all areas of development: intellectual, social, emotional, and physical (Hirsh-Pasek & Golinkoff, 2008; Pyle & Danniels, 2017; UNICEF, 2018). In line with this evidence, BRAC has been implementing a play-based model since 2015. Play Labs are a culturally contextualized, play-based learning approach for children aged 3–5 in low-resource settings. The Play Labs are implemented in spaces provided by the community and on government school premises in Bangladesh, Uganda, and Tanzania. Young women from the community are trained as facilitators or Play Leaders of the play-based curriculum, and the spatial design is child-friendly and supports playful learning. Parents, other caregivers, and community members collaborate with Play Leaders to develop play materials and

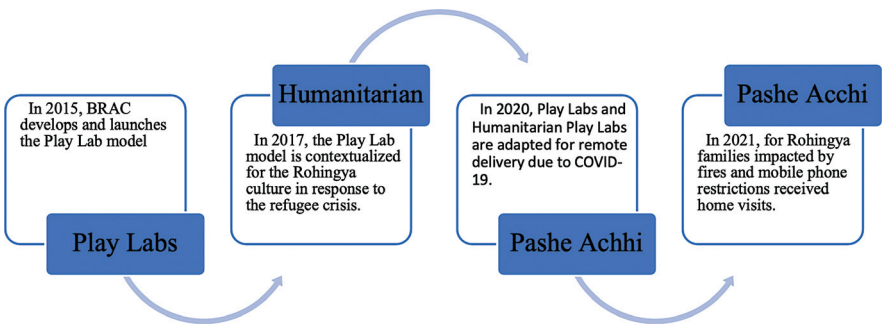

Figure 3.1 BRAC service delivery model adaptation process

decorations, using low-cost and no-cost recycled materials. The curriculum integrates learning and developmental outcomes set by the government of each country with play activities that are tailored to the cultural context. Before the pandemic, in the host communities in Cox's Bazar, BRAC implemented Play Labs for children aged 4–5 on government primary school premises.

Adaptation for humanitarian context

The Humanitarian Play Lab (HPL) adapts the Play Lab model for displaced populations such as Rohingya refugees. Consistent with best practices in humanitarian contexts that specify providing services to both refugee and host communities (UNHCR, 2013), BRAC provided services through the HPLs in the Rohingya camps and through Play Labs in the host Bangladeshi populations. Combining play-based learning with psychosocial support,[1] the HPL curriculum covered two programs: one for children under two, and another program for children between the ages of two to six. Indigenous cultural practices play a strong role in healing and learning. The HPL curriculum includes approaches and play activities based on the Rohingya culture. Young Rohingya women are trained as Mother Volunteers and Play Leaders and serve as facilitators of HPL programs. The design of HPL spaces is child-friendly, colorful, and joyful – Rohingya children, adolescents, adults, and BRAC staff collaborate to design the spaces with motifs and paintings (*alpanas*) and ceiling drapes (*shamiyanas*) significant to the Rohingya culture (Mariam et al., 2021).

The host Bangladeshi population in Cox's Bazar lives in very close proximity to the refugee camps. This district is one of the poorest in Bangladesh, and BRAC has been working there for two decades. In the initial days of the refugee crisis, the local host communities, despite severe resource constraints, mobilized resources to relieve the suffering of the refugees, even before the Bangladesh government officially engaged in the humanitarian effort. However, within a year, support for the refugees faded away, particularly among the impoverished local population, and resentment arose against both refugees and humanitarian aid agencies (Ansar & Khaled, 2021).

Locals developed a strong perception that the humanitarian aid agencies and the Government of Bangladesh's programs and policies failed to acknowledge the adverse impact of the Rohingya influx on the impoverished host population (Ansar & Khaled, 2021). Prices of essentials doubled, and due to an unpredictably large number of refugees entering the local labor market, wages for day laborers went down. As a result, Bangladeshi host community members have had their work taken away and earnings significantly reduced. Access to administrative, educational, and healthcare needs for host community members has diminished. This has led to tensions between the host and refugee communities (CARE Bangladesh, 2018). To promote social cohesion as well as mitigate the adverse impacts of the influx on the host communities, BRAC increased its interventions in the surrounding host communities.

Initial development of Pashe Achhi *in response to COVID-19*

In March 2020, when the Government of Bangladesh ordered the closure of educational institutions due to the COVID-19 pandemic, children no longer had access to the safe spaces and services provided by the Play Labs and the HPLs. At first, BRAC staff visited program participants in person to spread awareness about COVID-19 and collect phone numbers. Most participants had access to mobile phones, though these phones were basic and generally not smartphones. Then Mother Volunteers, Play Leaders, and other staff started calling families regularly to stay connected with them during difficult times. Staff soon learned that children and families loved receiving the calls, and the conversations made families feel valued and safe.

Understanding that the phone calls had immense value for families resulted in the creation of the remote delivery model known as *Pashe Achhi* (Bangla for "Beside You"). In April 2020, a team of psychologists and play-based curriculum developers at BRAC created *Pashe Achhi* to support continued learning and mitigate the adverse impacts of the COVID-19 pandemic on displaced children and their families. Adapted from the original HPL and Play Lab curricula, the *Pashe Achhi* approach integrated play-based learning for children and strengthened psychosocial support for mothers.

The curriculum team developed simple scripts tailored to the learning needs of children aged six and under, and activities that were contextualized for both Bangladeshi and Rohingya cultures. The scripts were kept very simple and did not change much, so that they would be easy to facilitate as well as allow time for both facilitators and participants to get used to the new modality and build rapport. BRAC piloted the scripts with participants and refined them based on participants' feedback. After the success of the rapport-building calls, BRAC extended the calls from five to seven minutes to twenty minutes to allow for more meaningful engagement with families.

The calls were structured differently based on the age of the child. In the Rohingya camps, mothers with children under two received calls from Mother Volunteers, who provided mothers with psychosocial support, information on health and hygiene, and tips on infant care. In the camps, families with children aged two to six received phone calls from Play Leaders, who would first speak with the mothers and provide psychosocial support, and give tips on child health, hygiene, and child stimulation. They then interacted directly with the children, using activities like songs and rhymes. In the host communities, children aged four to six and their mothers received calls from Play Leaders who engaged with children over the phone through activities such as reciting Bangla rhymes, and also gave mothers basic psychosocial support, tips on how to engage with children, and health and hygiene messages (Ahmad et al., 2020).

Before rolling out the intervention, BRAC conducted a cascade training (see Figure 3.2). The curriculum team trained a core set of field staff, who supervised facilitators that worked with families. The field staff then trained facilitators, with the help of the curriculum scripts on audio files. The facilitator

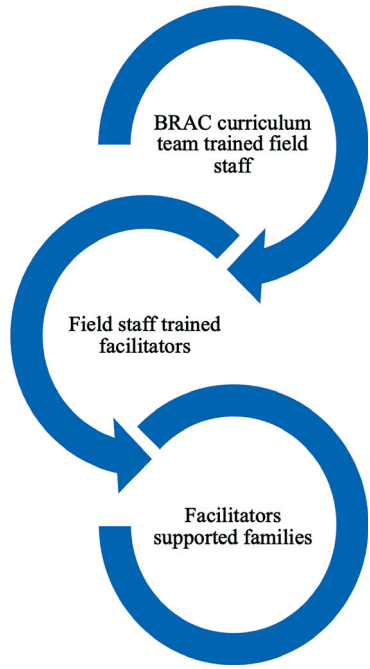

Figure 3.2 Training cascade model

training also included a focus on ethical and safeguarding practices. Facilitators that made calls to families were required to sign and adhere to safeguarding policies, and every participant had the right to withdraw from the calls.

Following training, the intervention was launched in May 2020. Facilitators called families every week to engage in a conversation based on the scripts developed. Each facilitator practiced active listening, showing empathy, maintaining confidentiality, and keeping a non-judgmental attitude, allowing mothers to express their emotions. This approach was critical, so the facilitators could earn the trust of mothers and be more effective when providing basic psychosocial support. The conversations also focused on play-based tips to keep children engaged and stimulated at home. In the first few months of the intervention, BRAC was able to reach 80% of program participants in the Rohingya camps and more than 90% of program participants in the host community (Ahmad et al., 2020; Mariam, 2021).

Implementation in Rohingya refugee camps

In the refugee camps, Mother Volunteers provided mothers of children under two with psychosocial support, and information on health, hygiene, and infant care. Play Leaders provided similar age-appropriate support to mothers of children aged two to six and interacted with the children through activities such as reciting traditional rhymes called *kabbiyas*.

During implementation, BRAC collected data to see how the approach was working. The curriculum team held monthly focus group discussions over the phone with facilitators and other field staff to inform program improvements. The research team was in contact with participants and staff by phone, and the data they collected was also used to revise the intervention. Participants and facilitators expressed they wanted more variation in the activities offered, so the team conducted a needs analysis to inform program revisions. Facilitators and other staff were asked about how children's engagement could be increased over the phone, and how the curriculum could be expanded to include activities that addressed all developmental domains. The facilitators chose activities from the HPL curriculum they felt could be conducted over the phone, and BRAC held a workshop in August 2020 where they developed a learning framework for tele-learning with activities designed to address all domains of child development, and a healing framework for the tele-counseling given to caregivers. These frameworks were then refined based on feedback from participants and facilitators, and new scripts were developed that contained a wider variety of activities. In September 2020, the revised intervention was launched, and feedback from participants and facilitators showed that it worked well, and participation and engagement levels were high.

In March 2021, a massive fire swept through the camps, affecting thousands of people, and causing fear and trauma among survivors. Many participants lost their belongings and could not be reached over the phone. There was a mass migration of survivors to other camps for shelter. Due to the emergency, the camps had to be opened to provide face-to-face support, even though COVID-19 cases were still high. BRAC thought it essential to provide immediate psychological support[2] to survivors. Staff thus went door-to-door to ensure the well-being of intervention participants. During this time, BRAC conducted a quick field study to understand the specific needs of participants. After a year of lockdown, children and their families responded to the home visits very positively. They were ecstatic to see the Play Leaders and Mother Volunteers after a long time, and through the home visits, the staff and families were able to reconnect with each other. The following quote illustrates the sentiments expressed by many:

> Serema (Play Leader) has met us after such a long time. It seems that she is our very close relative. My child had made so many excuses to visit his Play Leader! After seeing her today, my child feels better. We also like it a lot, it seems we have got a dear relative back home again.
>
> Rohingya Mother (Yesmin et al., 2021d)

Camp officials also responded positively to the home visits, and staff and participants reported an easier transition during home visits due to the success of the calls. Because the home visits worked so well during the fire response, BRAC decided to adapt the *Pashe Achhi* remote model for delivery through home visit sessions and piloted this in May 2021. However, toward the end of May, after the fire situation normalized, the *Pashe Achhi* phone calls resumed as the camps went back into lockdown for a few more months due to the increasing number of COVID-19 cases.

Around the same time, the government of Bangladesh started imposing restrictions on reaching people in the Rohingya camps through mobile phones due to security concerns. The military coup in Myanmar earlier in the year had caused tension and unrest in the camps, and there had been increased incidents of crime. The phone calls thus had to stop completely in July 2021 to comply with government directives. Over the next few months, BRAC revised the curriculum, scripts, and operational guidelines of the remote model for the home visit model based on the pilot from earlier in the year. Later in the year, BRAC conducted door-to-door visits to distribute play materials, art materials, and storybooks so that children and families could stay engaged at home, and carried out extensive training of staff in preparation for launching the home visit sessions.

Finally, in November 2021, the revised home visit sessions were launched, with an increased duration of 30 minutes based on feedback from facilitators and participants. Over the course of 2022, *Pashe Achhi* was phased out as the HPL model resumed regular operations. As the *Pashe Achhi* home visit sessions had worked really well, they became part of the core HPL model for children aged two to six as an add-on component. HPL center-based sessions for children aged two to six started again in 2022, and each mother-child dyad also received regular home visits from Play Leaders during which mother-child engagement was prioritized. This is continuing as of early 2023. Mother-child dyads for the under two cohort likewise received regular home visits in 2022. These home visits stopped in early 2023 with the relaunch of HPL group sessions for mother-child dyads. A father engagement model focusing on home visits was piloted on a small scale for the under two cohort in 2022, and after the successful pilot, is being launched in 2023 as a mix of group and individual sessions. Furthermore, to align with sector requirements, as of 2023 the HPL model for children under two will now target children under three, and the HPL model for children aged two to six will target children aged three to five. Children over five will enroll in learning centers.

Implementation in the surrounding Bangladeshi host community

In the host community, the intervention initially focused on children aged four to five who attended the Play Labs located on government primary school premises and their mothers. Play Leaders provided mothers with psychosocial support, tips on how to engage with children, and health and hygiene messages, and engaged with children over the phone through activities such as reciting Bangla rhymes (Ahmad et al., 2020). For the first few months, the scripts were kept very simple and did not change much from one week to the next, for similar reasons as in the camps. After a few months, in mid-2020, the BRAC team adapted the healing and learning frameworks that had been developed for the Rohingya camps to the host context, with feedback from participants, and then added variation to the scripts for the phone calls and activities.

In 2021, since educational institutes were still closed and participating children could not enroll in government pre-primary schools as had been hoped, the intervention expanded to target children aged five to six so that they would be better prepared for attending primary school. A once-a-month parenting call focused solely on mothers began in May 2021. This call gave extra attention to the mothers' well-being and aimed to raise awareness among them about the importance of pre-primary education since attendance in pre-primary schools in the area was generally low.

Like in the Rohingya camps, *Pashe Achhi* stopped operations over the course of 2022 as pre-pandemic operations resumed. From March 2022, pre-primary schools and Play Labs were allowed to open two days a week by the government. At that time, BRAC made extra awareness calls to mothers to encourage them to send children to Play Labs and schools and to help them adjust to the new normal. As children started attending Play Labs, staff still wanted to keep connected to them and their families and so they continued the *Pashe Achhi* phone calls to mother-child dyads about one to two times a month till Play Labs and pre-primary schools fully reopened in May 2022. *Pashe Achhi* phone calls solely focused on mothers continued until the end of 2022.

Implementation throughout Bangladesh

In Bangladesh, 13.5% of the population lives below the global poverty line of $2.15 a day according to the 2017 Purchasing Power Parity (PPP) prices (World Bank, 2022) and these ultra-poor families lack access to quality ECD interventions. Building on the experiences of implementing *Pashe Achhi* during the pandemic, BRAC started customizing the model for ultra-poor families to help break the cycle of poverty by promoting children's optimal development. In 2021 and 2022, the model was implemented with ultra-poor families in Cox's Bazar, including in some areas where Rohingya refugee camps are located. In 2022, the model started being implemented in the north of Bangladesh with ultra-poor families and operations will continue there through 2023. Internal studies are being conducted to determine an optimal, scalable *Pashe Achhi* intervention for ultra-poor families and the outcomes for mothers, children, and families (Khan et al., 2022).

BRAC also implemented *Pashe Achhi* in 50 sub-districts of Bangladesh in 2022 for children aged four ot five who were affected by the pandemic to help them transition to the government school system.

Lessons learned

Throughout the implementation of the *Pashe Achhi* intervention, BRAC collected data to assess participant response and to inform program iterations. An internal research study, carried out by BRAC Institute of Educational Development at BRAC University, looked at the effects of the remote intervention on mothers' well-being, their knowledge, attitude, and practices toward play, and

child developmental outcomes. The study used a pre-post single group design in ten districts of Bangladesh, covering the northern, central, and eastern parts of the country including the host community of Cox's Bazar. In the Rohingya camps, the study included 23 camps; 340 mother-child dyads were randomly selected from different parts of Bangladesh, and data was also collected from 60 Play Leaders who facilitated the calls. In the Rohingya camps, 152 mother-child dyads and 162 facilitators were randomly selected.

Researchers used monitoring and research tools from the Play Lab and HPL interventions that had been validated and used extensively in both the Rohingya and Bangladeshi contexts, adapting and validating them for the remote modality. Tools included a Knowledge, Attitudes, and Practice (KAP) questionnaire;[3] a patient health questionnaire[4] to measure depressive symptoms; both Bangla and Rohingya versions of two child development measures;[5], [6] and a fidelity tool[7] to assess Play Leaders' competencies and quality of calls. Data were collected from the same participants using the same questionnaires by trained field research assistants over the phone. Baseline data and endline data were collected during the first and last *Pashe Achhi* calls respectively. Endline data were collected three months after baseline in Bangladesh and seven months after baseline in the Rohingya camps. Before data collection, the inter-rater reliability of field research assistants and master trainers was determined and found to be greater than seven.

Descriptive statistics, paired sample t-test, and correlation analysis were used for data analysis. The causal impact of the intervention was examined by comparing the pre-intervention scores of the participants and the post-intervention scores of the same participants. Findings showed that mothers demonstrated improved knowledge, attitudes, and practices with regard to child development and positive parenting and exhibited fewer symptoms of depression. Rohingya mothers' KAP scores increased with an effect size of 1.69 and Bangladeshi mothers' KAP scores increased with an effect size 1.25. Depression symptoms in Rohingya mothers decreased with an effect size of 0.71 and in Bangladeshi mothers decreased with an effect size of 0.21. Furthermore, children showed improvement in social-emotional development; for example, parents reported their children were happier, regulated emotions better, and had increased peer interactions. Bangladeshi children showed improved social-emotional development with an effect size of.46 and Rohingya children with an effect size of 3.41.

Facilitators also demonstrated strong competencies during phone conversations. Play Leaders gradually improved their knowledge, attitude, and practices over the course of the intervention. Correlational analysis showed a positive relationship between Play Leaders' competencies and mothers' knowledge, attitude, and practices, as well as children's developmental outcomes (Yesmin et al., 2021a).

Internal qualitative studies also found positive effects of the remote intervention on children and mothers. The following quotes provide illustrative examples:

> Mothers learned how to play with their children during lockdown, how to communicate with children through gestures and acting, how to recite poems etc. Many mothers stated that previously they didn't know about these playful activities or they had little idea about them, but through us they now know them well. Mothers participated out of their own interest to know how to spend time with their children.
>
> Bangladeshi Play Leader (Yesmin et al., 2021b)

> I am very happy that I can teach my children to read. We couldn't learn to read in our family because our parents didn't care much about it but I like the fact that Play Leaders are teaching our children here. I know how important education is and what it means to keep children neat and clean. I like all these things.
>
> Rohingya Mother (Yesmin et al., 2021c)

> If mothers are upset then we tell them to share their sorrows and hardship with us. We listen to them attentively and talk to them to bring peace to their minds. They tell us, "I'm feeling good now." Then we tell them, "Sister, we will sit in a silent place and take a deep breath and let it go slowly."
>
> Rohingya Play Leader (Yesmin et al., 2021c)

The remote modality of *Pashe Achhi* was a completely new experience for BRAC. The intervention had to adapt continuously to changing circumstances in response to feedback from facilitators, participants, and staff, and revise or remove things that did not work. For instance, children's attention spans over the phone were found to be very short. The initial curriculum had longer stories, but they did not work well for phone calls. The team then revised the curriculum to focus more on shorter stories and rhymes and songs. Facilitators also needed to be given extensive training including several refresher training sessions and a couple of months' time to develop the skills necessary to build rapport and communicate over the phone. This willingness to iterate constantly led to the success of the intervention.

There are several lessons from the implementation and research of the *Pashe Achhi* intervention that should be noted. First, part of the success of the intervention comes from it being designed in collaboration with the intended participants and contextualized to their circumstances. This ensured that the content is relevant to participants' needs and increases their motivation to participate. For example, the psychosocial support is aligned with local cultural narratives around mental health and well-being. Instead of using western clinical terms when talking to Rohingya mothers, for example asking them if they are sad or stressed, metaphors[8] were used that capture the same concept and that were based on their cultures, languages, and understanding of emotions. The play activities that are used are also adapted from the local cultures – for instance, in the Rohingya camps facilitators used traditional rhymes or *kabbiyas* to engage with children, while in the host community facilitators used traditional Bangla rhymes.

Second, low-cost, high-quality ECD intervention can be successfully implemented through basic technology, as the calls are facilitated through basic mobile phones. Using a simple mode of delivery makes it possible to reach many people and aim for ongoing scaling. As mentioned earlier, within the first few months of the intervention, BRAC was able to reach 80% of program participants in the Rohingya camps and more than 90% of program participants in the host community.

Third, it's important to focus on children's relationships with caregivers as this supports child development and well-being. Play, which provides an easy way for caregivers to engage in their child's learning, can be supported with phone-based programming. Mothers are given tips on what playful activities they can engage in with children over the course of the week. Additionally, facilitators engage children in various playful activities over the phone. This also gives a practical example to mothers of how they can engage with their children.

Looking ahead and recommendations

The implementation of the *Pashe Achhi* intervention during the COVID-19 crisis has shown extraordinary value. It enhances children's learning, addresses the well-being of children and adults, increases educators' connections with households, and provides capacity building for staff (Mariam, 2021). In the future, BRAC wants to look at the implications of using *Pashe Achhi* with ultra-poor families and in any natural disasters to reach children and families. The organization also wishes to see if they can use *Pashe Achhi* to support government pre-primary programs in Bangladesh, especially targeting children under four and their families. The intervention is simple, low-cost, scalable, and adaptable, and has great potential in settings where face-to-face ECD interventions do not exist and where distant learning services which require sophisticated digital infrastructure such as fast internet connection and smartphones are not feasible. It can be used in both crisis and non-crisis settings and can be beneficial to many different populations.

Because crises are increasing worldwide, innovative solutions are needed to provide psychosocial support to vulnerable communities and address the learning needs of young children. Based on the experience of implementing *Pashe Achhi*, BRAC has several recommendations that may be relevant for other implementers or policymakers. First, there should be flexibility in approach so that interventions can be contextualized to the needs of participants. It is important to design interventions and policies in collaboration with participants so that such policies and interventions are meaningful for them and respect their knowledge and culture. Second, ECD and psychosocial/mental health services should be delivered in an integrated manner, especially in crisis settings where the well-being of the child, the caregiver, and the facilitator needs to be ensured. Third, ECD programs need to consider the whole family as a unit and design interventions accordingly – as caregivers are extremely important for children's development and well-being.

Acknowledgments

The authors would like to acknowledge Kuri Chisim, Nadya Hossain, Ferdousi Khanom, Sydur Mursalin, Nahid Parvin, Wasima Parvin, Nusrat Jahan Pinky, Shaheen Nafisa Siddique, Sakila Yesmin, Syeda Sazia Zaman, Areefa Zafar, and the rest of the team at BRAC Institute of Educational Development for their work on *Pashe Achhi*.

BRAC Institute of Educational Development would like to acknowledge the support of its partners: the Bezos Family Foundation, Education Cannot Wait (ECW), the LEGO Foundation, Porticus, Sesame Workshop, and the Yidan Prize Foundation in the development of the *Pashe Achhi* model.

Notes

1 According to the Inter-Agency Standing Committee on Mental Health and Psychosocial Support in emergency setting, the term psychosocial support is defined as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. It is a term that is closely related to mental health and overlaps with it. Aid agencies outside of the health sector tend to speak of supporting psychosocial well-being whereas those in the health sector tend to use the term mental health.
2 They provided Psychological First Aid (PFA), an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and connect individuals to help and resources. PFA is delivered to affected individuals by mental health professionals and other first responders. The purpose of PFA is to assess the immediate concerns and needs of an individual in the aftermath of a disaster, and not to provide on-site therapy (American Psychological Association, n.d.)
3 The KAP Questionnaire was designed by BRAC Institute of Educational Development (BRAC IED) and is based on the Home Observation for Measurement of the Environment (HOME) and the *Pashe Achhi* curriculum. This tool was designed to measure knowledge, attitudes, and practices on ECD, learning through play, playfulness, health & hygiene routines, and psychosocial skills.
4 The Patient Health Questionnaire (PHQ-9) was used in the study to measure caregivers' depressive symptoms. The Bangla and Rohingya versions were validated by BRAC IED.
5 The Ages and Stages Questionnaire (ASQ:3) is a set of questionnaires used to measure children's communication, gross motor, fine motor, problem-solving, and personal-social skills. The Bangla version was validated by icddr,b and the Rohingya version was validated by BRAC IED.
6 Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2) was used to measure children's social-emotional development. The range of scores is 0–10. The Bangla and Rohingya versions were validated by BRAC IED.
7 The Fidelity tool was designed by BRAC IED to assess the degree to which the program was delivered as intended. This measures facilitators' competencies in session management, rapport building, providing emotional support, and playful engagement with children.
8 The word *oshanti* meaning lack of mental peace is used by the Rohingya people to refer to a variety of concepts including stress, suffering, grief, and other forms of emotional pain (UNHCR, 2018).

References

Ahmad, J., Mariam, E., Sadaf, B. H., Sarwar, S. S., Siddique, S. N., & Zaman, S. S. (2020, November 5). Mental health and learning: BRAC's response in Bangladesh

during Covid-19. *Early Childhood Matters*. https://earlychildhoodmatters.online/2020/mental-health-and-learning-bracs-response-in-bangladesh-during-covid-19/.

American Psychological Association. (n.d.). Understanding Psychological First Aid. https://www.apa.org/practice/programs/dmhi/psychological-first-aid.

Ansar, A., & Khaled, A. F. (2021). From solidarity to resistance: host communities' evolving response to the Rohingya refugees in Bangladesh. *Journal of International Humanitarian Action, 6, Article number* 16. https://doi.org/10.1186/s41018-021-00104-9.

Bangladesh ECD Network. (n.d.) http://ecd-bangladesh.net/resource/ecd_documents/#:~:text=The%20fundamental%20Principles%20of%20the,Elimination%20of%20all%20forms%20of.

CARE Bangladesh. (2018, February). Host Community Situation Analysis: Impact of Rohingya Influx on Host Communities in Ukhia and Tekhnaf. https://reliefweb.int/sites/reliefweb.int/files/resources/Final-Host-Community-Impact-Rohingya-Influx-2018.pdf.

Government of Bangladesh, Bangladesh Bureau of Statistics, & UNICEF. (2019). Progotir Pathey Bangladesh Multiple Indicator Cluster Survey 2019: Survey Findings Report. https://reliefweb.int/report/bangladesh/progotir-pathey-bangladesh-multiple-indicator-cluster-survey-2019.

Government of Bangladesh, UNICEF, & Research and Policy Integration for Development (RAPID). (2020). Policy Brief: The situation of children in Bangladesh. https://rapidbd.org/wp-content/uploads/2020/05/Policy-Brief-Situation-Analysis-of-Children-in-Bangladesh.pdf.

Hirsh-Pasek, K., & Golinkoff, R. M. (2008). Why play = learning. *Encyclopedia on early childhood development*, 1, 1–7. https://www.child-encyclopedia.com/play/according-experts/why-play-learning.

iMMAP. (2021, July 1). COVID-19 Impact on Children, Bangladesh, May 2021. https://reliefweb.int/report/bangladesh/covid-19-impact-children-bangladesh-may-2021.

Khan, M. S., Mariam, E., Akhi, N. A., Jahan, E., & Yesmin, S. (2022). Pashe Achhi: A cost-effective and scalable model of learning and psychosocial support for children and caregivers. Submitted for publication in Journal of Research in Childhood Education: Special Edition.

Mariam, E. (2021, April 26). Addressing the Impact of COVID-19 on Infants and Young Children. *Inter Press Service*. https://www.ipsnews.net/2021/04/addressing-impact-covid-19-infants-young-children/.

Mariam, E., Ahmad, J., & Sarwar, S. S. (2021). Field Note: BRAC Humanitarian Play Lab Model: Promoting Healing, Learning and Development for Displaced Rohingya Children. *Journal on Education in Emergencies*, 7(1), 133–149. https://doi.org/10.33682/u72g-v5me.

Pyle, A., & Danniels, E. (2017). A continuum of play-based learning: The role of the teacher in play-based pedagogy and the fear of hijacking play. *Early education and development*, 28(3), 274–289. https://doi.org/10.1080/10409289.2016.1220771.

Rahman, T., & Ahmed, R. (2021, April 15). Combatting the impact of COVID-19 school closures in Bangladesh. *World Bank*. https://blogs.worldbank.org/endpovertyinsouthasia/combatting-impact-covid-19-school-closures-bangladesh.

UNFPA. (n.d.). Population Trends. https://bangladesh.unfpa.org/en/node/24314.

UNHCR. (n.d.). Rohingya Emergency. https://www.unhcr.org/rohingya-emergency.html.

UNHCR. (2013). Hosting the World's Refugees. https://www.unhcr.org/539809daa.pdf.

UNHCR. (2018). Culture, Context And Mental Health Of Rohingya Refugees A review for staff in mental health and psychosocial support programmes for Rohingya refugees. https://www.unhcr.org/protection/health/5bbc6f014/culture-context-mental-health-rohingya-refugees.html.

UNICEF. (n.d.). UNICEF data, Bangladesh. https://data.unicef.org/country/bgd/.

UNICEF. (2018). Learning through play: Strengthening learning through play in early childhood education programmes. https://www.unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf.

UNICEF. (2021a, October 19). The future of 37 million children in Bangladesh is at risk with their education severely affected by the COVID-19 pandemic. https://www.unicef.org/bangladesh/en/press-releases/future-37-million-children-bangladesh-risk-their-education-severely-affected-covid.

UNICEF. (2021b). Preventing a Lost Decade. https://www.unicef.org/media/112891/file/UNICEF%2075%20report.pdf.

UNICEF. (2021c). The State of the World's Children 2021. https://www.unicef.org/reports/state-worlds-children-2021.

World Bank. (2022). Poverty & Equity Brief South Asia: Bangladesh. povertydata.worldbank.org.

Yesmin, S., Begum, T., Goni, O., Sultana, N., Islam, J., Khatun, R., & Akhter, N. (2021a). Exploring the Impact of the BRAC Pashe Achhi Model in Bangladesh. Submitted for publication in ARNEC Collections 2021.

Yesmin, S., Begum, T., Nahrin, R., Ummi, N., & Akhter, N. (2021b). Mothers' and Play Leaders' Perception towards the Pashe Achhi in Mainstream. Unpublished manuscript. BRAC Institute of Educational Development, Dhaka

Yesmin, S., Gani, O., Khan, A.R., Islam, J., & Begum, T. (2021c). Caregivers' and Facilitators' Reflection on Pashe Achhi in Rohingya Camp. Unpublished manuscript. BRAC Institute of Educational Development, Dhaka

Yesmin, S., Gani, O., Begum, T., Islam, J., Rahman, A., & Chakma, B. (2021d). Formative Research on Providing Psychosocial Support through Home Visits after Fire Incident. Unpublished manuscript. BRAC Institute of Educational Development, Dhaka

4 Gindegi Goron

Multi-crisis remote parenting program in Cox's Bazar, Bangladesh

Ahsan Mahmud, Syful Azam, Anika Habib, Katelin Wilton and Katie Murphy

Introduction

Home to nearly one million Rohingya refugees, the city of Cox's Bazar in Bangladesh is dangerously overcrowded, with basic services stretched beyond the limits of adequate care (UN News, 2022). Children make up over 50% of the population living in the Cox's Bazar camps (UNICEF, 2022.) and are at risk of poor development. Services for young children between birth to two years old are often straddled across the health, nutrition, child protection, and education sectors and despite the existence of a group that coordinates to meet the holistic needs of the youngest children, many services fall through the cracks (Moving Minds Alliance, 2022a). Support to parents and caregivers, which is critical for the youngest children's ability to survive and thrive, is often limited. The International Rescue Committee (IRC) has been one of the few organizations focused specifically on children from birth to two years and their parents in Cox's Bazar.

However, since the outbreak of COVID-19 which put a hold on in-person programming, the IRC, like many other humanitarian agencies, was forced to modify its approaches to support young children and their caregivers. To address the challenges of providing services during COVID-19 and in an overcrowded refugee camp, the IRC took an iterative human-centered approach[1] to test and refine solutions for remote delivery of a parenting program (that focused on children under two) in a multi-humanitarian context.

Facing strict barriers to physical access during COVID-19, the IRC adapted its parent programming for remote delivery utilizing a three-pronged approach: pre-recorded interactive voice response (IVR) system-generated phone calls, facilitator phone calls, and text messages. Each program participant received support through all three approaches. The remote delivery model was first piloted with 434 households from September to December 2020 in both Rohingya refugee camps and host communities. Initial data from a pre-post survey showed that this model was successful in delivering key content to participants, with most participants answering calls and listening to messages in their entirety (Wilton et al., 2023). The initial pilot represented proof of concept for remote delivery, offering significant advantages in terms of scalability, cost, and the ability to reach participants during double emergencies like a refugee crisis and COVID-19.

DOI: 10.4324/9781003415213-5

Over the next five months, IRC continued to test, refine, and grow its remote parenting programming via ongoing engagement with the participants in the community through three prototype phases. The IRC also developed system improvements that allowed for automated message delivery and the ability to view impact indicators in real-time via a data dashboard, expanding our flexibility and efficiency in content alignment and delivery.

Although the remote delivery model offered several benefits, including the ability to reach caregivers and family members rapidly and at a much greater scale than in-person programs, the IRC recognized that the impact of in-person interventions, which has been well-studied, would be difficult to replicate via remote delivery (Hamadani et al., 2006). During the prototyping phase, the IRC tested and confirmed that caregivers valued home visits above all and reported that home visits were welcomed by caregivers. By combining the reach of remote delivery and in-person coaching enabled by home visiting, the IRC concluded that a blended model combining remote and in-person delivery (when possible) is the optimal way to deliver ECD programming given the local context.

The experience of iterative human-centered prototyping of remote early childhood development (ECD) interventions in Cox's Bazar, which is a new approach in humanitarian contexts, has demonstrated that such an approach can work in multi-crisis situations and produce programming that participants deem valuable. As the IRC implements ECD program adaptations in the future, it will continue to prioritize an iterative approach throughout program implementation that centers participant feedback and data-driven improvement.

This chapter contributes to the limited evidence base in this area and provides learning that can inform program design and implementation processes not only for COVID-19 and humanitarian contexts, but also non-humanitarian contexts. Additionally, the learnings provide options for policy makers and funders who want evidence before making policy and funding decisions.

Context of Rohingya refugees during COVD-19

In 2017, an increase in violence against the Rohingya, an ethnic minority Muslim population, forced hundreds of thousands of people from their homes in Myanmar to seek refuge in Bangladesh. Cox's Bazar, a city in Bangladesh near the border with Myanmar, became home to the world's largest refugee camp (UNHCR, n.d.). Before the COVID-19 pandemic, the IRC's education team in Cox's Bazar conducted an ECD needs assessment of families from the Rohingya refugee community and those living in the surrounding host communities.[2] Through focus group discussions (FGDs) with pregnant women, their families, and community members, the IRC identified gaps in ECD knowledge related to a healthy pregnancy, breastfeeding, basic infant care, vaccination, and the value of play. Based on the FGDs as well as key informant interviews with government and health officials, the IRC determined there was an urgent need for ECD interventions in Cox's Bazar, particularly focused on children from birth to two years and their parents and caregivers. Programming for very

young children often uses parents and caregivers as the entry points. Thus, the IRC began designing an integrated ECD program with health, nutrition, early stimulation, learning, and care elements that directly targeted parents and caregivers and indirectly targeted young children. However, well before the program could begin, the onset of COVID-19 disrupted all plans.

The first COVID-19 case was confirmed in the Cox's Bazar camps in May 2020, with public health experts warning of the likelihood of rapid spread given the difficulty of social distancing and quarantining (Jubayer et al., 2021). Like other countries' actions after the World Health Organization (WHO) declared COVID-19 a pandemic, the Government of Bangladesh imposed restrictions across the country, including lockdowns, the shutdown of non-essential businesses and services, and bans on social and recreational activities. In the Cox's Bazar refugee camps, the government imposed specialized lockdown measures, restricting exit and entry to the area with exceptions for emergency food and medical supplies (France 24, 2021). Movement within the camps was restricted, including for humanitarian relief workers, community health workers, and educators. For example, prior to COVID-19, community health workers regularly visited households in the Cox's Bazar camps; those visits were suspended.

Importance of parenting support in emergencies

The period of early childhood from birth to eight years is a critical time to establish the life trajectory of a person (Britto et al., 2017). Children who face multiple adversities during this period – the most sensitive time of human development – including violence, poverty, displacement, and chaos, can experience negative consequences in terms of health, behavior, and well-being (Kadir et al., 2019). As adversities increase, the likelihood of developmental delays, especially during the first three years of life, increases (Center on the Developing Child, n.d.). Caregiver support can create a buffer from these adversities for young children, which can help protect them from negative short and long-term impacts (Shonkoff et al., 2012; Britto et al., 2017).

The role of parents and caregivers has been recognized in child development theories for decades. However, in 2016, the Lancet Early Childhood Development series brought their central role in children's development, especially for children from birth to two years, or the first 1,000 days, into focus again (Britto et al., 2017). Programs focused on supporting young children and their caregivers during the first two years of life have been shown to improve child development, including cognitive, language, motor, and socioemotional development (Jeong et al., 2021). For example, the Reach Up and Learn[3] model first developed and tested in Jamaica and the Care for Child Development[4] model, implemented in various parts of the Global South have been adapted in many contexts, including in emergencies, and have shown positive impacts on parent-child interactions and child development outcomes, even over a long period of time (WHO, 2020; Walker at al., 2022; Gharehgoz et al., 2022).

Studies conducted in Bangladesh have also shown positive impacts of early childhood parenting programs on child development (Hamadani et al., 2006). While some studies have specifically focused on parenting support for Rohingya refugees, these are limited (Shaw et al., 2020). And evidence on the impact of parenting programs on child development in humanitarian settings is also lacking (Moving Minds Alliance, 2022b). Learning from IRC's *Gindegi Goron* program, therefore, contributes to building the evidence base in this area of intervention.

Implementing the *Gindegi Goron* remote parenting program

Pilot phase (September–December 2020)

With intermittent internet access (in large part due to the Government of Bangladesh's frequent and unpredictable internet bans within the camps),[5] there were limited options for service providers to adapt ECD programming for remote delivery (Ratcliffe & Ahmed, 2020). Operating within these limitations, the IRC decided to utilize a cycle of innovation, feedback, and iteration. Given the exigent need for ECD within the Cox's Bazar refugee camps and surrounding host community, the IRC in partnership with a Bangladeshi human-centered designer identified a promising modality that had been used in other humanitarian contexts of supporting caregivers remotely without the internet: the delivery of ECD messages through pre-recorded interactive voice response (IVR) system-generated phone calls, facilitator phone calls, and text messages. IRC chose this method because their assessment found that many Rohingya refugees had access to mobile phones. The initial pilot project, a program known as *Gindegi Goron* (a Rohingya phrase for "developing future"), leveraged these channels (IVR/phone calls/SMS) to deliver behaviorally-informed messages to promote healthy development for pregnant mothers and their infants. Topics included nutrition, breastfeeding, the importance of play, how to make simple toys at home and use household objects for play, child safety, and caregiver well-being.

The call and text scripts were informed by initial testing with small groups of local pregnant and lactating women in the host community while observing social distancing and masking and then refined based on their feedback. (Later, more feedback was collected via WhatsApp from facilitators living in the camps.) These scripts emphasized simple, easy-to-understand, culturally appropriate, and empathetic language. Religious references were integrated into the content after participants emphasized the importance of prayer and religion in stress reduction. For both host and camp communities, calls and messages were sent to the pregnant and lactating women as well as to their husbands and mothers-in-law who lived in the same household according to participants' insights on how husbands and mothers-in-law often make decisions related to the household and to the pregnancy, including family nutrition, health, and birth planning. This learning on family decision-making became a key element of the design and approach to promoting behavior change in the household.

Based on this feedback from mothers, the IRC developed call scripts and SMS messages focused on two key groups: lactating and pregnant women. For lactating women, the focus was on the importance of play, early learning, and development, combined with key health and nutrition messaging and how to adapt key caregiving responsibilities during a pandemic. For pregnant women, the focus was on the importance of nutrition and rest during pregnancy. The initiative divided participants and their family members into three main groups: (1) pregnant women, (2) lactating women with babies younger than six months, and (3) lactating women with babies seven months or older. Each of these groups received different messages once a week on 12 different topics. For each message delivered to a pregnant or lactating woman, there was a corresponding message on the same topic delivered to the woman's husband and mother-in-law. In some cases, the messages were modified slightly to address the specific role a husband or mother-in-law should play in maternal and child wellbeing.

In addition to the weekly pre-recorded calls and text messages, participants also received biweekly mobile quiz calls to confirm and reinforce their understanding of key elements of ECD knowledge. Participants also received biweekly phone call check-ins from trained IRC facilitators, which served as an opportunity for participants to ask questions and share insights, and for the IRC to offer encouragement and support. Participants could also request a call-back from a facilitator to avoid incurring additional mobile phone costs.

Pilot results

Running from September through December 2020, the pilot program reached over 434 households in the Cox's Bazar camps and the surrounding host communities. Through the analysis of the pilot Monitoring and Evaluation data, the IRC demonstrated that responsive caregiving, early learning, and health and nutrition can be promoted through remote programming and can serve as a model for future interventions where there is restricted physical access to highly vulnerable populations. First, data from the IVR platform that tracked message delivery shows that the IVR calls delivery mechanism was effective in reaching caregivers. Of the nearly 8,000 pre-recorded calls placed over the course of the initiative, 66% were answered by program participants. In the instances where calls were answered, most of these calls (65%) lasted for more than 40 seconds, which was the standard length of each pre-recorded message, indicating that the caregiver listened to the message in its entirety.

Second, IRC conducted a survey of caregivers that indicated that this intervention had promising impact. While this study was not designed to produce results that can be generalized to the broader population, the baseline and end line survey results from 118 randomly selected participants demonstrated behavior change: caregiver-child play increased by 25%, growth monitoring and counseling increased by 38%, and caregivers reporting reading to their child increased by 725%. In addition, caregivers anecdotally reported that since receiving IVR calls they adjusted their infants' diets, consulted with doctors

after experiencing pregnancy complications, and engaged in regular play with their children. One mother explained,

> I regularly listen to IVR calls and follow the IVR messages. Now my baby is 23 months-old, and I have learned from IVR calls, how to behave with my child at what age; what kind of food to feed them; and what is the benefit of talking to my child, etc. Now, during feeding, I usually talk with my child, telling a story and I also don't force him to eat. Now my baby talks a lot. My husband and I are so happy to see the improvement in my baby's attempts to speak.

Challenges

However, despite the promising pilot results, the IRC team experienced numerous challenges with the IVR platform procured for the pilot period. The key constraints in the pilot IVR platform were its rigidity, simplicity, and limited functionality. Programmatically, the ideal was to enroll families on a rolling basis, and then deliver nuanced IVR messages and track participant uptake on a weekly basis. However, the IVR system did not have the flexibility to support that. Similarly, rigid systems resulted in a limited ability to group participants, leading to problems with the content being too general. The pilot IVR system also lacked the capacity to include specific information to better track the result of each dialled call, including whether the call was answered, the duration of the call, and the reasons why a call was not answered (i.e., number switched off, network issues, etc.). Calls also could not be scheduled in advance.

The IVR system lacked some critical functionality that was needed to support program activities, placing an undue burden on the IRC. The system was not automated in terms of organizing participants into their respective groups, causing a significant drain on human resources and time to ensure the correct placement of participants. These constraints cascaded into new challenges in terms of how locally contextual and age-relevant the interventions and messages could be. There was also no capability for scheduling calls in advance; each time the IRC wanted to send out a weekly call or text, the IRC would need to communicate that to the vendor, who would then start the calls. Overall, the IRC could not make changes directly to the IVR platform because control was entirely in the hands of the vendor. Each change needed to be communicated to and implemented by the vendor, significantly adding time to the process. There was also the additional challenge of participants moving from one group to another, such as when a pregnant woman gave birth, which required changes in the IVR system.

Prototyping phase (May–October 2021)

Prototype 1: Improving the IVR platform and content

The *Gindegi Goron* pilot was the first time that the IRC Bangladesh education team had worked with an IVR program for service delivery. While there was a

learning curve in designing the IVR system, especially one that would meet the complicated structure of a program serving multiple unique groups of participants (mothers in different stages of pregnancy or lactation, fathers/mothers-in-law, and Rohingya/Chittagonian speakers), the team was able to learn from the pilot and identify enhancements that would make the program more impactful for the local populations. IRC therefore embarked on a human-centered iteration process to improve this approach, which showed a lot of promise for Rohingya refugees during the multi-crisis situation.

Recognizing that the first iteration of the IVR system was not capable of serving the program's future delivery and monitoring goals, the IRC worked with a new IVR vendor and launched a fully redesigned IVR system in the fall of 2021. The new IVR platform expanded features and functions to:

- Include and automatically organize multiple groups by child age in months, and categories by community served, language, and call/SMS modality.
- Automatically disseminate age-appropriate messages linked to a mother's due date and/or a child's birth date.
- Incorporate Public Service Announcement (PSA) content co-created by Play to Learn project partners led by Sesame Workshop.
- Display a dashboard of call information in real-time.
- Operate on a cloud-based system capable of automatically scheduling calls for participants several weeks in advance.
- Be adapted by IRC to send emergency messages to selected groups or categories in cases of pandemic surges, disaster awareness, or other emergency public health and safety messaging needs.
- Allow platform control to be managed in-house by IRC Information Technology (IT) staff.

These new system enhancements resolved many of the key inefficiencies and barriers, with the most significant ones being those that expanded capacity on group management. IT staff reported significant improvements across the board, and the team is working to further improve the platform to capture more detailed information on reasons that calls are not picked up, such as whether or not the call was not answered or if the outgoing call failed due to poor network connection.

In addition to functionality enhancements, content updates were also pursued at this time. To leverage the opportunity to further refine program content, the IRC team went into the Rohingya community to explore and learn which games, activities, and materials were common in the area. Key findings included that hide-and-seek was the most popular game for children, and common plants and spices, such as turmeric, were used as paint or drawing materials.

The IRC conducted field testing of the new IVR content from June to July of 2021 using remote modalities given COVID-19 restrictions on in-person interaction. The IRC shared a sample of new messages with facilitators via WhatsApp for their reactions and feedback. The 18 facilitators (nine from the camps

and nine from the host community) then shared the new messaging with families from their communities and asked for feedback. Based on this additional feedback, for example, caregivers did not like repeated content, so each message is now unique – even when reinforcing a similar concept. The IRC finalized the new content and then launched the new platform.

Prototype 2: Incorporating home visits in addition to phone calls

Given the importance of in-person interaction, the IRC began to incorporate home visits in addition to the phone calls into *Gindegi Goron* after COVID-19 restrictions were lifted in the fall of 2021 to test the usefulness and impact of both pre-recorded calls with messages and home visits to reinforce messages and skill building (Hasnat & Singh, 2021). In September 2021, the IRC began training facilitators to deliver integrated ECD services through home visits. Five trained facilitators visited 102 householders in the Cox's Bazar host community, visiting four to five households daily. Table 4.1 shows the content of the household visit, loosely inspired by the in-home early childhood development program Reach Up and Learn.

The home visits reinforced pre-recorded messages delivered through the IVR platform and focused on skill building on play with caregivers. So, in this period, each month a caregiver received four pre-recorded messages, two live facilitated phone calls and one in-person home visit. Each of the modalities delivered reinforced the monthly content areas. Participants reported that the phone-based messages were clear and that they preferred to continue to receive both phone and in-person services.

In addition to the feedback offered on the phone-based modalities, parent/caregiver feedback on the pilot home visiting was collected through key informant interviews with 40 mothers (20 in the host community and 20 in the Rohingya camps) in October 2021. Feedback collected from participants revealed that:

- 98% of caregivers responded that they feel they will be able to practice the activities regularly.
- Participants encouraged the IRC to make regular home visits, and the majority (70%) preferred visits more than once a month.
- When asked if they had any other comments, some participants requested other services including economic support (7%) and nutritional support (3%) to help them provide the proper nutrition for their babies, while 76% didn't share any comments.

Caregivers also shared their feedback in qualitative interviews. One caregiver in the host community explained,

> We are not able to buy toys for my child as per his needs due to our poor financial condition. But with the help of the IRC facilitator, I learned how to make toys with household items. I have made toys for my child using various abandoned items in the house.

Table 4.1 Content of household visit

Steps		*Example prompts*
1	Greeting and brief catch-up	• How are you and your baby? • How is your family's health? etc.
2	Follow up on IVR	• Did you receive a call from IRC and Play to Learn about in the last few weeks? • What did you understand from it? • Did you try the *recommended action (health, wellbeing or play activity)*? a If yes, praise the caregiver! "That's so great that you tried it out! How did your baby react? How did you feel?" b If no, ask what prevented you from doing so?
3	If caregiver doesn't remember or did not understand the message: Play IVR message	• What did you understand from the message? • Have you done this before? • Would you like to try this recommended action? • When and where will you do it?
4	Demonstrate a play activity	Suggested play options… • Look for a safe object in the home that the baby can hold, shake, stack or roll. Demonstrate playing with the baby using the object. • Play peek-a-boo with baby • Find any print material with pictures. Show the picture to baby and name the objects. • Ask caregiver to sing a popular song to baby together. Clap along and smile at baby. Invite caregiver to try too and praise them when they do!
5	Recap	• So, what did we discuss and play together today? • What will you do with baby during the next few weeks until I visit you next?

In addition to the caregiver feedback, 11 facilitators (six in the host community and five in the Rohingya camps) were asked for their observations and suggestions for program improvement.

- 87% of facilitators felt that practical demonstration of activities at participants' homes was the best way to support caregivers

- When asked generally what more support was needed to model activities for caregivers, 22% facilitators requested to bring toys with them to the visits[6]
- 100% reported that the structure of the visit was clear and 80% responded that the monthly home visit was the right frequency. One respondent explained from her experience "*30 minutes is okay for making them understand. Besides, nobody demanded more time than 30 minutes*."

Based on the success of this phase of the project, the IRC moved forward with an ECD program that provides a blended model of message delivery through the remote intervention with the addition of monthly home visits. This model allows the IRC to respond to the needs articulated by the Rohingya community, while also maintaining as cost-effective and sustainable a solution as possible. In retaining an IVR component, the IRC is also able to pivot to remote ECD delivery in future instances when in-person service is disrupted or impossible due to new or ongoing emergencies.

Prototype 3: Engaging adolescent girls

Adolescent girls, many of whom become mothers, in Bangladesh, specifically in the refugee camps of Cox's Bazar, face significant barriers to education and employment. As IRC was implementing the prototype program, it realized that adjustments needed to be made to better support both adolescent mothers with young children and adolescents that would be mothers one day. The IRC, therefore, developed the prototype to engage adolescent girls from the host community leveraging a two-generational approach that offered multiple, simultaneous opportunities:

- ECD facilitator training for adolescent girls expands professional skills and empowers them to join the workforce and gain financial independence.
- Because many adolescent girls are or may become mothers in the future, this approach targets both current pregnant women and mothers and future ones.
- During times of lockdowns or constrained access, participating adolescent girls can serve as nexuses of ECD knowledge in their own communities.

The host community, only, was selected for running this prototype because the IRC had more consistent access to these locations than to camps at the time. From 15 candidates screened, six adolescent girls were selected and trained on ECD, the nurturing care framework, and the content of the IVR messages. The girls were then paired with the IRC's existing facilitators and were responsible for accompanying facilitators on nine household visits per week. They were compensated with in-kind goods, such as scarves, soaps, and sanitary materials which were selected in consultation with the community.

After the month-long pilot, the IRC concluded that most participating girls were not enthusiastic about the program. Four volunteers stopped their participation before the pilot ended, and the two remaining volunteers were not

excited to continue. During the pilot period, closures due to COVID-19 were lifted, and the girls had to return to the now-opened schools. As a result, they did not have time to continue home visiting. They also cited long distances between home visits, lack of monetary incentives, and shyness as reasons why they did not want to remain in the program.

In the future, it may be worth considering a pilot program that engages adolescent girls in the camps instead of the host community. Because access is limited in the camps, adolescent girls would have more time to participate in the program and their participation could serve as an opportunity to build confidence and skills to help secure future employment or return to school for out-of-school adolescents.

Lessons learned and recommendations for future programming

Over the last two years of prototyping and iterating the delivery of integrated ECD programming for pregnant women and children up to two years in Cox's Bazar, the IRC has learned several valuable lessons with implications for the design and implementation of future ECD programming in crisis-affected contexts.

Hybrid service delivery has the greatest promise

The remote service model was able to effectively deliver key ECD messages to participants during COVID-19 lockdown periods. Participants received and listened to most calls placed and reported appreciating and learning from the content delivered. However, network coverage is not universal in the Rohingya camps, which still posed a limitation to dosage.

Remote service delivery is the only option at some points during crises and can be a valuable lifeline for struggling families. However, most remote services lack the human ability to respond to the individual needs of a person or family. Therefore, investing in solutions that allow for remote content to be tailored to the specific needs of the audience as much as possible is critical to the success of the program.

Where possible, participant feedback indicated that both the home visit and phone-based modalities are accepted and can reinforce key messages and content. In fact, 70% of survey respondents expressed a preference to receive a higher dosage of home visits, more than once a month. This blended model may work even better in contexts with stronger cell network coverage to increase the messaging received by a family at a lower cost than home visiting alone. The IRC's Bangladesh team is now pursuing a summative evaluation of the impacts of the blended model combining the remote modality and home visits on key outcomes for caregivers and young children in Cox's Bazar. IRC hypothesizes that the blended model could balance considerations of impact, cost, and scale.

Iterative human-centered program design in humanitarian crises

IRC tested the iterative human-centered program design process during this multi-crisis situation. While the humanitarian imperative is to provide services to those in need as quickly as possible, IRC decided to launch an initial program quickly, while continuing to test and adapt its model to ensure quality, usefulness, and a model that could be sustainable.

Starting with a minimum viable product and gradually expanding the intervention based on community feedback and desires allowed for the development of an approach that was efficient, relevant, and effective. A practical and step-by-step approach to program design, improvement, and reductions in cost is especially important in crisis contexts where needs are very high and funding is often extremely limited.

Overall, the IRC learned that success revolved around three essentials: having the capacity to learn and gather valuable participant feedback, the creativity to explore and test new solutions and innovations, and the system and operational flexibility to easily incorporate changes and make improvements. With these principles in mind, the cycle of innovation, feedback, and iteration will continue to be at the heart of the IRC's work as it continues to implement ECD programming around the world.

As seen through this chapter, while the double burden of humanitarian crises such as the COVID-19 pandemic and a refugee crisis creates tremendous challenges, there are opportunities for innovation and learning. The International Rescue Committee focused on children birth to two years and their parents/caregivers as that was a critical gap in services among the Rohingya refugee response. As described in this chapter, the IRC found that using hybrid models that integrate face-to-face and phone-based approaches along with a human-centered iterative program design processes provides the best combination to support young children and families, not only in similar programs during crisis, but also for other hard-to-reach populations.

Notes

1 According to the Harvard Business School, "Human-centered design is a problem-solving technique that puts real people at the center of the development process, enabling you to create products and services that resonate and are tailored to your audience's needs." https://online.hbs.edu/blog/post/what-is-human-centered-design#:~:text=Human%2Dcentered%20design%20is%20a,tailored%20to%20your%20audience's%20needs.
2 IRC's assessment was part of the Play to Learn (PtL) initiative, funded by the LEGO Foundation and led by Sesame Workshop with the IRC and BRAC as implementing partners.
3 Reach Up and Learn package: https://nurturing-care.org/reach-up-and-learn-the-package.
4 WHO and UNICEF Care for Child Development Model: https://www.unicef.org/documents/care-child-development.
5 The government of Bangladesh describes the decisions to restrict internet access as a security. https://www.hrw.org/news/2020/03/26/bangladesh-internet-ban-risks-rohingya-lives.

6 Play kits had been provided to families in advance, but this highlighted the need to additionally ensure availability of play materials specifically during the visit.

References

Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., & Vaivada, T., *et al.* (2017). Nurturing care: Promoting early childhood development. *Lancet*., 389(10064), 91–102.

Center on the Developing Child. (n.d.). In Brief: The Impact of Early Adversity on Children's Development, https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/.

France 24 (2021). Bangladesh locks down Rohingya camps after virus spike. https://www.france24.com/en/live-news/20210520-bangladesh-locks-down-rohingya-camps-after-virus-spike.

Gharehgoz, A., Heidarabadih, S., Alizadeh, H., & Asgari, M. (2022). Effectiveness of Care for Child Development Program on the Sensitivity and Responsiveness Skills of Mothers. *Iranian Journal of Child Neurology*, 16(1), 51–63. https://doi.org/10.22037/ijcn.v16i1.29797.

Hamadani, J. D., Huda, S. N., Khatun, F., & Grantham-McGregor, S. M. (2006). Psychosocial Stimulation Improves the Development of Undernourished Children in Rural Bangladesh. *The Journal of Nutrition*, 136(10), 2645–2652. https://doi.org/10.1093/jn/136.10.2645.

Hasnat, S., & Singh, K. D. (2021, August 11). Bangladesh ends a strict lockdown even as cases rise. *The New York Times*. https://www.nytimes.com/2021/08/11/world/bangladesh-ends-a-strict-lockdown-even-as-cases-rise.html.

Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLOS Medicine*, 18(5). https://doi.org/e1003602.

Jubayer, F., Kayshar, S., & Limon, T. I. (2021). First COVID-19 case in the Rohingya camp in Bangladesh: Needs proper attention. *Public Health*, 191, 20.https://doi.org/10.1016/j.puhe.2020.05.033.

Kadir, A., Shenoda, S., & Goldhagen, J. (2019). Effects of armed conflict on child health and development: A systematic review. *PLoS ONE*, 14(1), e0210071. https://doi.org/10.1371/journal.pone.0210071.

Moving Minds Alliance. (2022a). How the youngest children are left behind in humanitarian response. https://movingmindsalliance.org/wp-content/uploads/2022/08/MMA_Factsheet-01_How-the-youngest-children-are-left-behind.pdf.

Moving Minds Alliance. (2022b). Research on Young Children in Emergencies: Current Evidence and New Directions. https://movingmindsalliance.org/research-on-young-children-in-emergencies/.

Ratcliffe, R., & Ahmed, R. (2020, June 11). Bangladesh urged to lift Rohingya internet ban as Covid-19 rumours swirl. *The Guardian*. https://www.theguardian.com/world/2020/jun/11/internet-ban-sparks-covid-19-rumours-in-rohingya-camp.

Shaw, S. *et al.* (2020). Parenting among Rohingya and Afghan Refugee Parents Residing in Malaysia. *Family Relations*, 70(1). doi:10.1111/fare.12518.

Shonkoff, J. P., Richter, L., van der Gaag, J., & Bhutta, Z. A. (2012). An integrated scientific framework for child survival and early childhood development. *Pediatrics*, 129(2), e460–472. doi:10.1542/peds.2011-0366.

UNICEF (2022). Rohingya crisis. https://www.unicef.org/emergencies/rohingya-crisis.

UN News (2022). Bangladesh: Second fire in a week tears through vast Rohingya refugee camp. https://news.un.org/en/story/2022/01/1109432.

UNHCR (n.d.). Rohingya Refugee Crisis Explained. https://www.unrefugees.org/news/rohingya-refugee-crisis-explained/.

Walker, S. P., Chang, S. M., Wright, A. S., Pinto, R., Heckman, J. J., & Grantham-McGregor, S. M. (2022). Cognitive, psychosocial, and behaviour gains at age 31 years from the Jamaica early childhood stimulation trial. *Journal of Child Psychology and Psychiatry*, 63(6), 626–635. https://doi.org/10.1111/jcpp.13499.

WHO (World Health Organization). (2020). Nurturing care for children living in humanitarian settings. https://nurturing-care.org/wp-content/uploads/2021/06/NC_humanitarian.pdf.

Wilton, K. S., Murphy, K. M., Mahmud, A., Azam, S., Habib, A., Ibrahim, I. & Hamadani, J. D. (2023). Adapting Reach Up and Learn in crisis and conflict settings: an exploratory multiple case study. *Pediatrics*, 151(Supplement 2). https://doi.org/10.1542/peds.2023-060221K.

5 Parenting support for refugee and vulnerable communities in Lebanon and Jordan during COVID-19 and a humanitarian crisis

Ghassan M. Issa, Muna E. Abbas, Lara C. Aoude, Grace J. Boutros, Asma S. Al Khatib, Sahar L. Matarneh, Dima M. AlFayez, Nael H. Alami and Najla A. Lakkis

Introduction

Lebanon and Jordan have been hosting refugees and internally displaced persons for decades. The 2011 Syrian conflict caused a large influx of refugees to flee to both of these countries, but even before that, Lebanon and Jordan hosted other refugees and dealt with internal political and socio-economic conflict (Karasapan, 2022). The COVID-19 pandemic added an additional burden on government systems in both countries, particularly in the areas of education, social welfare, and health, which were already struggling to meet the needs of children in their countries (Al-Mulki et al., 2022; Alshoubaki & Harris, 2021). At the end of 2019, a political crisis in Lebanon further deteriorated the situation in the country, creating even more challenges to providing early childhood development services (Al-Mulki et al., 2022).

The Arab Resource Collective (ARC) is a non-governmental organization founded in 1989 to address a lack of health and development support in the region. The organization had a focus on early childhood development (ECD) since the beginning and in 2014 established the Arab Network for Early Childhood (ANECD), which specifically supports ECD in Arab countries. With COVID-19 adding to existing burdens of conflict and political crises in both Jordan and Lebanon, ARC adapted its existing parenting program – the Health, Early Learning, and Protection Parenting Program (HEPPP) – to better address the needs of parents and caregivers of young children from birth to eight years. The HEPPP aims to strengthen parents' parenting knowledge, attitudes, and practices so they can provide the best support to their young children. It addresses mothers and fathers together as a unit and has been used with Syrian and Palestinian refugees and host communities in Lebanon, Jordan, and Egypt. The HEPPP was initially developed by multi-sectoral Arab experts in 2012 to fill a gap in supporting parents of young children in Arab countries. It is based on evidence that children need holistic support for health, education, and

DOI: 10.4324/9781003415213-6

protection (Lancet, 2016; WHO, UNICEF, World Bank, 2018). A strong body of evidence shows that caregivers are children's first, most important, and constant teachers and that in order for young children to thrive, caregivers need support, too (Britto et al., 2017).

With the COVID-19 pandemic, the ARC made several modifications to the existing HEPPP model that had been delivered exclusively using a face-to-face modality. When parents could not gather in person as they did before, ARC wanted to ensure the continuation of services for parents/caregivers of young children. The HEPPP model added some important elements such as psychosocial support for children and parents/caregivers. The model was adapted to be delivered fully online, but was also delivered in-person using two different approaches (both described below).

ARC and its implementing and research partners – Plan International Jordan (PI-Jo), the American University of Beirut (AUB), and the Modern University for Business and Science (MUBS) – conducted research between 2019 and 2021 to compare two versions of the face-to-face and one version of the online adaptations. Since the COVID-19 pandemic has eased, ARC innovated further to include a hybrid modality that included both face-to-face and online support, which will be evaluated in 2023.

This chapter outlines the HEPPP program's content and modifications made during COVID-19. It highlights key decisions that were made while developing these changes and shares the results of research that compared the face-to-face and online modalities. The chapter shares challenges of doing research in unstable conditions such as multi-humanitarian crises, comments on advantages and disadvantages of each program modality tested, and reflects upon the application of these approaches in other crisis contexts. While the evaluation identified challenges with program delivery, there were positive changes in the knowledge, behaviors, and practice of participating parents, which could have implications for their children's well-being around the world and in various contexts.

Context of refugee and vulnerable children and families in Lebanon and Jordan

Lebanon

Lebanon has the world's highest proportion of refugees per population (one-third of the population). Approximately 1.5 million Syrian refugees are in Lebanon (UNHCR, n.d.), and millions of Palestinians have been in Lebanon for decades. Lebanon was already strained by the influx of refugees within its borders when the COVID-19 pandemic hit. The pandemic further posed challenges to young children's learning and development. While the pandemic was raging in Lebanon, the situation further deteriorated dramatically with a political and economic crisis.

Since the end of 2019, Lebanon has been suffering from severe economic and financial crisis, which has affected a large percentage of the Lebanese population,

including refugees residing in Lebanon (World Bank, 2022). A United Nations report estimated that the proportion of the population living in multidimensional poverty nearly doubled between 2019 and 2021, from 42% to 82% (UNESCWA, 2021). Young Lebanese and refugee children and their families have been directly affected by daily power outages, shortages in medical supplies, vaccines, fuel, and other essentials, inadequate safe drinking water, and high food prices (Bonet, 2022). There are also insufficient staff to support children (such as medical professionals and ECD professionals who have been leaving the country or the sector) (Mroue, 2021; UNICEF Lebanon, 2022; Bonet, 2022; Dadouch & Durghan, 2021). Many children have not gone to school (even when schools were open) because of the high cost of transportation, books, and materials. A 2018 report estimated that less than half of the more than 600,000 school-aged children in Lebanon were enrolled in school (Human Rights Watch, 2018). Children are exposed to violence in the streets, and there has been an increase in domestic violence in homes (ANECD, 2022).

A 2021 study by ANECD and their members in six Arab countries on the situation of young children's families after one year of the COVID-19 pandemic found many difficulties (ANECD, 2022). The survey interviewed 486 Lebanese, Syrian, and Palestinian families living in Lebanon (ANECD, 2022). Adults from these families expressed the need for financial support, food rations, educational materials, and psychosocial and mental health support. For their children, they requested – in order of priority – food and nutrition support, learning opportunities, psychosocial and mental health support, and physical health support. Of the participating families, 38% had not completed routine vaccines for their children. The study found that emotional and behavioral problems were increasing among children and psychosocial well-being was worsening: 45% of children surveyed exhibited more anger, 31% cried more, and 22% had more difficulty sleeping than before. Parents and caregivers were also experiencing challenges of the multi-crisis situation; 75% of parents stated feeling more mood changes and becoming more nervous than before COVID-19. About a third of families surveyed did not feel they could control themselves and 54% of these adults stated they resorted to violence or shouting at their children and in the home. Lastly, 38% of surveyed families complained of not being able to maintain normal activities or being unable to create appropriate activities for their children (ANECD, 2022).

With the political crisis in Lebanon at its worst, government bodies working at a slow pace and government employees going on strike, Lebanon has become even more vulnerable. The ANECD report showed that most respondents did not receive any aid or support, especially from the government (only 15% of Syrians, 6% of Lebanese, and 3% of Palestinians received aid). The support received was mostly financial and food packages, and ignored all their other needs (ANECD, 2022).

As in many countries, the responsibility for holistic early childhood development rests across multiple government ministries, including education, health and social services. Each ministry focuses on a particular element of ECD. For

example, the Ministry of Education in their Education plan for 2021–2025 aims to increase access of one year of pre-primary education from 50% in 2019–2020 to 90% by 2025 (Ministry of Education Lebanon, 2021). The Ministry of Health's strategic plan includes indicators for reducing maternal and under five child mortality and immunization and health education support for school-based health programs (Ministry of Health Lebanon, 2007). While specific policies exist for the different ministries, there is no comprehensive national ECD strategy. Lebanon country profile review conducted for the Nurturing Care Countdown to 2020 found a lot of missing information in terms of policies and data for young children (UNICEF, n.d.). A positive step is that an ECD National Committee will be established in April 2023 to develop a national ECD strategy. ARC and its partners have been working closely with various government departments to support this process and ensure parenting is included.

Jordan

Jordan has been facing a multi-crisis situation for many years. Jordan hosts over 758,000 refugees and asylum seekers, and 12.5% of these are under five years old. Of these, approximately 88.5% are Syrian, 8.8% are Iraqi, 1.7% are Yemeni, and the rest from Somalia, Sudan, and other countries (WHO, 2023). Jordan also hosts approximately 2 million Palestinian refugees who are registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) (UNRWA, n.d.) Syrian refugees and over 90,000 refugees of other nationalities live in two main camps: Azraq and Za'atari. Azraq Camp, which is the location of the Arab Resource Collective's early childhood development work, is home to 37,129 Syrian refugees, and nearly 21% are under five-years-old (UN Jordan, 2022; UNHCR, 2019). A 2022 study estimates that 66% of refugees live below the international poverty line of $5.5 USD per person per day (UNHCR/World Bank, 2023); but children experience higher rates of poverty than adults (UNICEF, 2017). The United Nations High Commission for Refugees (UNHCR) reported that the economic downturn prompted by the COVID-19 pandemic has pushed 49,000 Syrian refugees already in Jordan into an ever more desperate situation and has increased their humanitarian needs (UNHCR, 2020).

Overall, most young children in Jordan have access to vaccines and health services (UNICEF, 2022). However, Syrian refugees have worse health and nutrition outcomes (UNHCR, UNICEF, WFP, 2016). Child caring practices are insufficient. According to a survey on early childhood by the Queen Rania Foundation in 2015, more than 40% of mothers reported that they or other family members never read or look at picture books with their children under the age of five. Further, the survey found that 65% of households had no children's books. Approximately one in three mothers of children aged four to five reported that they or other family members never took their children to a play area or a park, and 40% never played sports or active games or exercises with them (Hatamleh et al, 2015).

ANECD conducted research on the situation of young children and families after one year of the COVID-19 pandemic in Jordan with the National Council for Family Affairs (NCFA) (ANECD, 2022). The study included 1,172 Jordanian, Syrian, and Palestinian families living in Jordan. Of the participating families, 95% of caregivers expressed needing support to deal with the child. Large numbers expressed the need for financial support (50% of Jordanians and 90% of Syrian refugees), educational material and toys (56% of Jordanians and 50% of Syrian refugees), and psychological support (41% of Jordanians and 30% of Syrian refugees). The report shows that 50% of children surveyed were exhibiting more anger, 29% crying more, and 36% having more difficulty sleeping than before (ANECD, 2022).

In Jordan, the responsibility for early childhood development is spread among the Ministry of Education, Ministry of Social Development, Ministry of Awqaf and Islamic Affairs, and the Ministry of Health. In 2001, Queen Rania founded the National Council for Family Affairs (NCFA). It is an a civil society umbrella organization that supports, coordinates and facilitates the work of its partners and relevant government institutions which are involved in and important for family affairs (NCFA, n.d.). A number of policies exist in Jordan which include some supports for young children such as the National Education Strategic Plan (2018–2022), the Jordanian ECD Strategy and the national plan of action (developed by the NCFA) and a National Nutrition Strategy (Ministry of Education Jordan, n.d.; NCFA, n.d.; WHO, 2022). Unfortunately, these policies do not provide holistic support to all children from birth to five years. For example, the Education plan covers KG1 and KG2 (pre-primary education for four and five year olds), but does not include health and nutrition support. The health and nutrition policy includes nutrition and health support for children under three years, but do not include early stimulation and learning for this age group. A Jordan country profile review conducted for the Nurturing Care Countdown to 2020 found a lot of missing information in terms of policies and data for young children (UNICEF, n.d.).

Key stakeholders in the country, such as UNICEF, Plan International and others, are working closely with all ministries to ensure children's holistic development is a part of all existing policies. UNICEF and other partners are supporting the various government ministries to increase holistic ECD services through an increase in support for parenting programs, nurseries for children under five years and kindergarten access for children five years and older (UNICEF, 2019).

Importance of parents and caregivers

Early life experiences set the foundation for brain development. Interactions between children and their parents and caregivers play a critical role in helping them reach their developmental potential (Gee, 2016; Britto et al., 2015). According to the American Academy of Pediatrics, safe, stable, nurturing relationships (SSNRs) are biological necessities for all children (Garner and

Yogman 2021). These relationships are "potent antidotes for childhood adversity" as they help children regulate and turn off the body's stress machinery in a timely manner (Garner and Yogman 2021). Parents and caregivers have the most powerful impact on children, especially throughout their early childhood years. Parents and caregivers may need support in carrying out their responsibilities and creating optimal environments for positive child development if they are hampered by risk factors such as poverty.

Studies show that parenting styles and practices significantly affect and play a vital role in early childhood development (Smith et al., 2005; Parke, 2002; Gershoff, 2002; Eisenberg et al., 2001; Gee, 2016; Britto et al., 2015; Dardas & Ahmad, 2014; Shah et al., 2016). Regardless of culture, studies show that responsive parenting and caregiving, which refers to the ability of the parent and/or caregiver to "notice, understand and respond to their child's signals in a timely and appropriate manner" (Nurturing Care Framework, n.d.), improves children's cognitive and linguistic development (Shah et al., 2016). When parents themselves are struggling, especially in conditions of crisis and stress, this can affect their parenting abilities, with implications for their children. Indeed, parental stress has been found to have a deleterious effect on children's wellness and behaviors (e.g., newborn temperament, infant negative affectivity, and behavioral issues at the age of three to nine years) (Franco et al., 2010; Chang et al., 2004; Neece et al., 2012).

Many organizations have been implementing programs targeting parents and caregivers. These parenting programs aim to increase caregivers' knowledge and improve their attitudes, behaviors, and practices so they can best support young children's positive development. Many programs also help parents manage their own stress. These programs range from individual home or clinic visits to community-based group sessions with or without home visits (Britto et al., 2015; Aboud & Yousafzai, 2015; Yousafzai & Aboud, 2014). To date, most programs have focused on mothers and few have involved fathers (Britto et al., 2015). Successful implementation strategies included a planned, structured curriculum, demonstrations with materials, the chance to practice new skills with pertinent feedback, and problem-solving dialogues with other parents (Yousafzai & Aboud, 2014). Parenting programs that encourage positive parenting behaviors, skills, and disciplines while enhancing parents' and caregivers' well-being and minimizing parenting stress are needed worldwide, particularly in impoverished and vulnerable communities (Eruyar et al., 2018).

Evidence to date on parent and caregiver support programs has shown an improvement in children's emotional and behavioral outcomes as well as parents' psychological well-being.[24] Some parenting programs in low- and middle-income countries have integrated child psychological and nutrition stimulation to address co-occurring risks and showed a significant positive effect on children and/or parenting outcomes (Britto et al., 2015; Grantham-McGregor et al., 2013). Some studies have also shown that parenting programs for refugee and migrant parents have improved parenting efficacy, positive parenting behaviors, parent-child relationships, parenting stress, parental practices, and families' well-being (Hamari et al., 2021; Lee and Kim, 2022). In 2015, UNICEF conducted a

systematic review of parenting programs in low- and middle-income countries (Britto et al., 2015). The review found that dose is important. Programs needed to be at least 12 months to have an impact on children's outcomes and programs lasting more than two years produced more consistent impact. Modality also played a role in impact. Child cognitive outcomes, for example, improved significantly in group-setting programs with a psychosocial stimulation portion (i.e., active engagement between the caregiver and the child), whether the programs were home-based or center-based. The review also highlighted the importance of having well-trained and supervised paraprofessionals deliver programs and noted that including fathers is a promising and underutilized strategy (Britto et al., 2015).

Even before COVID-19 affected the world, some organizations tested web-based parenting programs. A 2013 meta-analysis of web-based parenting programs found that online interventions can be suitable for providing information to parents and training them on parenting skills. The review found that guided and self-guided online interventions can contribute to moderately significant effects on parent and child outcomes (Nieuwboer et al., 2013). A 2020 meta-analysis found that online parenting programs provide positive support to parents who cannot attend in-person sessions (face-to-face). Improvements were related to positive parenting and parents' encouragement as well as improved parent confidence, child behavior, and parenting satisfaction. Other significant effects were a reduction in harmful parent-child interactions, problematic child behaviors, negative discipline strategies, parent stress, anger, and depression, and child anxiety (Spencer et al., 2020). Furthermore, there were no statistically significant differences in the outcomes between online parenting programs with and without clinical support (i.e., programs where participants had more access to content experts, therapists, or content specialists) or between programs provided to targeted versus general populations (Spencer et al., 2020).

While online parenting programs have increased dramatically during the pandemic, research on them is still limited, especially in the Arab World and multi-crisis contexts. A few studies show some evidence on parenting programs in the region. In 2017–18, the Arab Resource Collective (ARC) in Lebanon, in coordination with Plan International in Jordan, conducted a pilot cohort study of an intervention promoting positive parenting in Syrian refugees in Lebanon and Jordan. The intervention was delivered face-to-face by master trainers. The study revealed that the initial version of the parenting intervention improved various parenting practices and boosted parents' wellbeing (Lakkis et al., 2020). In 2017–2019, before the COVID-19 pandemic, War Child Holland undertook a randomized controlled trial (RCT) of a pilot intervention with Syrian refugees and host country families in North Lebanon. By the end of this study, the intervention group experienced improved parental mental well-being and stress management, increased parental warmth and responsiveness, and decreased harsh parenting (Miller et al., 2020). Additionally, parents who received the program reported increased child psychosocial well-being (Miller et al., 2020). There was no significant change in any variable in the control families (Miller

et al., 2020). Another RCT was conducted in Greater Beirut, Lebanon to evaluate a preventive parenting program designed by local experts for the local cultural context (Dirani et al., 2021). However, it did not produce significant effects despite the positive feedback from mothers who attended the sessions (Dirani et al., 2021). Given the limited evidence in the Arab region the findings in this chapter fill a critical gap in the evidence base.

Health, Education, Protection, Parenting Program (HEPPP)

The Health, Early Learning, Protection, Parenting Program (HEPPP) was one of the first parenting models in the Arabic-speaking world that integrated all elements of children's holistic needs. It was first developed in 2012 by a group of experts including pediatricians and experts in mental health, early learning, and parenting in the Middle East. The program provides a framework of concepts, knowledge, and exercises that help develop parents' knowledge, behaviors, and practices to support their children's positive development outcomes. A core element of the HEPPP model, which is different from many other parent support programs, is that it is implemented with couples – both mothers and fathers– rather than just mothers, which is the case with most parenting programs. This "added value" reaffirms the father's role as an essential partner with the mother in their children's development and well-being.

The HEPPP model consists of various interactive parenting sessions that support parents from the period of pregnancy until their child is 8 years old. It aligns with ARC's holistic approach to ECD (see Figure 5.1) and includes the following broad topics:

Figure 5.1 Health, Early Learning and Protection Parenting Program Model

1 Introduction to early childhood development (including brain development, physical and cognitive development, and emotional and social development)
2 Communication between caregivers and child and between children and their siblings and peers
3 Managing behavioral problems in early childhood (i.e., self-control and use of a non-violent approach with children)
4 Play and early childhood (games that parents and children can play at home to support their development)
5 Safety and prevention of accidents
6 Personal hygiene and protection from diseases
7 Balanced nutrition for children
8 Reinforcing justice and equality between children
9 Multiple intelligences and learning
10 Kindergarten and school preparedness

The curriculum initially consisted of a total of 21 sessions, including 16 face-to-face sessions for parents to learn about child development and how to best understand and attend to their children's needs, plus five sessions focused on helping them improve their own mental health and psychosocial well-being.

After eight years of experience implementing the original curriculum in cities, rural areas, and refugee camps in Lebanon, Jordan, and Egypt, ARC learned a lot and began to make modifications. Some sessions, such as ones focused on breastfeeding, discouraged fathers from participating because they felt it was not relevant to them. In response, ARC adapted the content and order of sessions to ensure it appealed to both mothers and fathers.

Digital adaptation of HEPPP during COVID-19

In 2020 and based on recommendations and findings from eight years of piloting and implementation in Lebanon, Jordan, and Egypt, the ARC team, along with more than 20 experts from the Arab world, updated the curriculum to better reflect the Arab context and culture, and the updated science of ECD. The updating and expansion of the HEPPP are still ongoing. To address cost and parent flexibility, ARC had already been thinking about digitizing the full HEPPP curriculum and making it fully open-sourced. The COVID-19 pandemic expedited the process since with lockdowns it became impossible to implement the program in person. During the testing phase of the conversion of the model to being fully virtual, ARC found that they had more participation from fathers, who could participate in sessions with their wives on Sunday nights and have mentoring sessions as late as 10 PM. The ARC staff believed that it was important to be flexible in its approach so they could support more families.

The virtual HEPPP content currently includes 38 sessions covering a wide range of content:

- 20 sessions on parenting cover: introduction to ECD; physical, cognitive, social, and emotional development; brain development; communication between caregivers and children; communication with siblings and peers; behavioral problems in early childhood,; self-control; use of a non-violent approaches with children; reinforcement of positive behaviors; play; safety and prevention of accidents; personal hygiene and protection from diseases; balanced nutrition; reinforcing justice and equality between children; multiple intelligences and learning; kindergarten and school preparedness; sexual education; families of children with special needs; and life skills.
- Six sessions on early learning cover: introduction to early learning, challenges of early learning in the home; mental health of children and caregivers; learning languages at home; learning science and math at home; arts and culture.
- Six sessions on mental health for caregivers cover: introduction to mental health; stress from a caregiver's point of view; relationship with self; family dynamics; couple relationships; positive communication within the couple; expressing emotions; gender equality; self-awareness; emotional regulation.
- Six sessions on mental health of children for parents and caregivers are under development and will focus on the importance of caring for the child's mental health, personality development in the early years, building a growth mindset, and building resilience.

The virtual sessions include a variety of types of content relevant to Middle Eastern cultures. These include videos of interviews with experts and parents; educational, informative, and scientific videos in simple and easy-to-understand language; animated videos; graphics and infographics; interactive games and activities that build knowledge and skills; audio clips; and multiple-choice questions.

Parents are required to participate independently in 2 sessions per week, each of which lasts between 20–40 minutes. Individual mentoring calls for couples, lasting an average of 20–30 minutes, accompanies each session. The full program lasts about two and a half to three months. While all 32 sessions are available for all parents to learn from independently, ARC now provides mentoring calls for 20 sessions as a mandatory base to achieve changes in attitudes, norms, and behavior changes. Ten sessions laying the foundation on the importance of ECD and parental engagement are mandatory, but each new cohort of parents can select 20 additional topics they want to focus on based on their most pressing parenting needs. Anyone who wants to learn more can do the additional sessions independently, or seek more information on ARC's online parenting hub, Urjouha[1] (*Swing* in Arabic), an open-sourced website that has resources to support families and caregivers of children up to eight years. There are also articles, infographics and tips on social media platforms (Instagram and Facebook) and videos on YouTube.

To deepen the learning, ARC includes individual mentoring and peer-to-peer support through WhatsApp groups. Mentoring is a key element of the virtual

delivery of HEPPP as it helps reinforce the online sessions. ARC has been testing different types of mentoring – with master trainers and also trained parent graduates. WhatsApp groups for the parents enrolled in the online sessions allow them to connect with their mentors and other parents as well. In 2021 the full HEPPP model became available online and available for anyone to access. At the end of the program, participants can obtain a certificate of completion.

HEPPP program evaluation research design

Between 2019 and 2021, ARC conducted research on three of its implementation modalities – two face-to-face versions and a fully virtual one – to inform implementation and potential future iterations of the model. This section describes the intended and final research design.

ARC implemented HEPPP in Lebanon through local Community-Based Organizations (CBOs) and municipalities and worked with Plan International as a sub-grantee to implement HEPPP in Jordan. American University in Beirut provided technical assistance for the research design and Modern University collected data for the study. In Lebanon, implementation and research were in the Bayssour area in Mount Lebanon and Bourj Al Barajneh camp in Beirut. In Jordan, implementation and research were in the Azraq refugee camp. Most of the participants in the implementation and research were Syrian and Palestinian refugees or vulnerable Lebanese and Jordanian families.

ARC and the American University of Beirut initially designed the research as a randomized controlled trial (RCT) with three groups – one control and two implementation groups. The aim of the RCT was to compare different delivery modalities with underprivileged host communities and Syrian and Palestinian refugees in Lebanon and Jordan. The program was intended to directly improve the knowledge, behaviors, and practices of parents and improve children's developmental outcomes and well-being. The evaluation looked at couples (usually mothers and fathers) and different aspects of their parenting, such as the way they disciplined their children and managed their children's positive and negative behaviors.

The implementation and research, which were conducted simultaneously, started in 2019. At baseline, the research team collected in-person pre-program data with two face-to-face cohorts. ARC had already planned on digitizing the HEPPP and the COVID-19 crisis accelerated this process. So, a few months after the face-to-face cohorts were started, ARC began implementing an online version as well. While not originally in the initial research design, ARC decided that it was worth including the online cohort as part of the RCT. Baseline data for the online version was also collected for the research, but as this happened early in the COVID-19 pandemic, before lockdowns happened, they collected this data in-person using physical distancing and masking.

Unfortunately, the team was unable to collect sufficient pre-intervention data on the control group. ARC did not have funding to do a wait-list control and so could not offer the services after the completion of the research to the

control group. The control group participants realized that other families were receiving services and did not want to give their time for data collection when they were not receiving services. Without a control group, it was not possible to conduct an RCT, so ARC had to re-design the research.

With the onset of COVID-19 lockdowns in February 2020 in Lebanon and Jordan, parenting programs shut down. This caused additional challenges with the post-intervention data collection. With lockdowns, the research team could only collect post-intervention data virtually, which many participants did not want to do. Parents, particularly male participants, said they did not have the time to respond to surveys and felt that some of the questions were too personal. This all led to attrition among all groups.

This experience highlights important lessons learned for conducting research in crisis situations and where an agency wants to collect data with a control group, but cannot provide services to them at a later date. Despite attrition among all cohorts, the study was still to collect sufficient post-intervention data to do some analysis and share results.

Updated study design and participants

The final study design used mixed methods, with pre- and post-intervention data from participants in three program cohorts – two face-to-face and one online. The two face-to-face interventions had similar content and were conducted in the same time period. However, facilitators were different for the two groups. Group 1 was delivered by parents who participated in the HEPPP as parents and were trained to become community facilitators, called *Sanads* ("support" in Arabic). Group 2 was delivered by master trainers (both male and female) with a background in psychology and ECD. Both groups involved approaches that built on parents' current practices and knowledge through interactive activities like brainstorming activities, group work, role playing, case studies, short presentations, and focus group discussions. Group 3 was an online self-paced intervention facilitated by a combination of both parent-trained and master-trainer mentors. The difference between the master trainers and trained parents was that the mentors had more experience in supporting parenting programs and had deeper ECD expertise. The sessions were held once weekly (on Friday night, or Saturday and Sunday during the day) for the face-to-face modality (i.e., for four to five months), and twice weekly for the online modality (i.e., over two months).

The target population for the three modalities and the study included refugees from Syria or Palestine and underprivileged Lebanese and Jordanian families who satisfied the following criteria: (1) they have children aged eight years or younger: (2) they were parents in couples unless unfeasible (e.g., traveling partner, widow, missing partner, divorced); (3) they understood the Arabic language and; (4) they could participate in the complete set of weekly sessions and discussions, each lasting 90 to 120 minutes. Parents of children with self-reported psychotic disorder, disruptive behavior disorder, or substance abuse were excluded from the study.

The directors of community and social service centers (identified as community leaders) located within each camp and host community facilitated the recruitment process under the supervision of four ARC and Plan International research coordinators. The research coordinators invited eligible parents to participate in these interventions after explaining the objectives and phases. Furthermore, they shared benefits and risks (e.g., changing the schedule of sessions that may delay the end of the intervention). They also explained that participation would be voluntary and that all information exchanged during face-to-face or online interviews would be strictly confidential. Parents who agreed to participate in the face-to-face interventions (Groups 1 and 2) signed informed consent forms before the first interview with the data collectors. The parents participating in the online intervention (Group 3) gave oral permission to a similar informed consent text. The recruitment of more participants for face-to-face Groups 1 and 2 stopped because of the COVID-19 pandemic. Participants were given transportation fees after every face-to-face session to support their participation. The recruitment stopped in the online intervention once the required sample size was reached. Parents who accepted participation in the online intervention attended self-paced online sessions and then answered subsequent phone calls with mentors (master trainers and trained parents).

A total of 58 parents were recruited for Group 1, including 24 couples; 89 parents in Group 2, including 42 couples; and 235 parents in Group 3, including 116 couples. Most of the recruited parents in Groups 1 and 2 attended at least 70% of the face-to-face sessions, while participants in Group 3 attended all the online sessions. A three-month post-intervention follow-up was conducted on 98% of the parents (including 22 couples) from Group 1, 94.4% of the parents in Group 2 (including 39 couples), and 86% of the parents in Group 3 (including 96 couples). Non-couple participants were mainly mothers whose husbands were not in the same country during the intervention period. Study attrition was mainly due to a change in life circumstances (e.g., finding a job) or living place, mainly after the COVID-19 pandemic and the Lebanese crises that started at the end of 2019. Table 5.1 illustrates the three cohort groups for the research.

Table 5.1 Research cohorts

Group	*Facilitator*	*Participants*	*Types of sessions*
Group 1 (face-to-face)	Led by parent-trained mentors who graduated from the program before (peer-to-peer approach)	58 parents (including 24 couples plus single parents)	16 responsive parenting sessions
Group 2 (face-to-face)	Led by master-trainer mentors with support from other experts	89 parents (including 42 couples plus single parents)	16 responsive parenting sessions plus 5 psychosocial support sessions
Group 3 (online)	Self-directed with support from parent-trained and master-trainers mentors	235 parents (including 116 couples)	16 responsive parenting sessions

Study procedures and instruments

The study used a mixed methods approach. There were 7 quantitative tools (see Table 5.2). Qualitative tools included focus group discussions (FGDs) and key informant interviews (KIIs).

These quantitative tools were selected in part because they were already available in Arabic and contextualized and validated for the context. Furthermore, ARC had used these tools before during a previous evaluation conducted with Yale University.

Survey questionnaires were also used by data collectors on the team. The structured interview was designed based on an earlier research project entitled "Mother-Child Education Program" conducted in partnership with Yale University in the United States (Ponguta et al., 2020). It included parents' demographics, including gender and age, and their child's gender and age. Because some of the participants were illiterate, the interviewer read aloud each question from the printed questionnaire during each interview, which lasted around 40 minutes. When a participant exhibited uncertainty about a particular issue, the interviewer simply offered brief explanations, usually by paraphrasing the question. The mother and father were interviewed separately in different rooms and/ or at different times so they would not hear each other's answers. Participants were reminded during the interviews that their answers would be kept confidential, that there were no right or wrong answers to the questions, and that their responses would have no bearing on their participation or any benefits they received or may receive from the community and/ or social service centers, and that it was vital for them to answer as honestly as possible.

Qualitative data collection was limited by restrictions on meeting face-to-face during the post-intervention data collection period. Data collectors therefore had to use phone calls which required converting focus group discussions to key informant interviews. With multi-family households being the norm, some families may have been in the same room as extended family members, children, and others, during the calls so the interviews were not always private so answers could have been biased. The research team found it challenging to obtain qualitative data that covered participants' holistic experience.

Results and analysis

Results

At baseline, there were more mothers than fathers in each group and more boys than girls. The mean age of parents was 36.3 years in Group 1, 35.5 years in Group 2, and 35.3 years in Group 3 (see Table 5.3) The mean age of children was 3.4 years in Group 1, 3.9 years in Group 2, and 4.0 years in Group 3 (see Table 5.3).

Table 5.2 Quantitative tools

Instrument Name	*Description*
The WHO (five) Well-being Index 1998 version (WHO-5)	• A short five-item self-administered screening instrument that measures psychological well-being including depression among adults in 2–3 minutes. • Used extensively worldwide, translated and validated in different languages, including Arabic. • Each of the five positively worded items is rated on a 6-point Likert scale ranging from 0 (constantly present or all of the time) to 5 (not present or at no time). The summed scores range from 0 to 25. • A score < 13 indicates poor wellbeing or low mood, though not necessarily depression and warrants further assessment.
Patient Health Questionnaire- 2 items (PHQ-2)	• Assessment of degree to which an individual has experienced depressed mood and anhedonia (loss of pleasure) over the past two weeks, on a 5-point Likert scale from 0 (not at all) to 3 (nearly every day). • The higher the score ≥ 3, the more likely there is an underlying depressive disorder
MOS Social Support Survey (MOS-SSS)	• A 19-item multidimensional, self-administered instrument developed for patients in the Medical Outcomes Study (MOS). • Measures the availability of support, if needed, in several domains, on a 5-point Likert scale from 0 (I never find it) to 4 (I find it all the time). • The 19-items comprise four subscales (emotional/informational support: eight items, tangible/material support: four items, affectionate support: three items, positive social support: three items) and overall summary index (overall social support). One item (item 13) is not included in any subscale, but is included in the summary index
Family Involvement Questionnaire (FIQ) Home-Based Involvement Dimension	• Assesses the partner's behaviors with the participant and with his/her children. It includes behaviors describing the active promotion of a learning environment at home for children, such as providing a place in the home for learning materials and creating learning experiences for children in the community. • Participants are asked to rate how frequently they perform each of the 13 behaviors on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). • The parent's total score is calculated. The parent's positive behaviors with partner are summed. The parent's negative disciplines with children are summed.
The Parenting Stress Index-Short Form (PSI-SF)	• A 36-item self-report questionnaire of parenting stress developed from the full PSI 120-item (duration: 10–15 minutes). • One of the most commonly used measures of parenting stress among parents of children younger than 12 years. It is validated in Arabic language. • Items are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). • Includes four subscales: Defensive Responding (DR), the Parental Distress (PD), Parent-Child Dysfunctional Interaction (PCDI) and Difficult Child (DC) subscales, and a Total Stress scale with internal consistency reliability coefficients of 0.90, 0.89, 0.88, and 0.95 respectively. • Higher scores indicate greater levels of parenting stress.

Instrument Name	*Description*
The Strengths and Difficulties Questionnaire (SDQ)	• A widely used brief screening questionnaire for psychosocial problems and strengths in the child's daily life. • Appropriate to use in children between four and 16 years. • The Arabic version of the Children SDQ, was validated with parents and teachers of Yemeni children. • SDQ asks about 25 attributes with three response categories (0 = not true, 1 = somewhat true and 2 = certainly true), some positive and others negative to cover a broad range of mental health symptoms. It includes five impact scales: conduct problems (fivr items), hyperactivity-inattention (five items), emotional symptoms (5 items), and peer relationship problems (five items), as well as prosocial behaviors (fivr items). • The first 20 items (i.e., without the prosocial behaviors items) are summed to create a "total difficulty" scale score ranging from 0 to 40, with "high" SDQ scores predicting much greater rates of mental disorders than "low" scores.
Child Disciplines - UNICEF MICS6	• Child discipline module contains questions about 11 child discipline behaviors • The mother or caretaker of a child under five is asked if s/he or another adult in the household has used the discipline method within the past month. Answers can only be yes or no.
Parental Discipline Strategies Questionnaire (DSQ)	• Assesses 18 discipline strategies grouped into seven discipline dimensions: inductive discipline, physical punishment, manipulation of privileges, harsh verbal discipline, argument, shaming, and ignoring. • Parents are asked how frequently they use each of the 18 different discipline strategies in the last year on a 5-point scale (1 = never, 2 = less than once a month, 3 = about once a month, 4 = about once a week, 5 = almost every day). • The parent's total score of each discipline dimension is calculated.

Sources: (Abidin, 2012; Alyahri and Goodman, 2006; Croft et al., 2015; Dafaalla et al., 2016; Gilbody et al., 2007; Goodman, 1997; Goodman, 1999; Goodman, 2001; Goodman and Goodman, 2009; Huang et al., 2011; Marquis and Flynn, 2009; Sherbourne and Stewart, 1991; Sibai et al., 2009; Stone et al., 2010; Topp et al., 2015; WHO, 1998).

Table 5.3 Mean age of participants

	Mean Age of Parents (in years)	*Mean Age of Children (in years)*
Group 1	36.3	3.4
Group 2	35.5	3.9
Group 3	35.3	4.0

Group 1 results

For Group 1 (face-to-face intervention by parent-trained mentors), the post-intervention follow-up assessment at 3- months found significant improvement in several scales and subscales. According to two measures, parental distress was lower (i.e., PSI-SF (p: 0.003, r: 0.29), and SDQ total difficulties (p: 0.005,

d: 0.76)). SDQ per item analyzed revealed a significant decrease in a few children's problematic behaviors, including one emotional behavior (i.e., "the child has many fears, is easily scared") and two conduct behaviors (i.e., "the child often lies or cheats in children > 4 years," or "often argues with adults in children between 2 to 4 years," and "the child steals from home school or elsewhere in children > 4 years," or "can be stingy with others for those in children between 2 to 4 years.") DSQ per item analyzed revealed a significant decrease in parents practising all physical punishment disciplines (i.e., "spank, slap or hit your child, grab or shake your child," and "throw something at your child"), one harsh verbal discipline (i.e., "try to scare your child into behaving well, e.g., threaten to call the police or tell the teacher?"), and one disciplinary argument (i.e., "threaten your child with some punishment?"). The UNICEF MICS6 parental disciplines per item analyzed revealed a significant increase in practicing one positive discipline (i.e. "took away privileges, forbade something he/she liked, or did not allow him/ her to leave the house") and a significant decrease in practicing two harsh verbal disciplines (i.e., "shouted yelled at or screamed at him/ her," and "called him her dumb lazy or another name like that,") and one physical punishment discipline ("hit or slapped him/ her on the hand, arm or leg.")

Group 2 results

For Group 2 (face-to-face intervention by master-trainer mentors), the post-intervention follow-up assessment at 3- months found a significant improvement in the following scales and subscales: WHO-5 total score (p: 0.034, d: 0.19), PSI-SF total score ($p < 0.001$, d: 0.65). There were also improvements in several dimensions of the PSI-SF, including reduced defensive responding ($p < 0.001$, d: 0.40), parental distress ($p < 0.001$, d: 0.45), parent-child dysfunctional interaction (p: 0.001 d: 0.35), and difficult child behaviors ($p < 0.001$, d: 0.50). The SDQ per item analyzed revealed a significant improvement in one emotional behavior (i.e., "the child has many worries or often seems worried"). The DSQ per item analyzed revealed a significant increase in one disciplinary argument (i.e., "argue or quarrel with your child"), one shaming discipline (i.e., "say you are disappointed with your child or say that his or her misbehavior hurt your feelings"), one manipulating discipline (i.e., "give your child extra chores"), and a significant decrease in practising another manipulating privilege (i.e., "promise a treat or privilege to your child for good behavior") and two physical punishment disciplines (i.e., "spank slap or hit your child" and "throw something at your child"). The UNICEF MICS6 parental disciplines per item analyzed revealed a significant decrease in practising one physical punishment discipline (i.e., "hit or slapped him/ her on the hand, arm or leg").

Group 3 results

For Group 3, (online intervention by a combination of both parent-trained and master-trainer mentors), the post-intervention follow-up assessment at three months found a significant deterioration in the MOS-SSS tangible/material

support, which includes things like a spouse helping with basic needs if one was incapacitated (p: 0.032, d: 0.15). Meanwhile, there was a significant improvement in the following scales and subscales: WHO-5 ($p < 0.001$, d: 0.36), PHQ-2 ($p < 0.001$, d: 0.35), PSI-SF total score ($p < 0.001$, d: 0.31), PSI-SF defensive responding ($p < 0.001$, d: 0.40), PSI-SF18 parental distress ($p < 0.001$, d: 0.46), and PSI-SF difficult child behaviors (p: 0.025, d: 0.19). However, there was a deterioration in the SDQ prosocial scale, which measures children's resources ($p < 0.001$, d: 0.46). The SDQ per item analyzed revealed a significant deterioration in different prosocial strengths, and a significant improvement in one conduct behavior (i.e., "often fights with other children or bullies them"), one peer behavior (i.e., "general liked by other children"), and two emotional behaviors (i.e., "nervous or clingy in new situations easily loses confidence" and "has many fears easily scared"). The DSQ per item analyzed revealed a significant decrease in practicing one parental manipulating privilege (i.e., "promise a treat or privilege to your child for good behavior") and one disciplinary argument (i.e., "raise your voice yell at or scold your child"). The UNICEF MICS6 parental disciplines per item analyzed revealed a significant decrease in explaining to the child why a behavior was wrong and a significant improvement in different parenting negative disciplines; however, the number of parents who answered "don't know" or "no" to the question "Do you believe that in order to bring up raise or educate a child properly the child needs to be physically punished?" increased significantly.

Box 5.1 Success story: Violence reduction in home

Ahmad and Rawiya are parents of a family living in Borj El Barajneh camp, Lebanon. Both had trouble at the start of the online modality keeping up with the sessions. The trained parent facilitators following up with them started having phone calls with them to help them go over the session activitiss. The couple progressively started to share more, and Ahmad shared that he hit his children. After session 7 "Avoiding violence & harm," Ahmad gathered his entire family and made a promise to them and to the mentor that he would change his behavior. At the end of the project, the children joined the call again and thanked the mentor, telling her about how Ahmad and Rawiya's behavior had changed, and how Ahmad stopped using violence at home.

Box 5.2 Success story: Father expressing emotions

Maher and Amani are parents of five children living in Jordan. After participating in the project, Maher reached out to the team to thank them for helping him overcome the taboos and pressure from society. Maher said "For men, it is hard to express emotions, it is usually interpreted as weakness. This is the first time I have done something like this and it made me feel much lighter and more engaged with my family. They understand me better and I do too. My children became more affectionate towards me and I spend a great time with them"

The results of the evaluation revealed some positive changes in parenting knowledge, behaviors and practices, with variation in both virtual and face-to-face modalities. Because there was no control group it is not possible to identify the impact of any of the interventions alone.

Even though it was implemented during conditions of uncertainty and overall stress for parents – the COVID-19 pandemic and the subsequent crises in Lebanon – the online intervention conducted by a combination of both parent-trained and master-trainer mentors had the highest participation and completion rates. This could be because parents could work on the course when they had time and make their own schedules. This model was the most effective in improving parents' well-being (i.e., improvement in their mood). It also significantly reduced their parenting stress and their negative discipline practices, meaning fewer used physical punishment. Nevertheless, based on parental feedback, many of their children's social skills declined after the online intervention, possibly due to the prolonged lockdown during the early period of the COVID-19 pandemic even though their parents were more engaged with their children.

The face-to-face versions, supported by the same master-trainer mentors as the online version, had an even more positive effect on reducing stress and improving parents' psychosocial well-being. The face-to-face versions also allowed parents to practice ways they could interact and play with their children with the support of mentors and other parents.

The face-to-face intervention led by master-trainer mentors had a dropout rate of 25%, but still had positive effects on parents' psychosocial well-being and stress levels which improved more than in the online program. This could be because the face-to-face approach allowed parents to get more peer to peer support than online participants who got this through WhatsApp.

Challenges in implementing the face-to-face modality mainly included outreach and dropout for fathers. This challenge was resolved in the online methodology, as it opened the platform for fathers to participate by providing flexible opportunities to participate that would not impact their work schedules and removing the stigma of going to a community-based center.

Reflections for the future

There are many lessons for ARC to consider for the future iteration and implementation of HEPPP. Through the process mentioned in this chapter, the team identified five areas of reflection and modification. These are related to the actual evaluation tools used, the content of HEPPP, the delivery modality, the inclusion of mentors and Sanad parents, and the target audience.

While all of the tools used in this evaluation were used previously during a partnership and research conducted with Yale University, the team realized a few things that they will modify for the future. The team used a lot of tools and this sometimes required a lot of parents' time, which affected their engagement and response bias. ARC and its partners also realized that providing multiple options (i.e., scales of 1 to 5 on tools that ranged from agree to don't agree)

were too onerous and perhaps scales with fewer options (i.e., 1 to 3) would be better. The data collection, at times, felt rushed and it seemed that parents just wanted to quickly answer and be finished. This could have affected the answers the parents gave. In the future, ARC will not spend more than 20–25 minutes collecting data in order to retain parents' attention and will reduce the options on tools to options 3. By reducing the time for collecting data from each parent/couple, parents may provide more thoughtful answers.

ARC also learned that some of the wording of the various tools was too complicated for parents to understand, even in already validated and contextualized tools. Therefore, there is a need to do more testing of the tools. Some questions also made parents feel uncomfortable. For example, questions asking couples if they hugged or showed affection should be revised or removed they made some couples feel uncomfortable.

After starting the implementation and the research of the three above-mentioned modalities of HEPPP, ARC decided to develop a hybrid version once the COVID-19 lockdowns eased. The hybrid version could retrain many online modules, such as content areas about child development, but also support parents' own stress reduction and psychosocial well-being in-person. ARC believes that a hybrid approach might be ideal for ensuring positive changes among parents for knowledge, behaviors, and practices about child development and positive psychosocial well-being. This hybrid version will be tested in the future (2023).

Another reflection and learning after the evaluation of the face-to-face and virtual modalities was what and how the content can continue to be further refined. ARC has decided that the next version of the HEPPP curriculum, either implemented face-to-face, virtually, or through a hybrid approach, will include elements of children's mental health, children's disabilities, and more emphasis on learning through play. ARC found that while HEPPP has a focus on psychosocial well-being, it is only for the parents and not the child. So, these elements need to be added and are currently being developed. ARC also reflected on strengthening and deepening the psychosocial sessions for parents and developing them into deeper Caring for the Caregiver sessions. At the same time, ARC will continue to test these content areas to understand if they do indeed make a real difference and are worth the cost. ARC may decide that some new content areas should be core modules or that they should be optional ones.

Each of the delivery modalities had some sort of mentorship support, but there was a difference in the skills and experience of the mentors and the dosage of mentorship provided. Group 1 had parent-trained mentors whereas Group 2 had master-trainer mentors who were either ARC staff or those with deeper knowledge of ECD and more years of experience supporting parenting programs. Group 3 had a combination of both parent-trained and master-trainer mentors with greater experience and expertise. While the results from the evaluation found that the master-trainer led delivery had better impacts on parents' knowledge, behaviors, and practice than parent-led ones, ARC still needs to understand how much better. To date, ARC has not done an RCT or a cost-effectiveness analysis. A cost-effectiveness analysis could help ARC determine

whether parent-led mentors are best based on both cost and the outcomes. These research approaches might be important next steps as ARC determines the best combination of type of mentor, content, duration etc.

Lastly, an unintended consequence of ARC's implementation of the HEPPP model is that professionals like ECD and early-grade teachers also began taking online courses through the Urjouha website. One teacher told ARC that the course shifted her approach with her own children at home and it helped her improve her teaching with her young students. A school principal in Lebanon has asked ARC if they could train the teachers in her school. To respond to requests such as these, ARC has now started working with ECD professionals using the HEPPP package.

Conclusion

Over the past decade, the Arab Resource Collective (ARC) Parenting Program "HEPPP" has been under continuous development, review, monitoring, and improvement. To support parents experiencing multidimensional crises in Lebanon and Jordan over the years, ARC developed three delivery modalities: two face-to-face versions (one delivered by parents and another delivered by master trainers), and one virtual. Research that ARC and its partners conducted after the COVID-19 pandemic between 2019–2021 on refugees from Syria and Palestine and host communities from Lebanon and Jordan highlighted outcomes from each of the modalities.

ARC learned the myriad challenges of using rigorous research designs in multi-crisis contexts where people are moving and where a waitlist control group is not possible. The randomized controlled trial ARC first envisioned was not possible to implement, but a mixed methods pre-post research design on participating families was possible. ARC learned a great deal about existing data collection tools that were already contextualized to the Middle East context and made notes of further modifications required for the future. Future research should still attempt an RCT or similarly rigorous research design along with a cost-effectiveness analysis.

The content, duration, and delivery modality also provided significant learning. At times, the team had to be flexible and quickly change direction. In future iterations of the development and refinement of HEPPP, there are many content areas ARC can add, reduce, or modify. While all three models improved parents' knowledge, behaviors, and practices, the online version enabled greater participation, especially of fathers, while the face-to-face version offered greater support for parents to reduce their own stress and improve their own psychosocial well-being.

While targeting parents and caregivers, ARC also found that other adults, such as ECD and early-grade teachers, tried the online HEPPP model and requested more support so the model could also be tested to strengthen the ECD and early-grade teaching workforce. So, HEPPP could be used in the future for strengthening the ECD workforce in the future. ARC has already begun testing this.

In sum, the learnings from this chapter are not only relevant for Lebanon and Jordan but are relevant to other countries in the Middle East and around the world. While HEPPP has been developed and implemented mostly in multi-crisis contexts, most of the content can be used for non-crisis or lower-risk situations as well as much of the core content in non-emergencies and emergencies would be the same. The learnings of what worked and did not work with the different modalities are also something other implementing agencies can learn from as they develop their own parenting programs. Academics and researchers can learn about the challenges of doing research in unstable multi-crisis contexts while policymakers and donors can use the initial evidence provided in this chapter as they make future policy and funding decisions.

Note

1 "Urjouha" is an open source, comprehensive online free platform for parenting babies, toddlers, and pre-schoolers in Arabic with different parenting materials, including videos, articles, infographics, podcasts and more. www.urjouha.net.

References

Abidin, R. (2012). *Parenting Stress Index*. Psychological Assessment Resources.

Aboud, F. & Yousafzai, A. (2015). Global health and development in early childhood. *Annual Review of Psychology*, 66, 433–457. doi:10.1146/annurev-psych-010814-015128.

Al-Mulki, J., Hassoun, M., & Adib, S. (2022). Epidemics and local governments in struggling nations: COVID-19 in Lebanon. *PLoS ONE*, 17(1), e0262048. https://doi.org/10.1371/journal.pone.0262048.

Alshoubaki, W. & Harris, M. (2021). Jordan's Public Policy Response to COVID-19 Pandemic: Insight and Policy Analysis. *Public Organization Review.*, 21(4), 687–706. doi:10.1007/s11115-021-00564-y.

Alyahri, A., & Goodman, R. (2006) Validation of the Arabic Strengths and Difficulties Questionnaire and the Development and Well-Being Assessment. *East Mediterranean Health Journal*, 12(Suppl 2), 138–146. https://pubmed.ncbi.nlm.nih.gov/17361685/.

ANECD (Arab Network for Early Childhood Development) (2022). First Strategic Research Model: The Situation of Parents and Caregivers in six Arab Countries During Crises. *ANECD*. https://www.anecd.net/article/anecd-first-strategic-model-the-situation-of-parents-and-caregivers-in-six-arab-countries-during-crises/.

Bonet, E. (2022). In Lebanon, drinking water has become a luxury that few can afford. *Equal Times*. https://www.equaltimes.org/in-lebanon-drinking-water-has#.ZCnkUuzMK3J.

Britto, P., *et al*. (2017). Nurturing care: promoting early childhood development. *The Lancet*, 389(10064),91–102.

Britto, P., Ponguta, L., Reyes, C., & Karnati, R. (2015). A Systematic Review of Parenting Programmes for Young Children in Low- and Middle-Income Countries. UNICEF. https://www.unicef.org/sites/default/files/press-releases/media-P_Shanker_final__Systematic_Review_of_Parenting_ECD_Dec_15_copy.pdf.

Chang, Y. *et al*. (2004). Understanding parenting stress among young, low-income, African-American, first-time mothers. *Early Education and Development*, 15(3), 265–282. https://doi.org/10.1207/s15566935eed1503_2.

Croft, S., Stride, C., Maughan, B., & Rowe, R. (2015). Validity of the strengths and difficulties questionnaire in preschool-aged children. *Pediatrics*, 135(5), 1210–1219. doi:10.1542/peds.2014-2920..

Dadouch, S. & Durgham, N. (2021, November 13). Lebanon was famed for its medical care. Now, doctors and nurses are fleeing in droves. *Washington Post*. https://www.washingtonpost.com/world/middle_east/lebanon-crisis-healthcare-doctors-nurses/2021/11/12/6bf79674-3e33-11ec-bd6f-da376f47304e_story.html.

Dafaalla, M. *et al*. (2016). Validity and reliability of Arabic MOS social support survey. *Springerplus*, 5 (1), 1306. doi:10.1186/s40064-016-2960-4..

Dardas, L. & Ahmad, M. (2014). Psychometric properties of the Parenting Stress Index with parents of children with autistic disorder. *Journal of Intellectual Disabililty Research*, 58(6), 560–571. doi:10.1111/jir.12053.

Dirani, L. *et al*. (2021). Effectiveness of a Preventive Parenting Program Combining Attachment and Behavioral Approaches in an Arab Context: a Cluster-Based Randomized Control Trial. *Prevention Science*. doi:10.1007/s11121-021-01311-x.

Eisenberg, N. et al. (2001). Parental socialization of children's dysregulated expression of emotion and externalizing problems. *Journal of Family Psychology*, 15(2), 183–205. doi:10.1037//0893-3200.15.2.183.

Eruyar, S., Maltby, J., & Vostanis, P. (2018). Mental health problems of Syrian refugee children: the role of parental factors. *European Child and Adolescent Psychiatry*, 27 (4), 401–409. doi:10.1007/s00787-017-1101-0.

Franco, L., Pottick, K., & Huang, C. (2010). Early parenthood in a community context: Neighborhood conditions, race-ethnicity, and parenting stress. *Journal of Community Psychology*, 38, 574–590. https://doi.org/10.1002/jcop.20382.

Garner, A. & Yogman, M. (2021). Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health. *Pediatrics*, 148(2), e2021052582. https://doi.org/10.1542/peds.2021-052582.

Gee, D. (2016). Sensitive Periods of Emotion Regulation: Influences of Parental Care on Frontoamygdala Circuitry and Plasticity. *New Directions for Child and Adolescent Development*, (153), 87–110. doi:10.1002/cad.20166.

Gershoff, E. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539–579. doi:10.1037/0033-2909.128.4.539.

Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis. *Journal of General Internal Medicine*, 22(11), 1596–1602. doi:10.1007/s11606-007-0333-y.

Goodman. A, Goodman, R. (2009). Strengths and difficulties questionnaire as a dimensional measure of child mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(4), 400–403. doi:10.1097/CHI.0b013e3181985068.

Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40 (11), 1337–1345. doi:10.1097/00004583-200111000-00015.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791–799. ttps://doi.org/10.1111/1469-7610.00494.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Jurnal of Child Psychology and Psychiatry*, 38(5), 581–586. doi:10.1111/j.1469-7610.1997.tb01545.x.

Grantham-McGregor, S, Fernald, L., Kagawa, R., & Walker, S. (2013). Effects of integrated child development and nutrition interventions on child development and nutritional status. *Annals of the New York Academy of Science*, 1308 ,11–32. doi:10.1111/nyas.12284.

Hamari, L. *et al*. (2021). Parent Support Programmes for Families Who are Immigrants: A Scoping Review. *Journal of Immigrant and Minority Health*. doi:10.1007/s10903-021-01181-z.

Hatamleh, H. *et al*. (2015). Parenting in Jordan – Findings from the Queen Rania Foundation National Early Childhood Survey 2015. https://www.qrf.org/en/what-we-do/research-and-publications/parenting-jordan.

Huang, L. *et al*. (2011). Measurement Invariance of Discipline in Different Cultural Contexts. *Family Science*, 2(3), 212–219. doi:10.1080/19424620.2011.655997.

Human Rights Watch (2018). Lebanon: stalled effort to get Syrian children in school. https://www.hrw.org/ar/news/2018/12/13/325000.

Karasapan, O. (2022). Syrian refugees in Jordan: A decade and counting. Brookings Institute, https://www.brookings.edu/blog/future-development/2022/01/27/syrian-refugees-in-jordan-a-decade-and-counting/.

Lakkis, N., Osman, M., Aoude, L., Maalouf, C., Issa, G., & Issa, G. (2020). A Pilot Intervention to Promote Positive Parenting in Refugees from Syria in Lebanon and Jordan. *Frontiers in Psychiatry*, 11, 257. doi:10.3389/fpsyt.2020.00257.

Lancet (2016). Advancing Early Childhood Development: From Science to Scale Series. https://www.thelancet.com/series/ECD2016.

Lee, I., & Kim, E. (2022). Effects of parenting education programs for refugee and migrant parents: a systematic review and meta-analysis. *Child Health Nursing Research*, 28(1), 23–40https://doi.org/10.4094/chnr.2022.28.1.23.

Marquis, R., & Flynn, R. (2009). The SDQ as a mental health measurement tool in a Canadian sample of looked-after young people. *Vulnerable Children and Youth Studies*, 4, 114–121. DOI:10.1080/17450120902887392

Miller, K., Koppenol-Gonzalez, G., Arnous, M., Tossyeh F., Chen, A., Nahas, N., & Jordans, M. (2020). Supporting Syrian families displaced by armed conflict: A pilot randomized controlled trial of the Caregiver Support Intervention. *Child Abuse and Neglect*, 106, 104512. doi:10.1016/j.chiabu.2020.104512.

Ministry of Education Jordan (n.d.). Education Strategic Plan 2018–2022. https://moe.gov.jo/sites/default/files/esp_english_final.pdf.

Ministry of Education Lebanon (2021). Lebanon five-year General Education Plan 2021–2025. https://www.mehe.gov.lb/ar/SiteAssets/Lists/News/AllItems/5YP%20MEHE-GE%20__amend1_%20Feb%202022.pdf.

Ministry of Health Lebanon (2007). The MOH Strategic Plan. https://extranet.who.int/nutrition/gina/sites/default/filesstore/LBN%202007%20The%20MOH%20Strategy%20Plan%20.pdf.

Mroue, B. (2021, June 30). Economic crisis, severe shortage makes Lebanon 'unliveable'. Associated Press. https://apnews.com/article/beirut-middle-east-lebanon-business-4dbb84e6f2b43e0e1e1f090b592c0c04.

NCFA (National Council for Family Affairs) (n.d.). https://ncfa.org.jo/en/who-we-are.

Neece, C., Green, S., & Baker, B. (2012). Parenting stress and child behavior problems: a transactional relationship across time. *American Journal of Intellectual and Developmental Disabilities*, 117(1), 48–66. doi:10.1352/1944-7558-117.1.48.

Nieuwboer, C., Fukkink, R., & Hermanns, J. (2013). Online programs as tools to improve Parenting: a meta-analytic review. *Children and Youth Services Review*, 35 (11), 1823–1829. http://www.sciencedirect.com/science/article/pii/S0190740913002648.

Nurturing Care for Early Childhood Development. (n.d.). What is Nurturing Care? *Nurturing Care for Early Childhood Development*. https://nurturing-care.org/what-is-nurturing-care/.

Parke, R. (2002). Punishment revisited – science, values, and the right question: comment on Gershoff. *Psychological Bulletin*, 128(4), 596–601. doi:10.1037/0033-2909.128.4.596.

Ponguta, L.A., *et al*. (2020). Effects of the Mother-Child Education Program on Parenting Stress and Disciplinary Practices Among Refugee and Other Marginalized Communities in Lebanon: A Pilot Randomized Controlled Trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 59(6), 727–738. doi:10.1016/j.jaac.2019.12.010.

Shah, R., Kennedy, S., Clark, M., Bauer, S., & Schwartz, A. (2016). Primary Care-Based Interventions to Promote Positive Parenting Behaviors: A Meta-analysis. *Pediatrics*, 137(5). doi:10.1542/peds.2015-3393.

Sherbourne, C. & Stewart, A. (1991). The MOS social support survey. *Social Science and Medicine*, 32 (6), 705–714. doi:10.1016/0277-9536(91)90150-b.

Sibai, A., Chaaya, M., Tohme, R., Mahfoud, Z., & Al-Amin H. (2009). Validation of the Arabic version of the 5-item WHO Well Being Index in elderly population. *International Journal of Geriatric Psychiatry*, 24(1), 106–107. doi:10.1002/gps.2079.

Smith, A., Gollop, M., Taylor, N., & Marshall, K. (2005). The discipline and guidance of children: A summary of the research. Dunedin and Wellington, NZ: Children's Issues Centre and Office of the Commissioner for Children. https://resources.skip.org.nz/assets/Resources/Documents/the-discipline-and-guidance-of-children.pdf.

Spencer, C., Topham, G., & King, E. (2020). Do online parenting programs create change?: A meta-analysis. *Journal of Family Psychology*, 34(3), 364–374. doi:10.1037/fam0000605.

Stone, L., Otten, R., Engels, R., Vermulst, A., & Janssens, J. (2010). Psychometric properties of the parent and teacher versions of the strengths and difficulties questionnaire for 4- to 12-year-olds: a review. *Clinical Child and Family Psychological Review*, 13(3), 254–274. doi:10.1007/s10567-010-0071-2.

Topp, C., Østergaard, S., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167–176.

UNESCWA (2021). Multidimensional poverty in Lebanon 2019–2021. Policy Brief, https://www.google.com/url?q=https://www.unescwa.org/sites/default/files/news/docs/21-00634-_multidimentional_poverty_in_lebanon_-policy_brief_-_en.pdf&sa=D&source=docs&ust=1680469278248682&usg=AOvVaw28IuyTdU2RCos9XEWTvnxY.

UNHCR (n.d.). Lebanon. https://www.unhcr.org/en-us/lebanon.html.

UNHCR (2020). Syrian refugees profoundly hit by COVID-19 economic downturn. https://www.unhcr.org/en-us/news/briefing/2020/6/5ee884fb4/syrian-refugees-profoundly-hit-covid-19-economic-downturn.html.

UNHCR (2022). Registered Persons of Concern Refugees and Asylum Seekers in Jordan – Syrian Refugees (as of 30 September 2022). https://reliefweb.int/report/jordan/registered-persons-concern-refugees-and-asylum-seekers-jordan-syrian-refugees-30-september-2022.

UNHCR Jordan. (2019). UNHCR Jordan Factsheet: Azraq Refugee Camp (April 2019). UNHCR. https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-azraq-refugee-camp-april-2019.

UNHCR Jordan (2022). Situation of refugees in Jordan, Quarterly Analysis Q2 2022. https://reliefweb.int/report/jordan/unhcr-situation-refugees-jordan-quarterly-analysis-q2-2022..

UNHCR, UNICEF, WFP. (2016). Interagency Nutrition Surveys amongst Syrian Refugees in Jordan. UNHCR, UNICEF, WFP. https://www.google.com/search?q=refugees+in+jordan+nutrition&rlz=1C5GCEM_enMX1045MX1045&oq=refugees+in+jordan+nutrition&aqs=chrome..69i57j33i160.4989j0j4&sourceid=chrome&ie=UTF-8#:~:text=Interagency%20Nutrition%20Surveys,%E2%80%BA%20documents%20%E2%80%BA%20download.

UNICEF (n.d.). Thrive Nurturing Care for Early Childhood Development: Country Profiles. https://nurturing-care.org/wp-content/uploads/2021/12/English.pdf.

UNICEF. (2017). Situation Analysis of Children in Jordan. https://www.unicef.org/jordan/media/506/file.

UNICEF (2019). Jordan: Education Thematic Report. https://open.unicef.org/sites/transparency/files/2020-06/Jordan-TP4-2018.pdf.

UNICEF (2022). The Situation of Children in Jordan: Country Factsheet, September 2022. https://www.unicef.org/mena/media/19921/file.

UNICEF MIC S6 (n.d.). Guidelines and templates facilitate planning and design of surveys and help avoid pitfalls in implementation. https://mics.unicef.org/tools?round=mics6.

UNICEF Lebanon. (2022). A Worsening Health Crisis for Children. https://www.unicef.org/lebanon/media/8491/file.

UN Jordan. (2022). Eight years since its establishment, Azraq camp is a home for 40K refugees. https://jordan.un.org/en/193520-eight-years-its-establishment-azraq-camp-home-40k-refugees.

UNRWA. (n.d.). Where we work, Jordan. https://www.unrwa.org/where-we-work/jordan.

World Bank. (2022). Lebanon's Economic Update – April 2022. https://www.worldbank.org/en/country/lebanon/publication/economic-update-april-2022.

WHO (World Health Organization). (1998). Well-being measures in primary health care/the DepCare Project. Report on a WHO meeting, Stockholm, Sweden, 12–13 February 1998. World Health Organization. Regional Office for Europe. https://apps.who.int/iris/handle/10665/349766.

WHO (World Health Organization). (2022). WHO and Ministry of Health launch national nutrition strategy 2023–2030. https://www.emro.who.int/countries/jor/index.html.

WHO (World Health Organization). (2023). Refugee and migrant health country profile Jordan. https://www.emro.who.int/refugees-migrants-health/refugee_and_migrant_health_country_profile_Jordan.pdf.

WHO, UNICEF and World Bank (2018). *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive, Thrive to Transform Health and Human Potential*. WHO.

Yousafzai, A. & Aboud, F. (2014). Review of implementation processes for integrated nutrition and psychosocial stimulation interventions. *Annals of the New York Academy of Science*, 1308, 33–45. doi:10.1111/nyas.12.

6 Jugar para Soñar

Play-based early education for Venezuelan children on the move in Colombia during COVID-19

Camilo Valenzuela, Maria Fernanda Higuera, Estefania Sirlopú Castillo, Gabriela Peña and Katelin Wilton

Introduction

Latin America is facing the largest migration crisis in its history with more than 7.2 million Venezuelans having fled their country since 2014 (UNHCR, 2023). The majority of them (over 2.5 million) are living in Colombia, a country already wreaked by five decades of armed conflict, as well as internal displacement, climate change, and poverty (International Crisis Group, 2022). This situation was further exacerbated by the COVID-19 pandemic, which curbed the already limited support for migrants. Few programs existed in Colombia and Venezuela to help people face these challenges, and little evidence currently exists on what types of programming work for multi-crisis conditions.

Despite largely supportive government immigration policies and service provision in Colombia, Venezuelan migrant families remain vulnerable and lack access to consistent high-quality services for their young children. The COVID-19 pandemic exacerbated existing vulnerabilities and made access to services even more challenging for Venezuelan migrants. According to 2023 UNICEF's Humanitarian Action for Children appeal, an estimated 7.7 million people (one third of whom are children) are in need of humanitarian assistance (UNICEF, 2023).

To better provide support to young Venezuelan migrant children and families on the move in Colombia, as well as vulnerable host communities affected by the double crisis of COVID-19 and migration,[1] the International Rescue Committee (IRC) developed a play-based early childhood development (ECD) program called *Jugar para Soñar* ("Play to Dream" in English). *Jugar para Soñar* was implemented in collaboration with a variety of partners. These include the government's early childhood policy actors including the Colombia Institute of Family Welfare (called *Instituto Colombiano de Bienestar Familiar*, ICBF), the High Presidential Council for Children and Youth and local Colombian actors including *Corporación Juego y Niñez*, Pastoral Social, Red Cross and Colombia's Interagency Group for Mixed Migratory Flows (GIFMM). It is funded by the LEGO Foundation.

DOI: 10.4324/9781003415213-7

The program utilizes play to support children, caregivers, and teachers in crisis circumstances to help create a sense of normalcy, support early learning, and provide psychosocial support as families journey from Venezuela to a new life either in Colombia or another country. *Jugar para Soñar* sets up play and learning spaces along heavily transited government-established migratory routes in four regions of Colombia. In every mobile and stationary play space, each child/family receives a backpack with play and learning materials and access to critical information regarding available services in Colombia that children and families can use as they move along the migrant route.

Additionally, to ensure better quality early education for Venezuelan children whose families choose to remain in Colombia and Colombian host community children, the program developed a pilot training and technical assistance plan for 406 early childhood teachers with the overarching goal of providing tailored technical assistance to teachers in both community-based and formal learning centers on topics related to play-based learning, emergency response, and migration. Play-based learning content is delivered in four sessions including opportunities for reflection and adaptations with teachers. Based on positive feedback from teachers, the model is being scaled with an additional 500 teachers through a training of trainers that can be sustained through local actors. The second phase of the *Jugar para Soñar* project will focus on robust implementation research, community-based advocacy, and working more closely with municipalities.

This chapter shares lessons on the design of the *Jugar para Soñar* program, what worked and what did not, as well as recommendations and implications for other programs for young children on the move.

Background

In 2014, the economic collapse in Venezuela sparked hyperinflation and shortages in essential resources such as water, fuel, and medicine (Human Rights Watch, 2016). As a result, millions of Venezuelans have been unable to meet their basic needs, and many began to flee to neighboring Colombia. Since then, the ongoing economic crisis has caused the largest external displacement in Latin America's recent history, with an estimated 7.2 million people that have left the country, according to the United Nations (UNHCR, 2023). Additionally, the IRC's 2023 Emergency Watchlist ranks Venezuela among the 20 countries most at risk of a worsening humanitarian crisis (IRC, 2023).

Venezuelan migrants have fled to many countries in Latin America. Whether going to Colombia, where more than 2.5 million reside, or elsewhere in South America, many cross through Colombia (International Crisis Group, 2022). Entire families with pregnant women, children, and older adults often travel on foot, facing security risks along the journey. According to data from Colombia's Interagency Group for Mixed Migratory Flows (GIFMM), which is part of the Regional Inter-agency Coordination Platform for Refugees and Migrants from Colombia (R4V), nearly 100,000 Venezuelan walkers received

humanitarian attention in 2021, but this represented less than half of those that needed support (R4V, 2022). According to data collected by IRC in their play spaces for families in transit, most families in transit had a relatively young caregiver age profile (under 29 years old), which suggested a need for information geared toward new mothers, nutrition, health services, etc.

The Colombian government has implemented several inclusive policies for the migrant population. In 2017, the government put in place several policies to support Venezuelan migrants, providing support to migrants in border areas and access to basic services for those with intentions to stay in Colombia. Then in 2018, there were additional steps to systematize support for migrants, including a registry (the *Registro Administrativo de Migrantes Venezolanos en Colombia*), and Decree 1288, which facilitated legal immigration status and access to a variety of services, including health, education, work, and support for children at national, municipal, and local levels (Barbeiri et al., 2020). The Ministry of Education also simplified the process for validating educational levels for Venezuelan children entering the Colombian school system and allowed Venezuelan children to register in public schools regardless of their immigration status (Ministry of Education, 2020; Barbeiri et al., 2020; Blyde et al., 2020).

These policies have enabled Venezuelan families access to needed social services, but the increased demand has resulted in pressure on service providers. For example, a study of impacts of migration on education outcomes in migrant-receiving areas of Colombia between 2012–2018 found that promotion and dropout rates increased for both migrant and host community children, especially in primary schools. However, there were no impacts on the performance of host community children. The primary reason for these negative outcomes was overcrowding and poor teacher-student ratios in classrooms (Namen et al., 2020).

Venezuelan migrants in Colombia face multiple sources of vulnerability. Not only are they away from their home country and context, but the most vulnerable migrants often find themselves in areas of urban expansion, where people displaced by violence have also settled. In general, these areas lack access to public services and formal employment opportunities. In many of these places there is no formalized land ownership, and instead, the territory is controlled by illegal armed groups. Other initial settlement areas for Venezuelan families are the so-called "tolerance zones," urban areas characterized by sex trafficking and drug trade. There are significant risks for young children and their families in these two types of settlements, especially regarding sexual and commercial exploitation, human trafficking, and violence by armed groups such as gangs, paramilitary groups, or dissident guerrilla groups (International Crisis Group, 2022).

Food insecurity and malnutrition are common in Venezuela and continue to affect migrants as they leave the country. As of 2021, approximately 64% of Venezuelan migrants in Colombia (or 1.1 million people) were considered food insecure, and 14% of these were severely food insecure (WFP & FAO, 2022). Food insecurity is higher among migrant families in transit than those who intend to settle in Colombia (VAM Unit – Colombia, 2023). Among children in transit, 5% of children under five were found to be suffering from acute

malnutrition (VAM Unit – Colombia, 2023). Given the ongoing economic crisis and the impact of COVID-19, these numbers have likely risen.

Despite government policies that promote access and integration of migrant children in school, Venezuelan migrants still face limited access to education in Colombia. According to data from the Ministry of Education, it is estimated that approximately 480,000 Venezuelan students are enrolled in the country, representing about 5% of the total number of students enrolled in Colombia (Looker Studio, n.d.). According to the 2022 Inter-American Development Bank report "Migración y Educación Desafios y Oportunidades" the main challenges for migrant children and families in Colombia are administrative barriers to accessing school feeding, scholarships, and transportation. Migrant children also face discrimination and xenophobia (Davalos, 2022).

Impact of COVID-19

The COVID-19 pandemic placed additional risks and burdens on young children's development, especially those living in vulnerable communities. Young children between birth to eight years are especially sensitive to shocks due to the rapid physical and cognitive development that occurs during this period of life (Yoshikawa et al., 2020). Globally, COVID-19 has pushed more families into poverty, limited children's access to essential services (e.g., nutrition and health), exacerbated the learning crisis, and increased risks of exposure to violence, exploitation, and abuse (UNICEF, 2022). The COVID-19 pandemic has also worsened pre-existing inequalities, so migrant and displaced children who were already highly vulnerable, have been disproportionately affected and will likely remain vulnerable longer than more advantaged groups of children (You et al., 2020).

Colombia was particularly hard-hit by the COVID-19 pandemic. According to global rankings of deaths per 100,000 people, Colombia ranked 22nd out of 187 countries (Prada et al., 2022). The Colombian government instituted a complete lockdown from March to September 2020, which was followed by a series of partial lockdowns and movement restrictions in different areas of the country for the remainder of 2020 and 2021. UNICEF reported that 6.9 million students in Venezuela missed almost all classroom instruction between March 2020 and February 2021 (Human Rights Watch, 2021). In-person classes resumed in October 2021, but with limited attendance (UNICEF, n.d.). Analyses of the educational impacts of the pandemic have also found that students in Colombia lost approximately 0.24 standard deviations in learning due to school closures from 2020–2022 (Vegas, 2022). In addition, Colombia experienced a deep recession, with GDP contracting by 7% and unemployment rising from 10% to 20.8% in 2020 (Prada et al., 2022). So, while the Colombian government had progressive policies in place to integrate Venezuela refugees into national systems, including healthcare, vaccination, and education services, the environment during the COVID-19 period was extremely challenging, and many families who migrated during that time struggled to access essential services.

Tackling COVID-19 and a migrant crisis: *Jugar para Soñar*

IRC developed *Jugar para Soñar* in 2020 to address these precarious conditions for Venezuelan migrant families. Based on the recognition of play as fundamental to child development (Zosh et al., 2017), and IRC's existing approaches to supporting young children in emergencies, including its Preschool Healing Classrooms model,[2] *Jugar para Soñar* integrated play, early education, child protection, and safeguarding. The program was implemented by the IRC and a local implementing partner *Corporación Juego y Niñez* (CJN), with funds and technical support from the LEGO Foundation.

Jugar para Soñar used a two-pronged approach to support both migrant families transiting through Colombia and those who want to stay in the country. Families in transit received direct services, including spaces for play and information along the migratory route. These spaces were established in existing religious, community or humanitarian spaces (i.e., churches, Red Cross spaces, etc.). For Venezuelan families that chose to remain in Colombia, IRC built the capacity of teachers (Colombian and Venezuelan) in ECD centers on topics related to migration and learning through play, and education during COVID-19. This teacher capacity building served Venezuelan migrant families and Colombian host families and contributed to strengthening Colombia's ECD system.

The name *Jugar para Soñar* ("Play to Dream") emerged from an inclusive design process involving two local organizations and IRC. "Play to Dream" signals the possibility of creating positive solutions and futures through play-based learning despite uncertainties, fears, and anguish that migrants face on their journeys. The vision is operationalized through a story that's used as a common thread in the play spaces, as well as in teacher training.

The *Jugar para Soñar* model centers on story featuring seven characters who reinforce five core skills – cognitive, emotional, physical, creative, and social – for comprehensive child development. The child characters (two girls and two boys in the Chamitos family), along with their pet (see Figure 6.1), promote play and skill development for children. The adult characters, a Magician (Mago CoroCoro) and a teacher (Maestra Indi), are responsible for disseminating key messages about the importance of play, child protection, and violence prevention to fathers, mothers, and other caregivers. For families in transit, the story recounts the journey of the Chamitos through four "magic portals" (the name given to the play spaces in the story); for teachers, the story focuses on the passage through "knowledge portals," where participants play, explore new skills, and learn about how to ensure child safety.

Services for families in transit: Play spaces and the Traveling Backpack

For families in transit, *Jugar para Soñar* provided play spaces or "magical portals" along common migration routes, which were identified by using Colombia's Interagency Group for Mixed Migratory Flows' mapping of transit sites (see Figure 6.2).[3] Along these routes, IRC identified four locations with services

Figure 6.1 Characters featured in the *Jugar para Soñar* model

Figure 6.2 Map of the *Jugar para Soñar* play spaces, or "magical portals"

such as temporary housing, health, and nutrition (e.g., meal provision, etc.) as these were the places families most visited and considered safe. Partnership with local organizations was critical as IRC used existing spaces rather than setting up new ones.

The portals include the following:

1 Magical Heart Portal is located at one of the busiest border crossings between Venezuela and Colombia, Los Patios in the city of Cucuta.
2 The Portal of Magical Thought is in the center of the country, at a toll near the capital Bogotá, a key point where migrants access informal transport.
3 The Portal of the Magic Crayon is in a shelter for the migrant population a few kilometers from the largest city in the southwest of the country, Cali.
4 The Portal of the Magical Movement is located in a shelter for the migrant population in the city of Ipiales on the border with Ecuador.

In each magical portal, there were two professional play space facilitators, who acted as hosts from the Chamito family that greeted and supported the families. The facilitators of the play space followed a lesson plan focused on storytelling based on a pedagogical manual, providing families with play experiences, and supporting parents with positive parenting examples and resources to promote the care and development of their children during their journey. The play spaces served young children and parents at the same time.

The play spaces were equipped with pedagogical materials designed to promote learning through play and to support the development of social, emotional, physical, creative, and cognitive skills. IRC's digital information platform, InfoPa'lante,[4] which includes information about health, nutrition, context, safety, and other humanitarian services, was available to families at each space via a tablet. Each family was also given a small hardcopy guide, which provided information on various cities throughout Colombia as well as play-based tips and practices.

After play sessions, all participants gathered to join a conversation led by one of the professionals, who used guiding questions to help families reflect on their experience, including such topics as what excited them, what they learned, and how they can protect children on the migration route. The conversation also sought to highlight the importance of play to promote children's socio-emotional well-being. Finally, the story/play session closed with the delivery of a kit the families can take with them, called a "Traveling Backpack." According to one of the characters, Ana Chamita, this is a magical object because it opens the world of play on the migration route. Each play session lasted a few hours, but families could remain in the space for as long as they wished.

Development of the Traveling Backpack

The *Jugar para Soñar* team used a human-centered design approach to develop the Traveling Backpack, with support from IRC's in-house innovation and research unit, Airbel Impact Lab. First, they consulted families in transit about

their understanding of play and child development and their needs and challenges along the migratory route (see Figure 6.3). They asked some of the following questions:

- What is the experience of a family in transit? What is the experience of children in transit?
- Do caregivers play with their children during the journey? What are the options for play along the route? What play and learning practices do caregivers facilitate for their children along the route?
- What kind of play routines, play-based activities, toys, and games do families use? How are these activities being adapted to the travel context?
- What elements should we include in the Traveling Backpack?

To answer these questions, IRC conducted in-depth key informant interviews with caregivers in the different portals or play spaces, including an observation and photographic register of the different objects and toys they carried with them to support play during their migration experience.

To capture the perspectives of children, the team designed three play-based activities for different age ranges (3–5, 6–9, and 10–12 years of age) in which they could draw, model, or talk, based on their preference (see Figures 4 and 5). IRC followed a "Do Not Harm" approach and used its safeguarding policy during the whole design process.

Figure 6.3 Families being interviewed on the migratory route

Figure 6.4 Children expressing their preferences through drawings

Figure 6.5 Young child drawing

After the initial investigation, the design team gathered insights and facilitated a co-design process with technical teams from the IRC and the partner *Juego y Niñez* (see Figures 6.6 and 6.7).

The prototyping phase was developed based on new play-based research activities that included observing children and caregivers using the backpack and listening to their thoughts, opinions, and ideas of how they could improve the final design, which came to life after three iterations with more refined prototypes each time (see Figures 6.8 and 6.9). Families' feedback included the games or activities they enjoyed the most, their favorite games and stories, which colors and toys helped them to feel happy, calm, excited, etc., and if the language was aligned with the words and phrases they used with their families. It was important that the final product reflected what they wanted to play, create, and learn to ensure uptake.

Families were thrilled by the design. During testing, they found the Traveling Backpack valuable because it has the toys and elements necessary for children to play, learn, and "keep being children" along the route. They said they were willing to carry it with them, despite the heavy luggage they already had. One caregiver explained,

> [The playkit] is useful to stimulate kids, to play with them, for them to write and draw, to teach them more stuff. The play ideas of the backpack are good, I'm going to make some of them for my children.

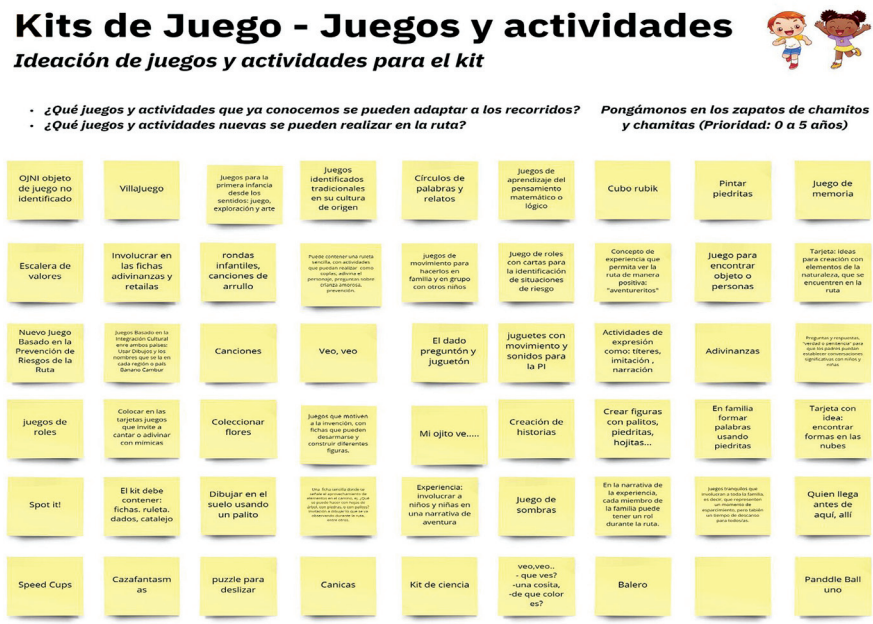

Figure 6.6 Brainstorming about games and activities for the Traveling Backpack

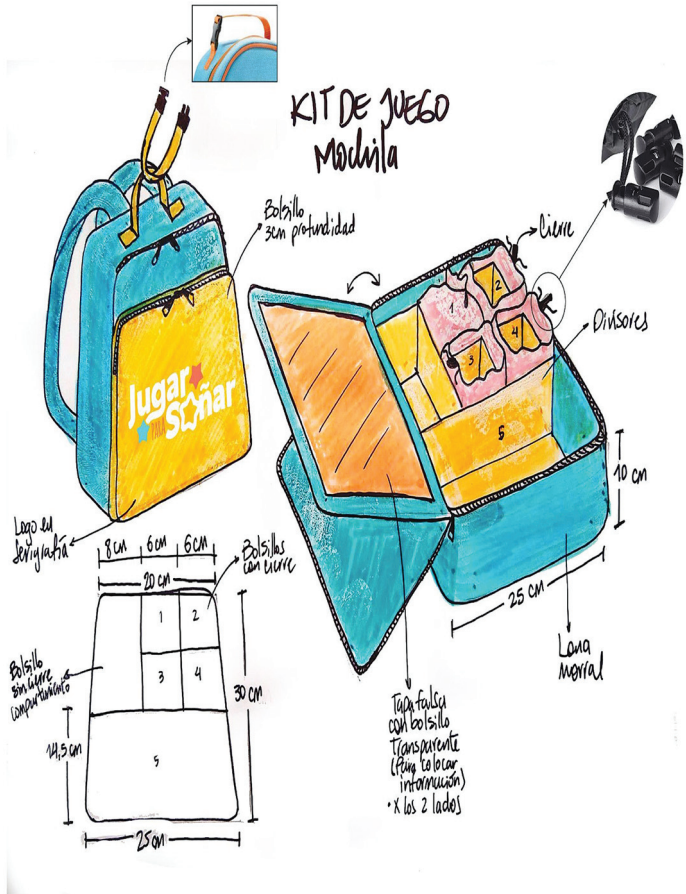

Figure 6.7 Sketch of the Traveling Backpack

The Traveling Backpack helped continue the experience of magical portals in the daily lives of families in transit or in their places of refuge and rest in a variety of ways. The toys and materials were available for children and could be used with other materials that IRC provided, like the travel diary and game book (see Figures 6.10 and 6.11). The travel diary gave caregivers the opportunity to read the advice of the Magician CoroCoro and the Teacher Indi, and children could do activities, play games, and write and draw freely. The game book provides games that focus on the development of key skills presented by each character.

The play experience was complemented by informative spaces in each portal, whose objective was to support families to plan their route and ensure decision-making based on accurate information. Route planning could involve determining the path to reach the next destination, shelter, or magical portal and

Figure 6.8 Children and families testing the Traveling Backpack

Figure 6.9 Children and families giving feedback on the Traveling Backpack

Figure 6.10 Contents of the Traveling Backpack

Figure 6.11 Traveling Backpack

ensuring safety along the way. Each play space provided information to the families in a variety of ways. Some had tablets where families could navigate the InfoPa'lante platform (InfoPa'lante, nd). Others had posters with health and safety information on the route or an informative route agenda, which contained basic information on the main cities in Colombia and the countries of migratory destination in South America (see Figures 6.12 and 6.13). Finally, the facilitators were trained to provide additional information and data.

Services for families that remain in Colombia: Teacher training in early childhood centers

The second arm of the *Jugar para Soñar* project involved strengthening the capacity of Colombian, and in some cases Venezuelan, teachers in early education centers. This support served migrant families who wished to enroll their children, but also Colombian children without access to high-quality early childhood education. Under Colombian law, undocumented children have the

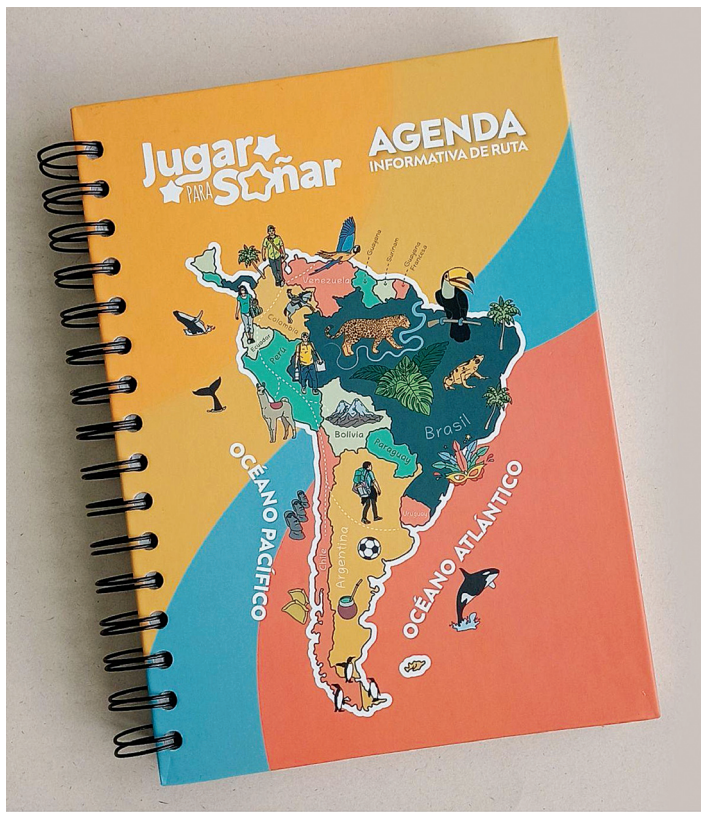

Figure 6.12 Route agenda with information for families

Figure 6.13 Sample page from the route agenda

right to attend comprehensive development centers. However, quality in these centers varies greatly, and teacher capacity to deliver high-quality comprehensive early childhood care is one of the main challenges of the Colombian educational system (Ponguta et al., 2020).

To support early childhood teachers, IRC collaborated with the Colombian Institute of Family Welfare (ICBF) to design and support a teacher training process that promoted the inclusion and integration of migrant families into host communities, as well as the development of pedagogical practices that recognize the effects caused by the stress generated by the crisis. In conjunction with *Corporación Juego y Niñez* and with the support of the ICBF, IRC developed a training package for educators incorporating teacher and child wellbeing, play-based learning and development, topics related to inclusion and integration, and policy on comprehensive early childhood care.

The capacity-strengthening component of *Jugar para Soñar* also used the story characters as well as the concept of "knowledge portals." For example, CoroCoro, the Magician, shared key messages related to the importance of play for child development and learning, providing playful activities in the training sessions. Indi, the teacher, highlighted the relationship among play, care, and positive social relations for supporting the inclusion of Venezuelan children and families into their communities. Storytelling, exploring, and learning through

play-based activities were part of each session of the training process. The training also addressed ways to support young children who had experienced situations of stress due to crisis and strategies for preventing violence and ensuring safe environments.

There were four phases of the capacity-building:

Phase 1: Selection of early childhood centers

The core team (composed of professionals from *Corporación Juegos y Niñez* – CJN and IRC) developed an agreement with the ICBF for the selection and targeting of early childhood centers. The selection criteria for these locations were: locations with high concentrations of migrant families, presence of vulnerable Colombian families, and teachers lacking training in education in emergencies. Subsequently, the CJN territorial teams (made up of two professionals, one a specialist in pedagogical processes and another specialist in family, community, and networks) contacted the ICBF to define the number and location of early childhood centers for the training.

Phase 2: Needs assessment

During this phase, teacher and early childhood center needs were identified. The project team visited early childhood centers and filled in an assessment form with variables related to early education guidelines in Colombia, including standards of quality and relevance of pedagogical practices. The form also included topics like using play in child development, differential approaches to support the education of migrant children, and access to services for migrant families. This information provided a baseline of teacher and center characteristics and training needs.

Based on the analysis of the initial results, several priority topics were identified for strengthening teacher capacity. These included access to services for migrant families, recognition of the cultural realities of migrant families, a guarantee of comprehensive care routes for the migrant population, emotional management for families, pedagogical approaches acknowledging the experience of crisis, and the development of learning environments based on games, art, literature, and exploration.

Phase 3: Plan for technical strengthening and training

Based on the needs assessment, the core team developed a support plan for each early childhood center, building on individualized strengths and opportunities for improvement. The different capacity-strengthening plans were developed in alignment with the program objectives focusing on development of teaching capacities to improve the quality of early childhood education in emergency contexts through games, training in parenting guidelines, and the creation of communities of practice.

In Colombia, each early childhood center develops a pedagogical proposal for the comprehensive care of children. In most of the ECD centers, these proposals lack any focus on migrants. The teacher strengthening plan explicitly addressed migration by including Venezuelan culture and developing pedagogical methodologies that recognize crises experienced by children and their families. Some examples include recognizing, understanding, and being able to support children's socio-emotional challenges caused by migration and constant movement from location to location.

Capacity-building plans were generated for 405 ECD teachers. The capacity-building support, which consisted of mentoring and coaching, ranged from four to eight hours over the course of four months. In the monthly coaching and learning sessions, teachers – accompanied by the project technical team – designed ways to support Venezuelan families, focusing on topics like how to access legal support systems and understand their rights.

There were four training themes. The training focused on ECD covered the definition of early childhood and its importance, milestones, early childhood brain development, and the impact of stress. The training on family and community networks covered the Temporary Protection Statute for Venezuelan Migrants, which allows Venezuelans to obtain a range of rights and stay in Colombia legally for ten years. The topics on play, culture, and tradition covered new pedagogies used in *Jugar para Soñar* as well as positive parenting strategies (UNHCR, n.d.). Finally, the child protection and safeguarding training included information on violence against children, including negligence and physical abuse, risk, and protective factors as well as how families can support child development and protection.

Phase 4: Learning from experience

During this phase, the project team sought to learn from the training experience. The team developed measurement tools, which were reviewed and approved by the ICBF.

The main tool was a quality assessment tool used by ICBF for understanding the conditions of the ECD centers, including pedagogical approaches, service, and access. This was implemented as a needs assessment at the beginning of the training program over the course of one day in the ECD center. It used observation, interviews, and document review. The outcome of the assessment was a score based on the colors of a traffic light with green representing good quality services and yellow and red requiring improvement. Any ECD center with a yellow or red rating on the assessment received a work plan for improvement.

After the training and some months of implementation, the project team surveyed the participating centers to re-assess the same variables that were measured in the needs assessment and interviewed teachers to understand their satisfaction with the training and changes in their capacity. The teachers were also invited to share their experiences at a forum on early childhood education for migrants, led by the *Jugar para Soñar* project team. Additionally, surveys of satisfaction and

evaluation of the training and coaching given were presented to the Intersectoral Commission for Early Childhood, the body in charge of implementing public policy for children. Surveys were also conducted regarding usage of and satisfaction with information provided on the InfoPa'lante platform.

Based on results from focus group discussions with teachers conducted after the training sessions were completed and months after some implementation had occurred, there were notable improvements in the ECD centers. Teachers reported better recognition of the cultural realities of migrant families, better supported the emotional needs of families, and employed new pedagogical approaches. A huge majority (92%) of the teachers said they had gained knowledge and adapted ECD centers' services for migrant populations. Additionally, 34% adapted their pedagogical practice.

The understanding and use of play for learning varied by region. For example, on the southern border of Colombia, teachers worked with Venezuelan families to collect their songs, food recipes, holidays, music, traditions, and stories in a handbook and then shared it with other families. In the same region, they developed an intercultural week with the participation of Venezuelan and Colombian caregivers, sharing music, dance, poems, and food. A caregiver that participated said,

> I am Venezuelan and when the teacher called me to participate in this project, I felt moved and very excited. For me, it was good to be able to share my culture. I was grateful and inspired. I shared songs, myths, legends, food, games, lots of things that were coming to me at that time from my country.

To ensure the quality of training, both for the play centers and the teacher capacity building, the project team (members of CJN and IRC) provided technical assistance. The aim of the technical assistance was to ensure a continuous, reflexive, and systemic learning process, covering the key topics of play, child protection, culturally sensitive and adapted learning approaches for teachers, and education in emergencies. For example, teachers started with varying levels of understanding and came from different learning contexts (community spaces, government spaces, etc.), so it was important to meet them where they were.

The technical training and mentoring helped teachers reflect on their teaching approach. One teacher said, "Migrant families need special types of support that meet their specific needs, addresses their customs, and clearly shares institutions that provide services for them." Continuous coaching provided to teachers via facilitators ensured that teachers felt supported throughout the life of the program. In reflection sessions, teachers were encouraged to share experiences to develop communities of practice to continue to share and learn together.

COVID-19 disruptions and adaptations

The COVID-19 pandemic disrupted the development and implementation of *Jugar para Soñar* in multiple ways. From March to September 2020, the country was under a full lockdown, followed by a series of partial lockdowns and

movement restrictions in different areas of the country for the remainder of 2020 and 2021. These restrictions limited the ability of IRC and its partners to provide services. A national strike from April to September 2021 blocked many of the country's roads, causing delays in project implementation.

IRC and its partners had to adapt implementation of the project in response to the pandemic. Initially, all project activities for families in transit ceased, but once the roads and early education centers began to re-open, IRC implemented mobile, rather than static, play spaces along migration routes. The team adhered to COVID-19 protocols including distributing masks for everyone participating in the play spaces, adapting games to limit contact, and enacting protocols to prevent overcrowding. Due to school closures from the pandemic and limited access of education for migrant children, families often visited with both younger and older siblings. The team therefore adapted activities to ensure the whole family felt included by providing a variety of toys and activities in the backpack and explaining how they could be used by the whole family, including adults, siblings, and young children.

Training for ECD teachers was also adapted. Virtual rather than face-to-face training continued throughout the pandemic lockdowns. The IRC team adapted the training content for virtual training sessions with teachers using previous experience in virtual coaching from other projects. This decision was made as IRC took precautions for its staff; however, some learning and teaching activities in public schools continued.

Political changes emerging from a new government elected in Colombia in the summer of 2022, coupled with new opportunities for Venezuelans to migrate north rather than south, resulted in changes in migration patterns. To adapt to migrants' needs and changing routes, the project added static and mobile spaces in the northern part of the country, including in the city of Medellín, where families could access information and opportunities both for those that decided to remain in Colombia and for those that chose to continue to Panama. In Medellín city, IRC installed play spaces within city-run migration support centers. These centers offered holistic services for migrants wishing to remain in Colombia such as housing, employment, legal, health, and education support. Additionally, IRC set up mobile spaces for families that were located mostly in centralized humanitarian access points – emergency service tents near highways, which provided a variety of services (e.g., Red Cross health days, International Office of Migration legal guidance services, etc.). The mobile strategy made it possible to reach more families in transit. Compared to June and July 2021, when 893 children used play spaces, in August 2022, this number reached 1,241.

Outcomes and lessons learned

Play spaces and Traveling Backpack

Overall, the play spaces achieved significant coverage of migrant families and effectively changed some of their knowledge and practices. As of January 2022, a total of 10,478 participants had come through the magical portals, and 6,288

children and 7,481 caregivers had participated in the play spaces.[5] According to a five-question interview with a sample of 488 caregivers, there was greater knowledge of protective practices for children in transit, and how to employ positive parenting practices and design spaces for play and relaxation. Families also reported having developed better route plans according to their needs. This information showed that the provision of information through Info'Palante platform and other means was a service that families found very useful. Families used this information in real-time to make informed decisions on what was best for their families.

One of the challenges in identifying the value of the Traveling Backpack has been the ability to follow families since many were in transit. COVID-19 added to the complexity of reaching families who had received the backpack prior to lockdowns. IRC planned for the Traveling Backpack to be able to reach 1,000 children and they achieved this distribution goal but were not able to find all the families following their time in the play space to follow up about their use of the backpack. IRC was able to make follow-up calls to 39 families who received the Traveling Backpack, all of whom reported having used the backpack to engage their children in play. However, families also reported that they felt they needed to be in a safe space or shelter to take advantage of the backpack. The challenge of understanding families' utilization of materials and activities in the backpack made the adaptation process challenging.

The project team used a variety of tools to assess the experience and satisfaction of families that participated in the play spaces. Because families were on the move and social distancing procedures were in place for much of the implementation period, the project team used a combination of approaches to collect information via remote modalities or in person. They sent satisfaction surveys via mobile devices and tablets and solicited feedback through the Info-Pa'lante platform and in the play spaces. Unfortunately, due to poor connectivity and high risks of theft, not all participating families had a mobile device, or some had one device that was used for two or three different families, which made it difficult to get feedback.

Moreover, as mentioned, some families did not feel comfortable using the content of the backpack unless they were in a safe space, meaning they were not using it throughout the journey, which was its original intent. Additionally, the number of older siblings and cousins who participated in the activities was higher than expected as they accompanied their parents/caregivers and younger siblings. Therefore, a lesson learned was that it was important to ensure that facilitation manuals included activities covering children through age 14 and that guides included how to set up play spaces for multiple age groups.

Teacher professional development

The teacher capacity-building component was also successful in terms of broad reach, improved knowledge and practice, and potential to continue scaling. At the time of writing this chapter, the project had supported 104 child

development centers and 430 teachers, community leaders, psychologists, and social workers. Compared to baseline, participating personnel reported improved knowledge and practices to support migrant families. While about 90% of participants expressed that their knowledge increased, the percentage that noted an increase in practice was lower. For example, about 34% of the participants integrated cultural sensitivity into their pedagogical practices, and 18% developed spaces to involve mothers, fathers, and caregivers and orient them on the importance of early childhood development and how to support their children's development and learning. Only 9% directly incorporated content on the prevention of stigmatization and xenophobia.

There is some evidence of challenges associated with changes in practice related to play-based learning. According to an international systematic review of early childhood teachers' views on play-based learning, several factors limit their implementation of play-based activities, even when teachers have knowledge about the importance of play. Structural challenges include time pressure, requirements to follow a strict curriculum, and large class sizes. Parental attitudes and expectations of school achievement and school preparedness can also influence teachers' willingness to implement play-based activities. And teacher education can also limit the ability to foster play-based learning (Bubikova-Moan et al., 2019). Given the unstable environment in Colombia with growing numbers of Venezuelan migrants and the uncertainty around the COVID-19 pandemic as well as the limited duration of training (only four months), the limited changes in practice are not surprising.

In focus group discussions with teachers after the training, many requested additional training sessions and more spaces that allowed them to come together and share their challenges, learning, and positive practices. It is recommended that in the second phase of this project, teachers are part of the decision-making process on topics for sessions and that there are more opportunities for peer-to-peer support amongst teachers.

Though virtual training allowed the team to access teachers, the team learned that it was critical to include topics related to social-emotional learning, student and teacher wellbeing, and evidence behind the tools and skills that were presented. Some barriers to participation were lack of internet connectivity and resistance by some of the more experienced teachers who did not think they needed additional training. IRC tried to mitigate some of these barriers by using virtual icebreakers, modifying, or taking out certain content where teachers seemed resistant, and providing guidance on how to connect virtually to sessions. All of this helped in ensuring teachers fully participated in the training program.

Reflections and recommendations

The *Jugar para Soñar* approach to supporting young children and families on the move is a new type of programming. Few experiences focused on young children on the move, particularly during the COVID-19 pandemic, have been published. While there were myriad challenges, overall, the program produced

many positive results. As IRC and its partners move to phase two of this project and share their experiences, there are five key reflections and recommendations to highlight that are relevant for young children on the move and for other multi-emergency crises.

Holistic approach to program design

Children's needs are multiple, and they do not neatly fit into sectors. Instead, children require a combination of services and supports, including services for their families. IRC and their partners learned this during the process of designing and implementing *Jugar para Soñar*. As the team began to understand the experience and challenges of Venezuelan families during their journey, it became clear that families needed multiple supports. The grant for *Jugar para Soñar* focused specifically on early childhood education and parenting support, but IRC and its partners found ways to address the multiple needs they identified. To do so, they designed referral pathways and information about services available along common migration routes, including legal, health, housing, and livelihoods support. One example of this is in the city of Medellín. IRC partnered with the city of Medellín and USAID to establish a one-stop-shop where migrants could obtain holistic services while IRC provided specific early education and parenting support in the same location.

Participatory approach to program design

IRC used participatory approaches for all elements of the project and used a more intensive human-centered design (HCD) for the development of the Traveling Backpack. Program staff used tools such as focus group discussions, key informant interviews, and satisfaction surveys throughout all stages of the project to listen to participants' voices and understand their needs, as well as to facilitate their participation in ideation processes that led to possible solutions. The ideation or brainstorming process brought small groups together and allowed them to share ideas from their different viewpoints. While the process took time and resulted in many ideas, most of which were not selected to move forward, the process allowed the participants to brainstorm without putting limits on their ideas and possible solutions. Additionally, participatory approaches with a small number of individuals at a time in a group, especially during the HCD process of developing the Traveling Backpack, proved particularly beneficial in empowering communities and families.

This community participation approach in which teachers, families, and children were able to be involved in the design, testing, and piloting of activities also allowed the team to iterate based on the feedback provided. This helped IRC to understand how the materials were being used, and how best to support facilitators and educators during training and ongoing support.

Using a participatory and/or HCD approach can be time-consuming and challenging. This can be particularly problematic when trying to respond to

crises that demand an immediate response. In a humanitarian context where the imperative is to provide services, it may seem that participatory approaches slow things down or do not allow for the scaling of services quickly, but IRC found that the benefits of using participatory and HCD processes outweigh the drawbacks. Despite initial slow rollout and expansion, IRC is now beginning to scale the program with higher quality services and a stronger uptake in the communities and with the government, which makes the work more sustainable.

Monitoring in humanitarian crises

The double burden of the migrant situation and COVID-19 made monitoring program quality and tracking families especially difficult. IRC and its partners used virtual approaches to monitor program quality, primarily using mobile devices. While most Venezuelans have mobile devices, IRC found that some families shared one device, so it was unclear what information was coming from which family. Furthermore, internet and phone connectivity were spotty in certain locations of the country and some families did not have enough credit to continue using their mobile devices. In developing country contexts where mobile and internet connectivity could be sparse or where families might not be able to afford sufficient credit or even more advanced phones, monitoring should involve multiple approaches. In the future, IRC will consider approaches such as providing credit to families when they come to the safe spaces or having a monitoring app that can be used offline and then uploaded at a safe space or a place where the family has connectivity. IRC has also had to explain to their donors that collecting all data is not always possible in such fast-changing contexts where people are on the move so expectations may need to shift for the types and timing of monitoring conducted.

Adaptability and flexibility

Humanitarian crises are unstable, and conditions often change from one day to the next. Adaptability and flexibility in all aspects of the program design, implementation, monitoring, and evaluation are therefore critical. IRC and its partners made many modifications and pivots due to changes in the context and participant needs. For example, IRC added mobile play spaces, which were not part of the initial project design, when COVID-19 lockdowns occurred. The team then adapted this approach to migration trends, client feedback, and circumstances. Following migration trends and staying up-to-date on political, social, and legal changes in both Colombia and Venezuela allowed the IRC team to understand how people were moving and what factors (economic, legal, social, personal, etc.) played a part in their migration decisions. Upon learning that many families were not able to access certain shelters due to violence or weather, IRC set up mobile play spaces with relatively easy-to-move tents and materials to locations that were receiving large numbers of families in transit.

The project originally focused on the border of Venezuela in the city of Cucuta and transit routes going south to the Colombia-Ecuador border. However, with changes in migration patterns, IRC needed additional support for those entering Cucuta but traveling north through the city of Medellín to the Panama border hoping to reach the United States. These changes happened quickly, and IRC needed to adapt its design, approach, and staffing to accommodate these needs.

Coordination

Lastly, the importance of coordination with key actors at the local, national, and international levels was critical during the multi-faceted crisis conditions in Colombia. This allowed the humanitarian community to avoid duplication and find points of complementarity and coordination for assessments, implementation, referrals, community participation, and mitigating misinformation.

One of the first steps that the IRC team took in the design of the program was to meet with national and local government officials to understand their perspectives, needs, gaps, and priorities for affected communities, including migrants and Colombians in affected areas. The purpose of engaging the government was to understand what services already existed, and what types of programs and activities were needed to support this population to ensure alignment and future sustainability of the project. At a national level, the right to early education and comprehensive care for early childhood is a right and is recognized as such by national actors; however, the inclusion of migrant children and their families is not incorporated into these ECD policy frameworks, including clear pathways for access and flexible programs for families on the move. Coordinating with the government and aligning the program design with their policies, gaps, and interests was instrumental in being able to work toward having a model that could be incorporated into the national framework and contribute to the integration of migrant communities into early learning services. This step was also critical in ensuring that when IRC's programs close, government bodies can continue services for migrants and ensure the sustainability of similar activities.

IRC and its partners also coordinated closely with other stakeholders working with Venezuelan migrant children and families. An ECD in emergencies coordination group was established in Cucuta (near the Venezuelan border) and in other cities in Colombia including Bogota. These groups were sub-groups to the Inter-Agency Standing Committee established Education Cluster which coordinates key stakeholders on education issues. IRC was and continues to be an active member of this group. While coordination takes staff time, IRC found it to be essential to its work with Venezuelan migrants in Colombia. IRC was able to find partners with whom they shared space for the migrants such as their partnership with the Red Cross in Cucuta where they established a play space in their shelter. Coordination has also enabled all members to share information they are learning from migrants about the changing nature of the crisis, fundraise together for additional projects, conduct joint advocacy, etc.

IRC will continue working with Venezuelan migrants that enter Colombia as the crisis is expected to continue since economic conditions remain dire in Venezuela. Luckily, the COVID-19 pandemic has eased; however, the lessons from *Jugar para Soñar* help IRC and its partners to be prepared for any future health pandemic or multiple emergency crises. Learning and recommendations from *Jugar para Soñar* are applicable to multiple countries and humanitarian contexts. The IRC Colombia team is currently integrating the rich learning from the *Jugar para Soñar* pilot and preparing for its scale-up. In this ambitious three-year project, the team will expand mobile and static early learning/play spaces to the northern route of Colombia past Medellin and to the Panama border, continue strengthening and scaling the teacher training component of the project, and advocate for uptake of play-based learning into Colombia's government policies to achieve durable solutions for migrant and host communities.

Notes

1 It is considered best practice in humanitarian contexts that vulnerable people in areas where displaced people go are also supported as the communities/villages hosting displaced people use their resources which places a strain on their ability to support vulnerable people of the area. When this principle has not been followed in many other humanitarian contexts, there has been an increase in tension between the displaced peoples and the people who were already living in the hosting areas.
2 IRC's Preschool Healing Classrooms model was built on 30 years of education in emergencies experience and a decade of research and field testing. The IRC's Preschool Healing Classrooms offer children a safe, predicable place to learn and cope with the consequences of conflict. https://www.rescue.org/resource/education-international-rescue-committee-early-childhood-development.
3 During the early stages of the migration of Venezuelans into Colombia, the most common route was for Venezuelans to go south into South America. In the middle to late 2022, the migration patterns began to change. Now many Venezuelans still go south, but many also go north from Bogotá to Medellín to the Panama border en route to the United States.
4 https://www.infopalante.org/hc/es-co.
5 Data from the InfoPa'lante platform.

References

Barbeiri, Jacques Gissi, Ramírez Gallegos, Grajales, María del Pilar Ospina, BárbaraPincowsca CardosoCampos & Polo Alvis, Sebastián (2020). Respuestas de los Países del Pacífico Suramericano Ante la Migración Venezolana: Estudio Comparado de Políticas Migratorias en Colombia, Ecuador, y Perú. *Diálogo Andino*, 63. http://dx.doi.org/10.4067/S0719-26812020000300219.

Blyde, J., Busso, M. & Ibáñez, A. (2020), The Impact of Migration in Latin America and the Caribbean: A Review of Recent Evidence. Inter-American Development Bank. https://publications.iadb.org/en/impact-migration-latin-america-and-caribbean-review-recent-evidence.

Bubikova-Moan, J., Næss Hjetland, H., & Wollscheid, S. (2019). ECE teachers' views on play-based learning: A systematic review. *European Early Childhood Education Research Journal*, 27(6), 776–800. https://doi.org/10.1080/1350293X.2019.1678717.

Davalos, A. (2022), Desafíos y oportunidades de la educación y la migración. *La Maleta Abierta*. https://blogs.iadb.org/migracion/es/desafios-y-oportunidades-de-la-educacion-y-la-migracion.

Human Rights Watch. (2016). Venezuela's Humanitarian Crisis. www.hrw.org/report/2016/10/24/venezuelas-humanitarian-crisis/severe-medical-and-food-shortages-inadequate-and.

Human Rights Watch (2021). Venezuela: Events of 2021. https://www.hrw.org/world-report/2022/country-chapters/venezuela.

InfoPa'lante. (n.d.). Guia Migratoria. https://www.infopalante.org/hc/es-co.

Inter-agency Coordination Platform for Refugees and Migrants from Colombia (R4V) (2022). Mixed movements in transit through Urabá region – January to July 2022. https://www.r4v.info/es/document/gifmm-colombia-mixed-movements-transit-through-uraba-region-january-july-2022.

International Crisis Group (2022). Hard Times in a Safe Haven: Protecting Venezuelan Migrants in Colombia. https://icg-prod.s3.amazonaws.com/094-protecting-venezuelans-in-colombia_0.pdf.

IRC (International Rescue Committee). (2023). Emergency Watchlist. https://www.rescue.org/sites/default/files/2022-12/CS2301_Watchlist%20Project_Report_Final_3.pdf.

Looker Studio (n.d.), Atención educativa de NNA y población adulta migrante venezolana en Colombia y análisis de brechas: Documento de identificación. http://lookerstudio.google.com/reporting/7d3ace8e-7c85-4a8b-9082-99c7959bd1a5/page/p_cs80427jmc?feature=opengraph.

Ministry of Education National. (2020). Inclusive education for Venezuelan migrant children. https://www.mineducacion.gov.co/portal/salaprensa/Especiales-Prensa/402487:La-Opinion-na-educacion-inclusiva-para-los-ninos-migrantes-venezolanos.

Namen, O., M. Prem., S. Rozo, & Vargas, J. F. (2020). The Effects of Venezuelan Migration on Educational Outcomes in Colombia. Unpublished document. Washington, DC.

Ponguta, L. A., Aragón, C. A., Varela, L. R., Moore, K., Hein, S., & Cerezo, A. (2020). Sector-wide analysis of early childhood development and education in emergencies in Colombia and considerations to strengthen systems globally. *New directions for child and adolescent development*, 2020(172), 103–123. https://doi.org/10.1002/cad.20367.

Prada, S. I., Garcia-Garcia, M. P., & Guzman, J. (2022). COVID-19 response in Colombia: Hits and misses. *Health Policy and Technology*. https://doi.org/10.1016/j.hlpt.2022.100621.

UNHCR. (2023). Venezuelan refugees, migrants, and their hosts need help to chart a brighter future. https://www.unhcr.org/en-us/news/press/2023/3/641068274/venezuelan-refugees-migrants-hosts-need-help-chart-brighter-future.html.

UNHCR. (n.d.). Good Practices on asylum in the Americas - Colombia – Temporary Protection Statute for Venezuelans. https://globalcompactrefugees.org/good-practices-asylum-americas-colombia-temporary-protection-statute-venezuelans#:~:text=The%20creation%20of%20the%20TPS,%2C%20education%2C%20formal%20employment%2C%20and.

UNICEF (n.d.). COVID-19 and children. UNICEF Data. https://data.unicef.org/covid-19-and children/#poverty.

UNICEF. (2023). Children on the Move including Venezuelans, and other Crisis-Affected Communities Appeal. https://www.unicef.org/appeals/children-on-the-move-venezuela#:~:text=US%24160.5%20million&text=In%202023%2C%20an%20estimated%2016.6,being%20hosted%20in%20the%20region.

VAM Unit – Colombia. (2023). 2023—Food Security and Nutrition Assessment for Migrant Populations and Host Communities—Brief. https://www.wfp.org/publications/2023-food-security-and-nutrition-assessment-migrant-populations-and-host-communities.

Vegas, E. (2022). COVID-19's Impact on Learning Losses and Learning Inequality in Colombia. Center for Universal Education at Brookings. http://internationalpolicybrief.org/journals/international-scientific-research-consortium-journals/intl-journal-of-economics-vol10-no1-may-2022.

WFP and FAO (2022). Hunger Hotspots. FAO-WFP early warnings on acute food insecurity: February to May 2022 Outlook. Rome. https://doi.org/10.4060/cb8376en.

Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., Ponguta, L. A., Richter, L. M., & Stein, A. (2020). Effects of the Global Coronavirus Disease-2019 Pandemic on Early Childhood Development: Short- and Long-Term Risks and Mitigating Program and Policy Actions. *The Journal of Pediatrics*, 223, 188–193. https://doi.org/10.1016/j.jpeds.2020.05.020.

You, D., Lindt, N., Allen, R., Hansen, C., Beise, J., & Blume, S. (2020). Migrant and displaced children in the age of COVID-19. https://data.unicef.org/resources/migrant-and-displaced-children-in-the-age-of-covid-19/.

Zosh, J. M., Hopkins, E. J., Jensen, H., Liu, C., Neale, D., Hirsh-Pasek, K., Solis, S. L., & Whitebread, D. (2017). Learning through play: A review of the evidence [white paper]. The LEGO Foundation, DK. https://cms.learningthroughplay.com/media/wmtlmbe0/learning-through-play_web.pdf.

7 Doing it better with less

Rethinking radio for early learning during COVID-19 and other emergencies

Simon Richmond and Rachel Christina

Introduction

COVID-19 closed schools worldwide and left education systems scrambling to provide alternative access to learning opportunities. Distance education seemed ideal for providing continuity of learning, but governments hoping to harness technology immediately faced challenges of cost and access. Broadcast radio, once a staple of distance education during crises, including Ebola and others, was largely abandoned prior to the COVID-19 pandemic for more contemporary technologies such as mobile phones, televisions, and computers. Since COVID-19, the use of radio has seen a resurgence in popularity, especially in countries without affordable broadband internet, widespread television adoption, or an efficient postal distribution system. Under these circumstances, radio is the only reliable way to get daily content out to learners. As a result, radio programming has been used to reach young learners in a variety of locations, including in multi-crisis contexts.

This chapter explores the lessons learned from using Interactive Audio Instruction (IAI) via radio in Mali and Zambia for children aged 4–8 who were out of school during the pandemic.[1] The chapter begins with an overview of IAI via radio and evidence of its effectiveness in early learning. It then explores principles and practices in IAI, including processes for adaptation and new content development as means of addressing critical needs quickly and at scale. Finally, it offers recommendations for adjusting radio production processes to enable education systems to rapidly respond to a range of crises while maintaining the product quality that is critical to success. The contrasting cases of Mali, which adapted existing early grade classroom audio programming for at-home use by children in grades 1–3, and Zambia, where a rapid production process supported the development of new audio resources for learners in grades 1–7, serve as lenses for examining issues of relevance, responsiveness, and quality in this longstanding and now reinvigorated mode of distance education.

The contrast between these two cases illuminates the pros and cons of traditional IAI formats and offers insights into options for the rapid generation of flexible, high-quality audio programming to meet emerging needs. Mali's rapid release to homes of broadcasts of pre-existing IAI programming designed for classrooms provided a very nimble response to the schooling gap caused by

DOI: 10.4324/9781003415213-8

COVID-19. Not all children were able to listen to programs in the right language of instruction, however, and the fact that the pre-existing programs were designed for school use made them less user-friendly at home. Although participating students demonstrated learning gains, they were limited. Zambia's efforts to tailor the response to the needs of children at home, on the other hand, required an enormous production effort that had to be streamlined and revamped to keep to ambitious timelines. The final product is available for post-COVID-19 remediation but was not ready for use during the 10-month closure of schools. This chapter presents lessons from Mali's reuse of existing materials and Zambia's process adaptation, along with insights into ways in which IAI could be a more effective support for system resilience to future shocks and crises and for higher-quality early childhood programming more generally.

Interactive Audio Instruction (IAI): Effective instruction for young learners in resource-constrained, crisis-affected environments

IAI programs reflect decades of research in instructional design and pedagogy. IAI is a distance learning technology that uses radios and, increasingly, phones, to provide educational opportunities in rural and hard-to-reach areas and in unstable contexts experiencing humanitarian emergencies. IAI has also been used to support children with disabilities and learners whose education has been interrupted by health crises, such as the Ebola pandemic, conflict, and weather emergencies (Liberia Advancing Youth Project, 2017; South Sudan Interactive Radio Instruction Program, 2012; STEP/ATEC Madagascar, 2009).

IAI content is delivered through CD, MP3, mobile phones, or radio, with the assistance of a classroom teacher or group facilitator, who is coached by the recorded "teacher facilitator" to implement active, child-centered instruction that is highly relevant to the daily lives of the young participants. Warm and appealing characters lead the audience through songs, stories, and dramatic themes that provide an engaging framework for literacy, math, life skills, or other learning content. The participatory nature of the guided lessons engages students in multiple ways – cognitively, physically, emotionally, creatively, and socially (Christina & Louge, 2015).

IAI programs have been used in formal school and care settings, in non-formal community schools and listening groups, and informally by families and children following broadcasts at home. Whether delivered over broadcast radio, for internet download, or on SD memory cards for reusable playback on mobile devices, IAI programs have been proven to promote learning and development across multiple domains, in a broad range of contexts, with particularly strong results in some of the most resource-constrained environments and for some of the most marginalized and isolated learners, including refugees and displaced persons in humanitarian and emergency contexts (Morris & Farrell, 2020). IAI learners catch up to and often out-perform better-resourced peers, and the methodology has been demonstrated to close gaps by gender, rural-urban location, home language, and poverty (Ho & Thukral, 2009).

IAI differs notably from other forms of audio delivery, such as traditional unidirectional radio lectures, read-alouds, and edutainment. Interactive audio learners are engaged in a complete, research-based curriculum through a variety of play-based, active learning activities that promote cognitive, physical, and socio-emotional development, building content mastery and critical problem-solving skills. IAI also functions as a virtual coach for teachers who have little training or are not comfortable with active learning. As they follow the audio broadcast teachers are coached by their recorded counterparts through the delivery of these new approaches and supported to safely and effectively experiment with pedagogy that research shows leads to better learning outcomes (Anzalone & Bosch, 2006; UNESCO, 2021; Thukral, 2016).

IAI is particularly suited to pre-primary and primary education instruction, where play-based learning is more common. Early childhood development (ECD) programming focused on holistic development, pre-literacy, pre-numeracy, and social-emotional development has been demonstrated to close gaps between pre-primary IAI users and their better-resourced peers in contexts as varied as Honduras, Indonesia, Malawi, Paraguay, Nepal, and El Salvador (Bates, 1998; Christina & Louge, 2015; Ho & Thukral, 2009; Sanchez & Evans, 2005). In Zanzibar, disadvantaged ECD IAI students outperformed better-resourced comparison peers by 10% in math and 12% in Kiswahili, and maintained a learning advantage through the end of primary school (Education Development Center, 2015). In Paraguay, Indigenous language-speaking ECD IAI students achieved a 16-percentage point increase in math scores over their Spanish-speaking language control peers after only five months in a bilingual IAI math program (Naslund-Hadley et al., 2014). And in Malawi, five-year-old learners in community-based ECD IAI childcare centers scored significantly higher than their peers in control centers on school readiness measures, a finding which held constant for seven years (Save the Children, Malawi and EDC, 2012; Education Development Center, 2020).

These powerful results carry through into the early primary grades, as learners transition into schooling. In Zambia, community school learners receiving only 30 minutes of IAI daily significantly outperformed public school students receiving a full day of instruction from trained teachers (Ho & Thukral, 2009). In Mali, the percentage of grade 2 literacy learners in an IAI-supported literacy program who met or exceeded rigorous national benchmarks for reading increased by more than 24% over four years (Selective Integrated Reading Activity, 2022). In the Democratic Republic of Congo, 21% of *second grade* IAI students met or exceeded *third grade* national reading standards in French (a language they did not speak at home) by the end of one year of programming (Education Development Center, 2014). These results are also consistent with outcomes in non-formal and crisis-interrupted education, as in the case of Liberia during the Ebola epidemic, where IAI-supported learners working at home outperformed print-based learners in the same program by 25% (Liberia Advancing Youth Project, 2017).

The audio-only channel of IAI triggers imagination as well as participation, especially when children cannot yet read. More immersive technologies like television and software applications that are displayed on-screen require eyes-on at all times, promote passive physicality, and generally discourage children from completing social tasks with peers while they watch. With an audio-driven program, children can listen to directions from the radio teacher as they work in pairs or groups to engage in cooperative tasks, work with manipulatives, or complete any number of kinetic learning activities (Eshgh et al., 1988).

Pre-primary and early primary IAI have also been found to provide early childhood education effectively at scale, with higher quality and at lower costs than traditional classroom education (Christina & Louge, 2015; DeWees et al., 2022). As the earliest years are often the least resourced within education systems, this cost advantage is particularly powerful. In contexts where options for teacher training are unavailable or too costly for instructors of the youngest children, IAI's lower-cost, dual-channel delivery of both teacher and caregiver training and direct instruction, utilizing best practices in early childhood education, can be a transformative element in early learning.

IAI production principles and practices

Key principles of quality IAI include local production, interactive pedagogy, simplicity of content, and quality assurance. IAI programs have traditionally been produced in the context where they will be implemented, with content created from scratch almost entirely by local talent. Production of a new series involves local teachers as scriptwriters, local musicians and actors as studio talent, and local producers and evaluators to oversee quality control. If any external experts are used, they provide technical advice around content mapping and pedagogy, help construct lesson plans, and review scripts, but rarely write or record any content.

There are several benefits to using this local production approach. The principal reason is capacity building: people learn by doing, and the most effective way to build capacity within a Ministry of Education is for a technical advisor to accompany staff as they practice their new craft. The second reason is curricular fidelity. The importance of a government being in full control of its curriculum is self-evident, so in every possible case, an IAI series should be aligned with the local syllabus. The third reason is cost: the salary, accommodation, and travel costs for expatriate technical advisors are expensive, so locally-hired talent is preferred.

The final and most compelling (but also the most overlooked) reason for local production is authenticity. Representation matters and media plays a crucial role in building cultural, racial, and gender identities (Brooks & Hébert, 2006). To be both socially responsible and to resonate with child learners, an IAI series must be grounded in research to look, sound, and feel like the lives of its audience: it must represent them and their world, reflect their preferred languages, and include culturally-relevant characters, settings, and problems to

be solved as part of the curricular arc. This is best accomplished when the creative minds behind the series come from the audience's community. It is an understandable source of pride and engagement for listeners to follow a high-profile media series that has excellent production value, yet is clearly local (Anzalone & Bosch, 2006).

Interactive pedagogy is also a critical element of effective programming. Because IAI uses a pedagogical approach that focuses on play and on active learning across multiple domains, locally-constructed IAI programs focused on early education are particularly potent. They tap into children's natural ability to learn through play, and facilitate the development of cognitive and non-cognitive skills and problem-solving attitudes organically, in programming that is joyful, socially interactive, actively engaging, meaningful, and iterative (Christina & Louge, 2014). Adults who learned using IAI as children have reported the sense of wonder they experienced when realizing that, in a world full of things for adults, a program had actually been made specifically for them (W. Mutoka, Zambian educator, personal communication, April 4, 2019).

The relative simplicity of audio production is another key principle of IAI. Recording can be completed with very simple equipment in a community radio station, with local human resources to record and voice-act. This is an enormous advantage when producing in local languages, and when the more complex production teams behind higher-tech products cannot easily set up and work within isolated target communities.

Finally, quality assurance is essential to effective IAI. Regardless of the makeup of the creative team, all IAI products must complete the same rigorous quality control process. It is difficult to ensure that children are learning over radio. Designers are blind to how listeners are responding to the content and cannot assume that listeners have any learning materials. Therefore, every activity must be meticulously planned, and every spoken direction must be explicitly clear. Not a second of expensive broadcast time can be wasted.

Traditional IAI design and production

Traditionally, the design and production of an IAI series have taken about a year. After a rigorous planning process (including scope and sequence development, curriculum mapping, audience surveying, and master planning), scripts typically go through a process that includes drafting, peer editing, corrections, external review, and finalization. The scripts are then recorded, mixed, and field tested with a live student audience. A final draft of each script, incorporating findings from the field test, is then prepared, recorded, edited, and mixed into a final episode.

The two challenges of this traditional process are time and cost. It takes considerable time to train local writers and producers. The production steps are time-consuming, particularly when staff is perfecting their new skills. Series often consist of more than 100 30- to 45-minute episodes, and because the production steps must be repeated for each episode, even small delays accumulate

and extend the production time. IAI is most effective when it is used daily by children, so most series design their programs to broadcast a new episode each day. With an intricate production process and relatively inexperienced staff, this pace is extremely difficult to maintain. Lowering production quality by eliminating planning and review can have adverse effects on the desired learning outcomes of the programs, so the only way to ensure the pace is to hire more writers. This drives up costs.

Cost and timelines can be managed in a traditional production environment when there is no crisis. Central planners in Ministries of Education are used to thinking years ahead, so although extended IAI production timelines are not ideal, they can easily fit into the larger government planning process. The high production costs can also be justified by the amortization of low per-student costs and the decade-long shelf life of rebroadcasts. Up-front investments pay educational dividends for many years as students participate in high-quality lessons and their teachers enjoy on-the-job training as they use the programs (Thukral, 2016). These benefits have encouraged governments across the Global South to create custom IAI series over the last 30 years (Education Development Center, 2020). These series have had a significant impact on achievement (Ho & Thukral, 2009); provided equitable access to a broad base of learners in formal schools, non-formal settings, and humanitarian contexts; and were faithful to the local curriculum, language, and culture. Produced by the community members of the beneficiaries, they were beloved by local audiences.

Innovation: COVID-19-era IAI production

The COVID-19 pandemic deepened appreciation for IAI, as governments realized that lessons that were broadcast into schools could also be broadcast into homes during times of school closure. IAI's cost and accessibility advantages could keep even the most vulnerable students learning during the pandemic (Morris & Farrell, 2020; Richmond et al., 2020). In 2020 and 2021, international agencies including Education Development Center (EDC), the World Bank, USAID, UNESCO, UNICEF, and others created an open-source library of existing IAI resources from 20 countries, and key stakeholders in many countries began to explore the use of IAI as part of their COVID-19 response (Global Digital Library, 2021).

However, IAI was not a quick fix. The initial wave of interest in IAI as a response to COVID-19 assumed that pre-packaged classroom resources could be quickly and easily repurposed for at-home learning. Initial interest by governments and funders in reusing or adapting existing audio resources was strong, but in only a few cases did it take place as planned. With a few exceptions, most legacy IAI series could not be quickly repurposed for home use during times of school closure because they were designed with classrooms in mind and depended upon the participation of a trained teacher (Richmond et al, 2020). In theory, parents and older siblings could step in to fill that role as the radio teacher guided them through each lesson. Some governments were

skeptical of using IAI in this way, doubting the organization and motivation of families to sustain daily lessons, particularly if they came at the cost of disrupting their means of earning a living. In other cases, such as Guinea, Ministries had updated curricula since the production of an IAI series, so although a relevant radio series was available, it wasn't considered appropriate to use (Richmond et al., 2020).

Producing new audio series at an appropriate speed to maintain learning during COVID-19 school closures was virtually impossible using the traditional high-quality model. The year-long process of developing a new series simply was not viable in the rapid response environment demanded by the pandemic. Instead, EDC found that based on consultations with key stakeholders, many countries produced unidirectional radio lectures (as in South Sudan and Liberia), short series of read-alouds that provided some oral language practice but did not constitute a full curriculum (as in Zambia, Uganda, and Senegal), or edutainment series (such as *Madlala St*., USAID South Africa's adolescent sexuality education radio show) that did not encourage student interactivity. In these contexts, the potential inherent in IAI as an approach may not have been fully tapped.

The governments of Mali and Zambia both understood the value of high-quality IAI from prior experience and wanted to use IAI as intended when requesting assistance in integrating the approach into their continuity of learning strategies for COVID-19. However, their experiences contrast in significant ways: Mali used an existing school-based grade 1–2 series with little adaptation to serve learners in grades 1–4, while Zambia commissioned the development of a completely new home-use series for grades 1–7. In the remainder of this chapter, we use these comparative cases to examine the opportunities and challenges of (1) adapting an existing IAI program for different use environments, and (2) creating a new IAI series using a modified production process that is responsive to time and resource constraints caused by a crisis context. We assess the relative effort and value of adaptation versus accelerated new production and make recommendations for ways in which these processes can be used to increase the responsiveness, quality, and resilience of early learning systems in situations of crisis.

Adapting existing IAI for early learning during COVID-19: Mali

One example of a case in which a legacy IAI series was essentially used as created during the pandemic is Mali, where well-established IAI programming was repurposed and delivered over broadcast radio and as downloadable content to serve the needs of young learners as they waited for schools to reopen. Reuse meant that the cost of production was virtually eliminated, and the availability of programming was almost immediate. This effort was funded by USAID through its Selective Integrated Reading Activity (SIRA) and implemented by EDC (Selective Integrated Reading Activity, 2022).

Mali ranked 184 out of 189 on the UN Human Development Index as of 2019. Net school enrollment rates are only 62% for boys and 53% for girls, and female dropout rates at the end of primary school are nearly 50%. The primary education system serves 3.6 million children, but there were more than 1.3 million additional out-of-school children in 2019, before the COVID-19 pandemic (UNESCO Institute for Statistics, 2023). Schools were closed due to COVID-19 from March 2020 to January 2021. The World Bank estimates that the economic impact of the pandemic pushed an additional 900,000 Malians into extreme poverty, increasing the dropout rate as families proved unable to manage the costs of schooling or diverted their children into labor or early marriage (World Bank, 2022).

Mali faces additional, ongoing challenges to the systematic provision of quality education, including multi-year waves of internal conflict and external attacks, internal disruptions of learning (including frequent, lengthy teacher strikes), and the grinding constraints of poverty and environmental degradation (Road to Reading, 2013). The education system lacks flexibility and is not able to easily adapt and respond to political strife, environmental issues, or health crises such as COVID-19. Irregular schooling is common due to combinations of these factors, and both access and quality of learning remain challenges in many of Mali's educational districts, particularly the most rural (Selective Integrated Reading Activity, 2022).

However, there is a long tradition of using IAI to support early learning in Mali. Programming in French and three local languages (Bamanankan, Tamashek, and Songhai) has been used to support classroom instruction in Malian primary schools for more than a decade, primarily in grades 1–3. More than 500,000 students have been served by IAI using a coordinated package across several interventions in public schools, non-formal learning centers, and community schools (Selective Integrated Reading Activity, 2022; Education Recovery Support Activity, 2022; Food for Education 3, 2022; Road to Reading, 2013). In Bamanankan-speaking regions in central and southern Mali, IAI literacy programming in both local language and French has been a core element of USAID-funded education programming since 2009, with significant resulting improvements in literacy (Selective Integrated Reading Activity, 2022). Those programs have been adapted into Songhai and Tamashek for use in schools using those languages of instruction, with similarly notable results (Food For Education 3, 2022). IAI has been particularly crucial in reaching children in the conflict-affected northern regions of Mali, where schooling has been significantly interrupted and the population of out-of-school learners is large. IAI programs served as core instructional and teacher support elements in the establishment of community-managed learning centers in Northern Mali from 2017–2021, and learners from those centers outperformed their public school peers when transitioning back to formal schooling in grades 2–4 (Education Recovery Support Activity, 2022).

This established foundation of an existing IAI series provided an opportunity for a rapid response to maintain the continuity of learning for early primary

learners during the COVID-19 pandemic. Within one month of the government's request for assistance in broadcasting IAI, an existing package of 460 30-minute lessons in Bamanankan and French was repurposed by the USAID-funded SIRA to provide broadcast-based lessons for children during school closures (Selective Integrated Reading Activity, 2022). Additional support for families using the programs at home was provided through the development of a short introductory broadcast orienting adults and children to the purpose of the programs, the logistics of listening to the broadcasts, and the at-home resources (such as writing implements, text to use for reading practice, and quiet study space) necessary to best benefit from the IAI program.

The Malian IAI programs were originally designed to be used in Grade 1 and 2 classrooms as part of a broader instructional program in early literacy and mathematics, delivered within that curriculum by trained adults to large groups of learners with accompanying print resources. However, due to COVID-19, these IAI programs were used in children's homes as standalone resources. Use was facilitated by parents or older siblings who had not been trained. Home broadcast programs were intended to serve as both initial instructions for Grades 1 and 2 and as a reading and math skills refresher for Grades 3 and 4. Because they were also available in French, compatible with Mali's bilingual and traditional curricula, they were extended beyond the Bamanankan-speaking region in which they had been developed and broadcast nationwide.

Because of the short lead time, the content of the programs was not adjusted to reflect a home learning environment. Instead, within two weeks, a series of short radio spots informing the public about the launch of the IAI lessons and the schedule of broadcasts was created locally and tailored to include messaging about COVID-19 prevention. The literacy texts and songs accompanying the IAI lessons in classrooms were provided digitally on a specially-created website. Community volunteers were organized to make phone calls and visits to households to increase parents' awareness about IAI broadcasts and assure them that the programs were useful and appropriate activities for their children.

The Ministry of Education negotiated the free broadcast of the IAI programming on national radio and its development partners covered the costs of broadcasts on community radio stations, ensuring the availability of daily episodes for a consistent two-hour block (between 10 am and 12 noon) so that parents and learners could maintain a routine. SIRA staff did ongoing monitoring of program reception and use of an adaptation of accompanying family resources. Program administrators established a tracking system to ensure that broadcasts occurred as scheduled, and collected data from listeners to inform adaptations of the new informational messages to better target listeners. Sampled families who were already participating in a structured study of COVID-19's impact on SIRA beneficiaries were surveyed regularly to monitor listenership and track the consistency of implementation.

Programs were broadcast from May to September 2020, in both Bamanankan (the primary language of instruction in the SIRA schools) and French (the language of instruction above Grade 4 and in schools that choose not to use local

languages of instruction). EDC's monitoring data showed that while 82% of students surveyed reported listening more than once a week, fewer than half of the sampled children listened to the audio programming every time it was broadcast. As families became more familiar with the program options, most children listened to programs designed for their age, although roughly one-third simply listened to whatever was on when they turned on the radio. About 90% of children had an adult (usually a father; less frequently a mother) or older child accompany them as they listened to the programs, and about 60% of those adults did attempt to guide children to follow directions contained in the series. Two-thirds of the children who listened to the programs reported that they had listened to the Bamanankan broadcasts; the remaining one-third listened to the French programs.

When schools re-opened in September 2020, EDC administered a brief literacy learning assessment to sampled classes of Grade 1 and 2 SIRA students. Students demonstrated learning gains in spite of the significant disruption of the school year by teacher strikes and COVID-19. Letter recognition scores increased by an average of 2%, familiar word reading increased by an average of 3% and oral reading fluency (connected text reading) increased by nearly 8%. Classes where more than 50% of the students had listened to the IAI programs demonstrated statistically significantly higher results in letter recognition, oral reading fluency, and oral language development than classes where fewer than 50% of the learners had listened to the programs. These results were consistent regardless of location (urban or rural), the language of instruction (French or Bamanakan), or gender. The learning assessment findings demonstrate that proven IAI effects on classroom learning in Mali seem to have been carried over into at-home learning, to a certain extent.

Had the Malian programming been designed from scratch for home learning, it is likely that the effect would have been greater. User monitoring data indicated that parents would have benefitted from an introduction before each episode to help them understand what was being taught and why. Timing of the lessons in the same block each day made routines possible for those who had time available between 10am and 12 noon (traditional school hours), but additional broadcasts at other times more conducive to family schedules would have increased the consistency of listenership. Redesigning the programs to better accommodate families who were not able to access the corresponding digital texts and songs would also have provided more equitable access to learning resources. However, the time needed to produce additional content and implement these modifications was too great, given the immediate need of the pandemic. Compromises on the complexity of the programming and the support to families likely reduced the effect on student learning.

Accelerating new IAI production as a COVID-19 response: Zambia

A contrasting case to that of Mali is that of Zambia, where, instead of repurposing pre-existing, well-tested, but older IAI programs, the government asked

UNICEF (who sub-granted to EDC) to fund the creation of a new IAI series for primary learners in Grades 1–7, with the goal of supporting learning from home and combating learning loss during school closures (including but not exclusively limited to closures due to COVID-19). Due to the timing of the contract and the scale of the work, the final recorded products were only completed after schools had reopened, and are currently available to teachers to support remediation for learning lost to the pandemic. The Zambian case produced a ready-made response to any future school closures, and changes in processes led to a 10-fold increase in production speed.

In the last two decades, Zambia has made enormous progress in extending school access to primary-aged learners. Currently, enrollment sits just below 88%, up from 65% in 1999 (World Bank, 2023). Much of this gain can be attributed to the community school movement. Over 3000 schools have been built, staffed, and managed by their surrounding communities since the late 1990s, and the Zambian Ministry of Education (MOE) encourages their use by sharing resources and allowing those in community schools to sit for government exams (Learning from Community Schools in Zambia, 2023). Roughly three million Zambian children are enrolled in primary school, with a gender parity index of 1, and an average class size of 42 pupils. Almost 92% of pupils complete grade 7, although only 67% continue on to the limited number of secondary school places (UNICEF, 2023). School-aged children who do not attend school are most commonly prevented from attending by the long distances they must travel to reach a school, or by poverty. Although the government of Zambia has eliminated school fees in order to provide free education for all, some families are affected by hidden costs such as school uniforms and labor opportunity losses.

Other factors also have a negative impact on the educational system and have proven more difficult to solve. The Democratic Republic of Congo borders Zambia to the north, and the ongoing conflict there has sent refugees south and stressed Zambian systems (Zambia Fears Humanitarian Crisis, 2017). Other health issues, like the protracted HIV-AIDs epidemic or the more recent outbreak of cholera in 2017–2018, have led to a high rate of single and double orphans and child-headed households (World Bank Trading Economics, 2021). The accumulating effects of climate change are also being felt in the country, and an ongoing drought has heightened the food insecurity faced by many families. All told, about 59% of children live in poverty, and 45% live in extreme poverty (UNICEF, 2023).

The Zambian MOE has enjoyed continued support from the international donor community for both their government-run and community-run schools (including pre-schools). Inspired by the focus on access sustained by the Education For All initiative around the turn of the millennium, IAI was used to great effect from 2000–2013 when it was broadcast daily for grades 1–7 (World Bank, 2014). It was particularly successful in community schools, which are staffed by volunteers and benefit from IAI's structure and quality of instruction.

When the COVID-19 pandemic began, Zambia turned once again to IAI. UNICEF contracted with EDC in April of 2021 to produce a resource bank of IAI episodes in primary grade literacy, math, and science to address COVID-19 learning loss and support remediation. Unlike the programs used in Mali, UNICEF requested that the programs be designed to run without the aid of a teacher to ensure they could be used easily in school or at home and in other non-formal and informal learning environments. Programs were recorded in Zambia's eight languages of instruction (English, Chitonga, Cinyanja, Icibemba, Kikaonde, Lunda, Luvale, and Silozi), which entailed producing a total of 2,325 episodes.[2] The IAI resource bank was finalized in August 2022, and UNICEF has since made them available for general download by all. The final product is best viewed, therefore, not as a solution implemented during the 2020–2022 pandemic but rather as an aid to recovery post-COVID-19 and as a resource to protect against future school closures.

The scale and speed of the Zambian response were significant challenges and required a non-traditional response. Best-practice IAI production procedures typically involve the production of 150 episodes per year. Producing more than 2,300 in 18 months, therefore, represented an enormous undertaking, and an approximately ten-fold increase in work rate. To match this pace EDC needed to completely overhaul its conventional production process without suffering a significant drop in quality. Rethinking processes and reallocating assets supported a significantly streamlined approach that strived to minimize any compromises on quality while dramatically increasing production speed at lower cost. The remainder of this section outlines those alterations in processes and their effects.

Identifying production bottlenecks

A review of standard interactive radio instruction (IRI) production processes identified several bottlenecks: capacity building, script ownership, and formative evaluation. The traditional approach to capacity building and preference for working through government systems sprang not only from good development practices but also from a desire to create an authentic, localized product. Significant time could be saved by using experienced writers external to Zambia who could work without numerous cycles of revision, but this would only be possible if the initiative still used other government systems and employees to provide oversight, quality control, and approval.

Script "ownership" was another bottleneck: In conventional production after finishing a script, the writer usually continues his/her ownership by overseeing the studio production of that script, and leading the formative evaluation team that tests, revises, and re-records that script. This helps him/her refine the craft and ensures that scripts remain coherent and retain focus on learning objectives without straying from the plot-arc of the episodes that precede and follow. But writing, recording, and testing every script limits the total number of scripts that each writer can produce. Writing pace could be increased by having writers focus solely on writing, while delegating other staff to specialize in production and evaluation.

A third bottleneck was the need to formatively evaluate each script in eight languages in classrooms spread across the different language regions of Zambia. It would have been both time and cost-prohibitive to arrange for formative evaluation teams to relocate to far-flung local-language schools for months at a time. Yet discarding field testing altogether was not an option, as it is the greatest single guarantor of the quality of an IAI series.[3] A formative evaluation was therefore divided into two steps – one pedagogy-focused and one language-focused. Pedagogy would be evaluated in a single central location before translating and recording the script in local languages. Language evaluation, which still needed to be completed by language teams visiting provincial schools, could at least be limited to only a small number of early scripts. The intent of this approach was to establish norms that standardized all follow-on translations, thus rendering further language evaluation largely redundant.

Identifying production assets

Three particularly useful assets supported production process revisions. The first was the strong and long-lived working relationship EDC shared with the Directorate of Open and Distance Education (DODE) and Educational Broadcasting Services (EBS) in Zambia's Ministry of Education. EBS has a pair of studios in Lusaka as well as a staff of IAI writers that EDC trained and worked with from 1999 to 2009. While EBS did not have the staff to write all 2,300 episodes, they were intimately familiar with the IAI production process, knew the Zambian curriculum, and were perfectly positioned to provide quality assurance for these new educational media products.

A second asset resulting from EDC's long history in Zambia was a close and positive working relationship with several community radio stations.[4] These stations and their rural studios could be harnessed to record all seven languages in parallel, not only increasing production speed but also ensuring authenticity, as voice actors could be drawn from surrounding rural communities and therefore perform in local, not urban, accents.

The final asset identified was the community of African writers outside Zambia who had worked with EDC to produce IAI content in their own countries. This "diaspora" of ex-EDC partners and staff constituted an untapped labor pool of skilled and experienced writers who, while not Zambian, were at least African and therefore better suited to writing content than technical advisors from the Global North.

Designing new production processes for crisis response

EDC organized these identified assets to expand throughput in the bottlenecks. Former EDC staff were recruited to work on writing content outside Zambia, while EBS's experienced staff focused on the remaining responsibilities of curricular oversight, cultural review, studio production, field testing, and quality

control. This new way of working was in many ways an inversion of the typical production roles, as writing and quality control changed hands. The details of this approach are outlined below.

Planning

Key concepts needed to be identified by those most familiar with the Zambian curriculum, so EBS produced the scope and sequence for each grade level. The subsequent master plan for each episode (the methodological design chosen to deliver the details of the scope and sequence) was drawn up by EDC's pedagogy experts who remained in the United States.[5]

Writing

English scripts were developed out of the episode master plans by EDC alumni writing remotely from Zambia, Rwanda, and Liberia. The staff re-recruited for this effort met three important criteria: they were masters of the rules of IAI, they could capture the cultural tone and closely approximate the Zambian setting of each script, and they could write in English.

Review

Scripts were reviewed in stages to assess pedagogy, content, culture, and context. The first two issues were addressed in the United States by the same team that wrote the master plans, while the latter two were addressed by the Zambian staff at EBS. Scripts under review moved via email from the African writers to the US education advisors for pedagogical review and then to EBS in Zambia for cultural review.

English recording and pedagogical evaluation

Once EBS staff provided final approval, scripts were recorded in English in the EBS studios. Partner schools in Lusaka then served as sites for field testing, after which EBS staff corrected any issues identified and re-recorded programs as necessary. This step comprised the pedagogical review, and ensured the designed learning activities worked and that instruction was clear.

Translation

Once finalized in English, each script for Grades 1–4 was translated into the seven local languages (Grades 5–7 did not require translation as government policy stipulates instruction shift to English in the fifth grade). Although MOE has a language specialist for each local language, these staff could not dedicate their full time to IAI script translation. EDC hired translators to form language teams that worked with the MOE specialists, who advised and reviewed the translation process.

Local language recording

Local language production was outsourced to provincial community radio studios found in the heart of each language region. Management of these seven studios was a large responsibility. EDC brought in an experienced IAI production manager from nearby Malawi (the linguistic and cultural cousin of Zambia) who worked within EBS to manage the provincial studios. This production manager was the only posted staff member on the project.

Language evaluation

The language review, or second formative evaluation step, was conducted on a sample of translated scripts in a selection of rural schools. This simplified the complicated logistics and costs of sending seven language teams out to multiple locations for a prolonged period of time. The language evaluation teams that traveled to the rural schools included MOE and private sector translators and EBS cultural reviewers. Their sampled evaluation identified any translation errors and production issues in the community radio recording process. The language evaluation also helped the translators correct and confirm the language choices they were making before they had progressed too far with their series, and ensured quality and consistency across the remaining episodes.

Key factors in success

The modified plan allowed production to take place simultaneously in multiple grades – something that is quite challenging under normal IAI staffing and production routines. In this case, lesson planning was completed quickly because of the focus on outputs instead of processes. The writers were able to work quickly without having to suspend writing to record actors, evaluate scripts, or wait in traffic traveling to and from classroom observations. Establishing a distinction between formatively evaluating pedagogy and language was critical, as it allowed us to greatly speed up production. EBS was disappointed they did not have the staff to play the primary writing role they had played in previous series, but their quick pivot to planning, cultural review, production, and evaluation was critical to success. Community radio station studio support was essential in sharing the large volume of work and in providing authentic language speakers.

Challenges in the new production process

This inverted production process was not without its flaws. There were a number of issues that arose and further complicated the already challenging task.

Designing for home use

UNICEF requested that the programs be usable at home as well as school, and this required the suspension of basic classroom structures. Traditional IAI was created for the most resource-lean environments and makes no assumptions about the teacher's skills or available supplies, but it does assume that a teacher is present. It also assumes a chalkboard and chalk, and a group of listening students that can participate in collective activities. IAI instructional designers planning the new series did away with these assumptions as they could not assume that these resources were available in every home. Writers could not assign the teacher's role to a parent, or replace classmates with siblings, because home-based listeners might be listening entirely alone. Options for interactivity were limited as listeners couldn't complete paired assignments or play group games. Personalized feedback to listeners was also limited, as a live teacher could not judge a student's answer and explain why it was right or wrong. Writing for home use thus somewhat diluted the educational impact of the interaction.

Overcoming prior capacity assumptions

EBS' ten years of IAI experience was a double-edged sword. EBS's institutional knowledge of how to write for IAI in a classroom became an obstacle when the series needed to be written for a home environment. The new writing brief required discarding old IAI rules and time-tested activity templates, and this proved to be a challenge for EBS staff, who were most comfortable with established processes. While EDC had hoped that EBS's experience would help to avoid investing time in training, this was not possible. And, as described below, training itself became problematic.

Prohibition on training workshops

The government of Zambia banned the assembly of staff in any sort of gathering during the COVID-19 lockdowns of 2021, and this included training workshops. The collective planning activities needed early in the process could not happen, and instead, each partner had to be given individual tasks to complete, which greatly extended working time. Partners were unable to assemble and collectively address issues such as the new design requirements of writing content for home learning. Without a collective space to resolve questions, and inhibited by electronic communication across multiple time zones, US-based staff engaged in cycles of electronic communication with each EBS staff member. This tested communication skills and further extended the timelines.

Overcoming production delays

The 18-month production cycle was a contractual requirement imposed by UNICEF because of the conditions of the COVID-19 funding stream established

by their international headquarters. Without the possibility of a contract extension and with no slack in the production schedule, there were no easy solutions for delays. Power outages, actor scheduling conflicts, and the requirement to record multiple grades at once combined to slow recording and evaluation relative to scriptwriting. EBS' pedagogical evaluation of the English language scripts had to be limited, although early findings were highly instructive in shaping the remaining episodes.

Coordinating community radio station partners

The project anticipated the need to hire a production manager to oversee the rural recording studios, but the task proved to be more time-consuming and challenging than first envisioned. All of the rural studios were approximately a day's drive in different directions from Lusaka, making regular in-person visits by the production manager almost impossible. Problem-solving with studios had to be done by phone, including overcoming power outages, internet outages, cellular network outages, actor and musician scheduling issues, equipment failures, and of course the spike in funerals related to COVID-19. A larger budget would have supported a production manager at each studio. The Malawian manager's patience and skill were instrumental in getting results against these odds.

Descoping partners

The community radio partner recording Cinyanja scripts in the Eastern province experienced such significant delays that it was quickly apparent they could not complete the task. Luckily the capital city of Lusaka also lies in a Cinyanja-speaking area. Project management was able to cancel the agreement with the Eastern province partner and hire a replacement studio from the private sector in Lusaka. Similar changes were made for the English recordings of Grade 7.

Timing and implementation

UNICEF Zambia deserves full credit for funding a creative solution for school closures, and for identifying radio as a reliable delivery mechanism at scale, even as more modern (and expensive) technologies distract with the elusive promise of individualized learning and customized content. However, UNICEF's need to source and leverage emergency relief funds, negotiate design with the Zambian government, and contract out the work, combined with the production time required to write and record the volume of content meant that a working product was not available until late 2022. Resources are now available for remediation and will be usable in any future emergencies and prolonged school closures, which is something few other developing nations can claim.

Lessons learned across cases

The COVID-19 pandemic forced a reassessment of IAI's viability for supporting education systems, especially in the early years, struggling with multiple crises. The scale and speed of the COVID-19 response demanded creative solutions to provide high-quality radio instruction in very little time. Mali and Zambia selected quite different approaches to the use of IAI, but both cases demonstrate that high-quality IAI programs can be provided rapidly by adapting existing resources or modifying the production process. These adaptations enabled governments to implement programs at an unprecedented pace while reducing cost, providing models that could inform and influence future uses of IAI, particularly in emergency contexts.

The success of any IAI effort is amplified by the extent to which programs resonate with users and can be easily implemented by them. In Mali, the extremely short timeframe for responding to the government's request for IAI meant that the ease-of-use factor was not fully addressed: programs designed for early primary classrooms were used in homes. Student learning outcomes were limited, although positive. The creative reapplication of IAI was effective because families wanted something to use with their children, but it was not ideal.

In Zambia, programs designed explicitly to work in homes were recorded using an inverted production cycle that permitted rapid production of pedagogically sound resources, based on many years of capacity building. Nonetheless, this approach still encountered challenges. Written by external (albeit African) writers, scripts were less Zambian than older products. Government partners familiar with a classroom-based IAI approach resisted changes in formatting for home use, and the sheer volume of work was burdensome. Coordination of the many community studios was a complex and challenging task. The new system worked, but the pace was not sustainable. The emergency nature of the task fueled the commitment of all parties to the process, but at a high personal cost. Without the emergency conditions of the pandemic, production would likely have gone well over budget and schedule. Nevertheless, the new production procedures outlined here managed to create a widely useful product at lower costs, despite accelerating production by a factor of ten and expanding from one language of instruction to eight.

Reflections and recommendations

These IAI solutions for Zambia and Mali would not have been possible without the cooperation and support of their respective Ministries of Education. EDC's relationship with both governments has been built over many years of collaboration and partnership. That history provided the trust required in Mali for IAI to pivot from a classroom-based to a home-based intervention. In Zambia that history nurtured the trust necessary to invert the production process and, with minimal funding, accelerate IAI production enormously. Unfortunately, the nature of competitive funding in the development industry makes it very

difficult to sustain long-term relationships with local governments, and consequently many international NGOs and educational technology companies have a utilitarian and migratory approach. Funders and investors who are truly interested in sustainable, locally owned solutions need to consider extended timelines that permit the establishment of trust, nuanced uptake of knowledge and skills, and indemnification of risk through accompanied work with a gradual release of responsibility.

The COVID-19 pandemic stands out in history as a highly unusual event, but unfortunately, large-scale school closures similar to those caused by the pandemic are all too common. Faced with conflict, natural disasters, disease, and political disruption, school systems are always at risk of closing on short notice. Often the forces that cause them to close also knock out the infrastructure needed to deliver distance learning alternatives. Governments would do well to build low-tech backup systems that they can deploy quickly in response to a crisis. While the investment would be considerable, it would also be prudent compared to the consequences of years of lost schooling and their long-term impact on the economy and on social welfare.

There is strong evidence that IAI can provide governments with a low-tech, cost-effective, and widely accessible system that could be deployed rapidly in times of crisis. Each state and national government should consider developing its own audio series of early childhood and primary grade programs to deploy in times of crisis. When pre-recorded and designed for flexible use at home or in school, a series can serve both classroom and at-home needs. It can be flexibly deployed across most humanitarian situations either over broadcast radio, via internet download, or on memory cards for mobile device playback. An adaptable audio resource bank of IAI programs is a potent weapon against learning loss resulting from education disruption and a protective factor for the well-being of young learners.

The world as a whole could benefit from a single IAI resource bank of programming focused on children's holistic development and school readiness. Such a resource bank would need to be adaptable and localizable and provide building blocks in the form of sample program scripts, unmixed musical resources and training guides, and a set of final recordings in a selection of commonly-spoken languages. Local governments, NGOs, and community radio stations could then easily roll out the content as is or quickly adapt, translate, contextualize, and record the programming in the local language for use in homes as needed. Such an approach could improve the quality of ECD programming worldwide, and provide model products for local partners to evolve and elaborate. It would also constitute a service that could effortlessly pivot from providing ECD programming in formal to informal settings to address the emergencies of the future, whether they are triggered by climate change, disease, or conflict.

Notes

1 The authors appreciate the contributions of Aude Vescovo and Jennifer Kennedy to this work.

2 Seventy-five programs were delivered for Grades 1–4 in each of the 7 local languages of instruction (75x4x7) and 75 programs were delivered for Grades 5–7 in English (75x3).
3 IAI's success rests upon the many opportunities for student interaction that are built into each script. These opportunities manifest through a complex arrangement of songs, games, inter-student exchanges, precise modeling activities, intricate board work, and repeated spoken directions to the teacher. While writing a script, all these activities must be choreographed in the imagination of the writer who is visualizing the classroom and tracking teacher and student activity and placement according to the directions they write in each scripted line. This is complex. A live run-through with an unrehearsed audience is the only way to guarantee the clarity of each instruction and pedagogical impact of each scripted activity.
4 In many countries that have used IAI, community radio has played an important role, repeating the national IAI broadcast at more accessible times, extending radio signals to include areas the national broadcast can't reach, providing a parallel broadcast schedule to accommodate disruptions and school closures at the regional level, and leveraging both intimacy and trust to localize promotion and outreach services.
5 Although master planning is typically completed via a codesign process, the steep timelines and multistep production process required EBS staff to be in the studio overseeing recording, in schools conducting formative evaluation, and in teams conducting cultural reviews of each script.

References

Anzalone, S., & A. Bosch. (2006). *Improving Education Quality through Interactive Radio Instruction*. World Bank.

Bates, J. (1998). *An Impact Evaluation of Interactive Radio Instruction for Early Childhood Development in Nepal: Bhanyang Chouthari*. United Nations Children's Fund.

Brooks, D. E., & L. P. Hébert. (2006). Gender, race, and media representation. *Handbook of gender and communication*, 16, 297–317.

Christina, R. & N. Louge. (2015). *Expanding Access to Early Childhood Development Using Interactive Audio Instruction*. World Bank.

DeWees, A., K. Yasin, & A. Cetina. (2022). *Interactive Audio Instruction: A Cost-Effective Approach for Enhancing Education System Resiliency*. Education Development Center.

Education Development Center. (2020). Catalog of Interactive Audio Instruction Programs. Education Development Center. https://www.edc.org/sites/default/files/EDC-IAI-Catalog.pdf.

Education Development Center. (2014). When Teachers Understand What They Are Doing, Children Learn: Evidence from the DRC. Author.

Education Development Center. (2015). Radio Instruction to Strengthen Education and Zanzibar Teacher Upgrading by Radio: Post Project Evaluation. Washington, DC: Education Development Center. https://www.edc.org/radio-instruction-strengthen-education-and-zanzibar-teacher-upgrading-radio-post-project.

Education Development Center. (2019). Tiyende Tracer Study. Washington, DC: Author.

Education Recovery Support Activity. (2022). Final Report. Bamako, Mali: Education Development Center.

Eshgh, R., J. Hoxeng, J. Provenzano & B. Casals. (1988). *Radio-Assisted Community Basic Education*. Duquesne University Press.

Food For Education 3/Mali. (2021). Final Report. Bamako, Mali: Catholic Relief Services.

Ho, J., & H. Thukral. (2009). *Tuned In to Student Success: Assessing the Impact of Interactive Radio Instruction for the Hardest-to-Reach*. Education Development Center.

Learning from Community Schools in Zambia. (2017). https://www.edc.org/learning-community-schools-zambia.

Liberia Advancing Youth Project. (2017). Final Report. Monrovia, Liberia: Education Development Center.

Morris, E. a&nd A. Farrell. (2020). *Delivering Distance Education in Emergencies*. USAID.

Naslund-Hadley, E., Parker, S. & Hernandez-Agramonte, J. M. (2014). Fostering Early Math Comprehension: Experimental Evidence from Paraguay. *Global Education Review*, 1(4), 135–154. https://files.eric.ed.gov/fulltext/EJ1055163.pdf.

Richmond, S., *et al*. (2020). *Learning at Home in Times of Crisis Using Radio*. Education Development Center.

Road to Reading/USAID Mali PHARE. (2013). Final Report. Washington, DC: Education Development Center.

Sanchez, Y., & J. Evans. (2005). Dot-EDU Honduras Interactive Radio Instruction for Kindergarten Project, Summative Evaluation. Education Development Center, Washington DC.

Save the Children, Malawi and Education Development Center. (2012). Tiyende Learning Assessment. Washington, DC.

Selective Integrated Reading Activity. (2022). Final Report. Bamako, Mali: Education Development Center.

South Sudan Interactive Radio Instruction Program (SSIRI). (2012). Final Report. Washington, DC: Education Development Center.

STEP/ATEC Madagascar Program. (2009). Final Report. Washington, DC: Education Development Center.

Thukral, H. (2016). *Examining the Impact of Teacher Practice on Student Learning in Interactive Radio Instruction (IRI) Classrooms: Lessons from New Delhi and Rajasthan (India)*. University of Maryland, College Park.

UNICEF. Zambia Country Profile. (2023). https://www.unicef.org/zambia/education.

UNESCO. (2021). Handbook for Interactive Audio Instruction: Planning and implementing radio lessons in Sub-Saharan Africa. Harare, Zimbabwe: UNESCO Regional Office for Southern Africa. https://unesdoc.unesco.org/ark:/48223/pf0000375330.

UNESCO Institute for Statistics: Mali. (2023). https://uis.unesco.org/en/country/ML.

World Bank. (2014). Education for All Brief. https://www.worldbank.org/en/topic/education/brief/education-for-all.

World Bank Trading Economics. (2021). https://tradingeconomics.com/zambia/children-orphaned-by-hiv-aids-wb-data.html.

Zambia Fears Humanitarian Crisis. (2017). *Reuters*. https://www.reuters.com/article/us-zambia-refugees-idUSKCN1BX1QH.

8 COVID-19 responsive ECD programming on Sesame Street

Adaptations and innovations from Sesame offices in the Global South

Nasrin Akter, Abigail Bucuvalas, Anuragini Nagar, Mari Payne, Apurba Shikder and Julia Tomchinsky

Introduction

Before the COVID-19 pandemic began, there was already a growing global commitment to increase access to and improve the quality of early childhood education experiences. In 2015, the 193 member states of the United Nations adopted the 2030 Agenda for Sustainable Development and its seventeen sustainable development goals (United Nations, 2015a). Goal 4, which focuses on inclusive and high-quality education, specifies that "all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education by 2030" (United Nations, 2015b).

The COVID-19 pandemic disrupted nearly every aspect of life around the world, including early childhood development and education. Young children and families have been deeply impacted by COVID-19 disruptions, in many cases on top of ongoing crises related to conflict, societal inequity, poverty, climate change, and more. Therefore, it is critical to consider appropriate, effective ways to provide meaningful early learning experiences in challenging contexts. These lessons can lend insight into how to best support young children in other crises that disrupt their learning and development.

Sesame Workshop has a long history of supporting children and families in challenging times. Sesame programming, including crisis response programming, is generally shaped by a needs assessment to better understand the needs, priorities, and values of the target communities. Then, Sesame educators work with local experts and stakeholders to develop a curriculum and educational objectives for the new educational content, usually for children between three and eight years of age. Messaging and content undergo formative testing with members of the target audience to guide revisions to improve comprehension, appeal, cultural appropriateness, and contextual relevance. Finally, content is distributed, most often through multiple media platforms. This process has helped Sesame Workshop to support the social-emotional learning needs of young children affected by the ongoing Syrian refugee crisis, encourage social inclusion and mutual respect and understanding in Northern Ireland from

DOI: 10.4324/9781003415213-9

2008–2010, and provide South African families with developmentally appropriate ways to discuss HIV/AIDS with children during the early 2000s.

These experiences, among others, informed Sesame Workshop's ability to respond to the global COVID-19 pandemic, in some cases on top of ongoing humanitarian crises. Early in the pandemic, the company launched the *Caring for Each Other* initiative, which includes a range of audio-visual and digital materials, distributed through broadcast television, YouTube, social media, and other website platforms, and has grown to cover topics ranging from preventing infection, coping with loss, appreciating first responders, meeting social-emotional needs in safe ways, and learning and working from home. This initiative has reached millions of children and caregivers in over 100 countries around the world (Sesame Workshop, 2022).

In places where Sesame Workshop has active programming, teams responded quickly and creatively to provide support to young children during COVID-19. Programmatic adjustments aimed to meet the evolving needs of children, their families, and their educators, often with significant effort to align with national and local government endeavors. This chapter describes Sesame program adaptations, innovations, and lessons learned in Brazil, Bangladesh, India, and South Africa. It concludes with recommendations for other crises, centered on the importance of leading with our expertise (child- and family-facing multimedia programming), being responsive to audience needs and engagement levels, and remaining flexible in order to pivot from processes and programs that can't or don't work as envisioned.

Media-based educational content for young learners

Educational media, such as television and radio programs, has been increasingly recognized as a resource to support healthy cognitive, academic, and social development for young children in crisis settings. In such settings, children are at high risk for experiencing trauma, displacement, and disruptions from regular schooling. The COVID-19 pandemic further compounded the adversities of early childhood development in crisis and otherwise unstable or inequitable contexts; responses to the pandemic highlighted myriad ways in which educational media can be utilized and scaled to reach large audiences of children and families. Media that simultaneously delivers educational messaging and entertainment value has historically proven effective in providing crucial information during periods of crisis, such as a strategic messaging campaign designed for general audiences in West Africa during the Ebola epidemic, and utilizing radio talk shows and dramas to share knowledge (Wilkinson, 2016). Around the world, in an effort to curb the spread of disease, schools and governments leaned on the media to deliver remote learning during the COVID-19 pandemic. Several reviews have identified challenges with remote learning, including learning loss, disengagement, and mental health challenges, especially for lower-income students (McMahon et al., 2021; Moscoviz & Evans, 2022). However, some forms of media used during the pandemic were found to be effective at mitigating learning loss and had positive effects on young children's critical thinking skills (Choiriyah et al., 2022).

Though highly variable and subject to inequitable access, both radio and television do afford high reach potential for remote learning content in many instances. When considering preschool-aged learners, Sesame Workshop's typical target audience, audio and visual content work particularly well, as these forms of media can engage the imagination and maintain attention through auditory and visual stimulation (Grant et al., 2021). Children's educational television has also proven effective in achieving greater learning outcomes for young learners: in addition to several Sesame studies summarized in a volume edited by Cole and Lee (2016) and a meta-analysis (Mares & Pan, 2013), a study researching the efficacy of the program Ubongo Kids in Tanzania saw a significant association between regular program consumption and mathematical aptitude (Watson et al., 2021). Though educational media has proven effective in many LMIC nations, fewer studies have been devoted to the impact and effectiveness of educational media for children and families in humanitarian crisis contexts, where populations are more likely to experience physical displacement. However, several studies are ongoing and results will be coming out soon.

Additionally, while remote learning has the potential to improve inclusion in some cases for some learners, many questions remain about the issue of equitable access to educational resources, particularly for girls and children with disabilities as well as across the digital divide (Korin, 2021). How the potential and challenge of educational media play out across context inevitably varies by crisis and, of course, by geography.

Brazil

Background

Brazil is a diverse country – geographically, racially, and socio-economically. According to the Brazilian Institute of Geography and Statistics (IBGE), the Brazilian population is 214.2 million, of which 18.5 million are between birth and five years old (Instituto Brasileiro de Geografia e Estatística, 2012). Among Brazilian children, more than half are Afro-descendants, and one-third are indigenous. Despite all Brazilian children having rights to health, education, culture, respect, and dignity protected by federal law, many are marginalized and excluded in daily life, particularly those living in the peripheral neighborhoods of large urban centers, rural zones, semi-arid regions, and Amazonia. Brazil also hosts refugees from Venezuela and other countries in Latin America (UNHCR, n.d.). As of 2021, over 260,000 Venezuelans were living in Brazil (UNHCR, 2021). While the legal framework in Brazil is favorable to refugees, they still have lower access to education, social services, and the labor market due to a variety of factors including but not limited to language barriers and difficulty verifying necessary documents (UNHCR, 2021).

The COVID-19 pandemic accelerated the ongoing social and economic crisis in Brazil. The Brazilian economy took a significant overall hit from 2020–2021, and survey data collected in 2021 demonstrates that the most vulnerable

households were more likely to experience income loss, and those with lower levels of education were more likely to experience job loss. In the educational space, children enrolled in public schools were less likely to have access to various hybrid learning mechanisms than those enrolled in private schools. By November 2020, nearly 30% of young children in the North and Northeast regions of Brazil were not enrolled in formal education and/or had no access to school-based activities (World Bank, 2022).

To reduce COVID-19 infections and deaths early in the pandemic, all Brazilian schools were closed, and in-person activities were strictly prohibited. Overnight, millions of children were deprived of conviviality with classmates, and they had to abruptly adapt their lives to the new protocols, restrictions, rules, and conditions. According to data collected by IBGE and analyzed by the non-profit organization *Todos pela Educação*, from March through August 2020, the number of children aged six to 14 children out of school increased by 171% since 2019 (Todos pela Educação, 2020). Another study revealed that approximately 10% of four- and five-year-old children were not engaged in formal in-person or remote schooling during the height of the pandemic in Brazil (Instituto Península, 2020), despite mandatory enrollment beginning at the age of four; the estimate was 12% among families living in extreme poverty. At the same time, the *Criança Feliz Program*, promoted through the National Secretariat for Attention to Early Childhood, was able to reach thousands of families with home visits during the pandemic. The program prioritized engaging children younger than six years old who had lost one or more family members, regardless of the cause of death, during the COVID-19 public health emergency (Ministry of Social Assistance, 2019).

Besides being out of school, young children faced other challenges to learning. A lack of internet access for both learners and teachers limited access to education services. Many children were spending less time outside and more time in front of screens than is recommended by the Brazilian Pediatric Association, resulting in negative impacts on physical development, language development, and social-emotional development (Fundação Maria Cecília Souto Vidigal, 2021).

Within this extremely challenging context, the Sesame Workshop team in Brazil worked to develop and redesign programs to benefit marginalized and socially vulnerable families with children who were not attending public schools and who had inconsistent access to remote learning opportunities.

Sesame services during the pandemic

Throughout the COVID-19 pandemic, Sesame Workshop provided a comprehensive package of support for young children and worked closely with the government. In line with state and municipal efforts to provide daily educational programming for young children, Sesame provided content via public television broadcast, which reached millions of Brazilian children during the height of COVID-19. For over nine months, approximately five million children – including those who were unable to access the digital platforms created by the

Municipal Education Secretariats – were reached daily in their homes with a selection of 118 educational videos from existing Sesame programs. This included approximately 5,000 Venezuelan refugee families living in Boa Vista and Manaus, in the northern region of Brazil. In addition, over 330,000 people participated across twelve Sesame digital events, which featured special guests such as children's musical groups from around Brazil who invited families to sing and dance at home, an Olympic gymnastics medalist who led in-home exercise activities, and one of Brazil's best known culinary experts who offered a lesson on cooking a healthy, traditional meal. Parents could then carry out related activities, such as preparing healthy foods with traditional ingredients, supporting daily exercise, and creating special moments within the confines of social isolation.

Throughout the pandemic, Sesame Workshop maintained contact with 10 Education Secretariats that implement ongoing Sesame social impact initiatives in Brazil, including *Ready to Play* (healthy habits); *Dream, Save, Do* (financial empowerment); *Network Monsters* (digital literacy and welfare); *Little Adventure Girls* (STEM); and *Caring for Each Other* (COVID-19 response). Through monthly online meetings with the Education Secretariats' technical teams, Sesame Workshop facilitated ongoing learning exchanges. These meetings functioned as a welcoming and listening environment, providing a platform to share, discuss, and debate the main anxieties and challenges arising from the pandemic. They allowed Sesame Workshop to connect educational public policy managers from different territories, exchange experiences around promoting learning during the pandemic, and contribute to the articulation of a mutual support network.

Additionally, Sesame Workshop sought input from and collaborated with teachers to understand how to best reach young children. Sesame hosted an online public consultation with approximately 600 public school teachers, which mapped successful strategies to maintain communication and connection with children and identified themes and materials that resonated with and were accessible to families across different municipalities. Applying lessons from this collaborative exercise, Sesame then created educational resources and activities to engage children, families, and educators. By partnering with the Secretariats' technical teams, Sesame ensured alignment with the government's early childhood curriculum, integration of Sesame projects into public policy, and synergy between the educational experiences provided at schools and in homes in response to emerging demands. The collaboration resulted in the identification of four key themes addressed across platforms:

1 *COVID-19 Knowledge and Prevention:* This theme aimed to build children's understanding of what a virus is, how it is transmitted, and what practices can reduce or prevent transmission. It consisted of existing multimedia assets from Sesame's aforementioned social impact initiatives, combined with new materials from the *Caring for Each Other* initiative.
2 *New Routines and Realities:* This theme was designed to help families as they reorganized their routines, learned to share space and chores in new ways, and stayed home together full time. There was also a request for

content for families who had lost jobs and were dealing with the financial hardship, met through the incorporation of *Dream, Save, Do* materials.

3 *Remote Learning*: This theme sought to address perceived gaps in children's development and learning, after extended periods away from educational centers. The content emphasized learning through play at home and supported creative digital (i.e., socially distanced) interactions between different families.

4 *Emotional Wellbeing:* This theme focused on supporting children's and families' emotional wellbeing and resilience in the context of ongoing stress related to unemployment, hunger, violence, and prolonged isolation.

Sesame developed new materials based on these themes and supported teachers to distribute them to children and families. Because 83% of surveyed teachers reported using WhatsApp to communicate and engage with families, Sesame prioritized this platform to share introductory videos presenting each project and educational theme. Additionally, Sesame included Do It Yourself (DIY) videos for creating new learning and play materials, and storytelling podcasts to support families' uptake of the curricular themes. The team also created family-facing activity cards to guide engagement with different digital Sesame platforms. Overall, the resources encouraged families to watch videos, listen to podcasts, read e-books or comics, create games and toys with available materials, participate in physical play, or use games on the Sesame website. Teachers could distribute these materials via WhatsApp in ways that were responsive to their students' needs. Families, in turn, shared pictures, videos, and audio recordings of the educational activities they carried out at home, documenting their children's learning while maintaining a sense of connection between learners and caregivers. A mother in Belo Horizonte expressed appreciation for the *Dream, Save, Do* materials in particular, explaining,

> At this time when the pandemic brought many difficulties, participating in the project was wonderful, as we had the opportunity to dream again, make plans and review some values that money cannot buy, such as the desire for a better world.
>
> (Sesame Workshop Brazil, 2020)

Families who did not own devices or have connectivity had the option to periodically collect sets of printed materials from schools.

Sesame also supported teachers to receive complementary digital support, in coordination with Education Secretariats. They created *Virtual Learning Environments* platforms for each social impact project, which directly engaged approximately 1,500 educators and provided curated collections of guidebooks, tutorial videos, best practices podcasts, slideshows, and reference texts. Participating educators disseminated what they learned to their colleagues, and the digital platform included activities and interactive forums to encourage teachers to share experiences and strategies for distributing digital resources to families. Sesame trainers mediated online meetings dedicated to the ongoing assessment

and refinement of the digital learning packages. The Municipal Education Secretariats validated participation in the various activities as official working hours, which was critical to supporting teachers' consistent, active involvement in engaging families with Sesame programming.

There were clear benefits to this coordinated effort, which allowed for the prioritization of child development and learning objectives, appropriate resources, and appropriate methodologies for each phase of the pandemic. Government partners benefited by being able to offer Sesame content aligned with their own curricular goals through the digital learning platforms created by Education Secretariats. Educators benefited from access to versatile education strategies, appropriate for remote and hybrid learning, which could be adapted for their local context, and from learning communities with colleagues, students, and students' families. Families and teachers alike were able to access new digital formats such as podcasts, DIY videos, and theme card collections. Families also benefited from thoughtfulness and flexibility around distribution platforms, which allowed families without internet connection to access print materials. This proved particularly helpful in Recife, where families could collect materials and then join a video call with teachers to present their work. And all participating children, the heart of Sesame Workshop programming, benefitted from expanded access to Sesame content that responded to pandemic-related needs and aligned with formal schooling objectives.

Box Highlight Successful activity adaptation for remote implementation

Teachers adapted an activity on dreams from Sesame's *Dream, Save, Do* program to help children and families during the pandemic. Families asked their children what they dreamed of when they could attend the school again. Teachers collected these dreams and facilitated family voting on the most relevant collective dream. After choosing one collective dream for each school, teachers collaborated with families to realize the dream by developing plans and identifying necessary resources and actions. As a result, many children returned to schools that featured their collective dreams in the form of community gardens, toy libraries, book libraries, playgrounds, swimming pools, painted walls, and more.

Challenges and lessons learned

During these efforts, the Sesame Workshop team based in Brazil experienced the emotional stress of all parties involved in the projects, including education technicians, school managers, children, and their families. At every level, these stakeholders were managing their own fears about COVID-19, many alongside grief over losing family members and friends to the virus. They were navigating these experiences in relative confinement, without a broader

community, and without the stability of their pre-pandemic routines. As the Sesame team planned for content distribution, they aimed to re-establish a sense of connection and normalcy for project participants. This motivated their commitment to effectively address the lack of adequate devices and internet connection affecting some families, particularly the most vulnerable, as well as bolster teachers' relative lack of experience around digital and technology-based instruction.

The Sesame team learned the value of direct partnership with the Municipal Education Secretariats, which augmented teacher buy-in and supported their sustained engagement. Partnership with public television channels was likewise essential, as countless families who did not have device access or internet connectivity were able to access Sesame educational content on television. Another essential learning was the value of articulating learning communities among teachers and between teachers and families. By maintaining permanent online spaces for meeting and socializing – via distance education platforms, synchronous meetings, WhatsApp groups, and digital events – it was possible to support ties, envision and create collective projects, and mitigate the impacts of social distancing. It was possible to plan, build, and evaluate together, and to revise practices according to any challenges and opportunities identified by participating families.

In Brazil, Sesame Workshop continues to collaborate with the various implementing partners involved in pandemic response, evaluating how new practices and learnings can be leveraged to align social impact projects with public policies for early childhood education. The ongoing conversations are rooted in the principle that by embracing partnership, Sesame will be able to generate meaningful multimedia content and learning experiences that support social transformation and guarantee the fundamental rights of children across Brazil.

Bangladesh

Background

Bangladesh has made remarkable progress in extending educational access at the primary and secondary levels over the last few decades. Public pre-primary education for children ages 5–6 years has been in place since 2014. The Government of Bangladesh has also developed and approved a two-year pre-primary program framework for children aged 4–5 years, and started to pilot the program as of 2023 before scaling it nationwide. As of 2020, approximately 77% of five-year-olds attended a formal education program, with 56% enrolled in pre-primary school or early childhood education (ECE) and 27% enrolled in primary school (UNICEF, 2020).

The Bangladeshi government has implemented several policy measures to manage the Rohingya refugee influx, including activities around the provision of early childhood education (ECE) and early childhood development (ECD)

within the camps. In 2017, the government established the National Task Force on Rohingya issues, which among other aims, establishes protocol around providing educational services to Rohingya children. The task force is led by the Ministry of Foreign Affairs and includes representatives from UN and other multisectoral agencies (Human Rights Watch, 2019). The government has also worked with international and local NGOs to establish ECE and ECD centers in the camps. According to UNICEF (2022), there were over 3,400 learning centers reaching children between the ages of four and 14 in the Rohingya refugee camps in May 2022 (UNICEF, 2022). Furthermore, the government has taken steps to ensure that the education provided in the camps is of high quality and meets international standards. Even so, the large refugee population, resource limitations, government restrictions around movement within the refugee camps, severe weather, and child safety and protection considerations all but guarantee inadequate access to early educational services.

In Bangladesh, people may face marginalization based on a variety of factors, including disability status, gender, ethnic background, profession, and refugee status, among others. Marginalization can impact every aspect of people's lives, from physical and mental wellbeing to ability or willingness to access social services, including public education. Children with disabilities, for example, are more likely to be out of school, less likely to complete school, and less likely to achieve basic literacy skills (USAID, 2018). Barriers to inclusive education are multi-faceted even though the policy landscape in Bangladesh is supportive of inclusive education. Broader social discrimination of marginalized groups, ingrained social norms, lack of representation in learning materials, and a lack of relevant professional development opportunities for teachers contribute to the limitations that children from marginalized groups face when seeking quality educational opportunities.

Bangladesh is also a country at risk of multiple humanitarian crises. In addition to the COVID-19 pandemic and the Rohingya refugee crisis, Bangladesh faces increasing climate-related disasters, including unprecedented cyclones and intensified annual floods. In June 2022, the northeastern region of Bangladesh suffered its worst flood in 122 years (Doctors Worldwide, 2022). An estimated 4.3 million people were impacted by this sudden flash flood and water congestion in seven northeastern districts of Sylhet, Sunamganj, Moulivazar, Habiganj, Netrakona, and Brahmanbaria. Many households were isolated due to floods, and some families were forced to seek shelter in open areas. Educational institutions were closed in the affected areas, and government primary schools were used as flood shelters (Doctors Worldwide, 2022).

Only months before these floods, in March 2020, the Government of Bangladesh declared the first COVID-19 lockdown, closing all educational institutions until September 2021 (Bin Habib, 2020). During the 18-month closure, the government implemented some remote learning platforms, such as Sangsad TV[1] and a2i.[2] However, less than half of the country's students participated in online or television-based lessons, and the proportion reporting non-participation was notably higher for ethnic minority students (75%), Madrassa students

(68%), students with disabilities (61%), and students living in rural areas (60%) (UNICEF & UNESCO, 2021). Given language and connectivity barriers, Rohingya refugees certainly had no access at all. Pre-existing inequities and vulnerabilities clearly affected access to the only learning platforms available during the height of the COVID-19 pandemic.

Sesame services during the pandemic

Even as Sesame Workshop and humanitarian program partners grappled with severe project delays and distribution barriers within Cox's Bazar due to the government's COVID-19 restrictions within the Rohingya refugee camps, the Dhaka-based team was able to leverage existing programming on multiple media platforms to address topics relevant to COVID-19 throughout other parts of Bangladesh. *Sisimpur*, Sesame Workshop's broadcast TV program in Bangladesh, is the most well-known of these. Others include digital and social media platforms such as YouTube, Facebook, Instagram, and a new *Sisimpur* elearning platforms, described in greater detail below. A strong partnership with the government ultimately led to the team providing *Sisimpur* content for the government platform as well. The Sesame Workshop Bangladesh (SWB) team also launched a series of initiatives to support COVID-19-related public awareness and education by leveraging existing *Sisimpur* content and *Caring for Each Other* materials. They chose to target both children and caregivers to provide comprehensive support related to the stressors and demands of the pandemic and associated lockdown. With generous support from the LEGO Foundation, SWB translated and dubbed a range of newly developed resources with specific messages from *Sesame Street* and *Sisimpur* friends to help families practice and benefit from playful learning. The selected *Caring for Each Other* content offered children comfort and encouraged basic health behaviors while also providing caregivers with tips for managing anxiety and promoting their own mental wellbeing. Content examples include:

- *Elmo's World News Special Report:* Elmo's World News, a global television special, focused on making the most of staying indoors. During the special, Sesame characters modeled exercising inside as well as various ways to practice imaginative play, providing a positive spin on staying safe indoors during the pandemic.
- *Mae's Minutes:* For parents and caregivers, SWB dubbed new adult-facing content into Bangla. In this content, Mae (Elmo's mother) explained to caregivers how playing can support a child's development by creating a special bond with their caregiver. Segments also provided suggestions for creating a calm environment for children and highlight the importance of children having safe, trusted adults who listen when children share their feelings. Because self-care is critical for caregivers, especially during tough times, other segments addressed why and how caregivers should take a break.

- *Pop-Up Playtime:* Aiming to encourage creative indoor play, this content presented Sesame characters having fun with common household items. These segments also integrated social-emotional learning (SEL), providing viewers with the language they need to identify big feelings alongside the techniques they need to manage them.
- *Eid Special Episodes:* Through an established collaboration with Bangladesh Television, the national television channel, SWB created special episodes during the Eid holidays. During the pandemic, the team produced six episodes focusing on COVID awareness for children. In addition to the special episodes, three new public service announcements (PSAs) were created, and 10 existing PSAs were repurposed. The content aired on multiple television channels.

Because *Sisimpur* print materials have proven appealing to children in previous research (MRC Mode Limited, 2007), the SWB team developed new storybooks, flyers, activity sheets, and games to complement *Sisimpur* video content. These materials were made available online and for download through the *Sisimpur* elearning platform. The team also distributed nearly 150 COVID awareness posts, including static images, GIFs, and short videos to Facebook, YouTube, and Instagram.

Additionally, in December 2020, SWB launched a new *Sisimpur* elearning platform, called *Sisimpur Village;* the platform was developed in response to the needs of families with young children during the pandemic, with support from USAID Bangladesh. The platform is available online and as an android app that boasted over 47,000 users as of March 2022. It featured the *Caring for Each Other* content, and other curricular topics ranging from health- and hygiene-specific messages to culture, family norms, life skills, and early literacy. As *Sisimpur Village* was being developed and launched, the already popular *Sisimpur* Facebook and Instagram accounts reached over 22 million and one million users, respectively. Cross-promotion took place in partnership with learning and social platforms associated with other NGOs, USAID, and the Bangladesh government; over 60 newspapers published information about the various efforts. The coordination of these activities served to raise awareness about and guide new users to *Sisimpur Village*, the *Caring for Each Other* initiative, and other available Sesame content.

Challenges and lessons learned

The Sesame Workshop team in Bangladesh has established expertise in facilitating *Sisimpur* character live shows as a key method for reaching target communities. During the pandemic, as character live shows were not possible to arrange, *Sisimpur*'s presence was reduced at national and international events, even including the national book fair. Field-based monitoring visits, which are critical for program quality assurance as well as a key donor requirement for various projects, were not possible because of travel restrictions and COVID-19

safety concerns. Instead, the team was forced to rely heavily on an online communication system to track project progress. There are pros and cons to this. On the one hand, using online communication reduced costs and provided safety during the COVID-19 pandemic. Online data collection is also a promising area that could enable researchers and practitioners to more easily collect data and upload it for analysis. On the other hand, though, an online system means that observations of quality or depth of understanding of what is happening in programs could be missed. Another major challenge the Bangladesh team faced during the pandemic was *Sisimpur* storybook distribution, particularly to government primary schools, due to official restrictions around movement across districts concurrent with primary school closures. Thankfully, the field-level distribution of print materials was completed successfully once the government reopened schools, though storybook performance data still needed to be collected through mobile phone and video calls rather than in person.

Additionally, the Bangladesh team adapted the entire production process to be able to execute content creation without physically entering a studio. Season launch events were modified for an online platform, and new audio-visual and print content was developed virtually. Online workshops allowed projects to continue despite COVID restrictions. The research team, which usually relied on face-to-face interviews, in-person focus group discussions, and participant observation, shifted data collection practices to leverage mobile phone and video call platforms. Remote data collection procedures adhered to a collaboratively developed (by various INGOs) COVID-19 monitoring and evaluation resource guide. Finally, print materials distribution, a significant component of *Sisimpur* projects in general and government school-based partnerships in particular, was significantly stalled due to travel restrictions. While the Sesame Workshop team in Bangladesh persisted patiently and according to national COVID safety guidelines, materials were also made available through the aforementioned elearning platform.

India

Background

Around the world, crises due to climate-related changes have multiple, far reaching consequences on very young children. This is compounded for children already living in vulnerable and marginalized situations, including the children of migrant workers, ethnic minorities, and others living in disadvantaged circumstances. The Children's Climate Risk Index places India in the 26th position, fourth within South Asia, where children are at an extremely high risk of being impacted by climate change (UNICEF, 2021a). As per the report, not only do the climate and environmental hazards interrupt and/or limit children's access to essential services, but this loss of key services also negatively impacts children's subsequent ability to cope and adapt to stressors. India is one of 33 extremely high-risk countries, with repeated flooding and air pollution being

constant, and continued environmental shocks leading to adverse socio-economic consequences for women and children (UNICEF, 2021a). Another climate risk index, the Global Climate Risk Index 2021, places India amongst the top ten most climate change-affected countries and notes that climate change and environmental disaster have led to national-level migration to urban and peri-urban areas around megacities (Eckstein et al., 2021). During COVID-19, migration increased further, highlighting the capacity for multiple vulnerabilities to exacerbate one another. Rapidly increasing population numbers coupled with poor planning have led to mounting pressure on health infrastructure and basic services, including education, in cities. This directly impacts migrants living in peri-urban areas, as they often cannot access services that are already stretched too thin.

Educational inequity is widespread in India, a country home to over 444 million children (Statista, 2022). Over 90 million of these children are migrants, moving internally within India (Young Lives Research to Policy Centre, 2020). These migrant children have limited access to early childhood development and education services, such as Anganwadi Centers (AWCs), India's primary rural early childhood service. A 2020 study found that over one-third of migrant mothers of young children could not access AWC services at their worksites (John et al., 2020).

School closures due to COVID-19 significantly disrupted formal learning opportunities for children in India. Although various actors (government, organizations, etc.) deployed distance learning solutions, there have been vast inequities in families' abilities to access educational content, particularly through digital platforms, as well as teachers' capacity to guide families and support equitable learning outcomes for children in different circumstances (Jena, 2020). Only 60% of school-age children had any remote learning tools, and even among those, nearly 80% reported learning less or significantly less than in schools (UNICEF India Country Office, 2020). A study conducted by the Azim Premji University (2021) in five states of India found that there was massive learning loss across India during the pandemic, with 92% of primary school students having lost at least one specific language/literacy ability and 82% at least one math/numeracy ability from the prior year. Learning loss and educational inequities are assumed to have grown as the pandemic continued. Marginalized children – including the children of migrant workers – have been disproportionately impacted (UNICEF, 2020). While 18% of migrant children were out of school during the first wave of COVID-19, almost 100% were out of school during the second wave (Aide et Action Southeast Asia, 2021).

Sesame services during the pandemic

The Sesame Workshop team in India designed a new program targeting temporary migrant families during the pandemic. The *Play. Learn. Connect* initiative, supported by the Porticus Foundation, empowers caregivers to support continued learning opportunities for their children when they are on the move. Launched in March 2020 in collaboration with a local implementing partner, Mobile Creches, a

leading national NGO working with migrant workers at construction sites, *Play. Learn. Connect* aimed to reach 2,000 temporary migrant families in the Delhi-National Capital Region (NCR) and to provide caregivers with tools and strategies to create meaningful, playful learning experiences.

However, as the pandemic unfolded, India saw an exodus of migrant workers from cities back to their hometowns. While governments and organizations deployed distance learning solutions, these were largely inadequate and highlighted vast inequities in access to content, teacher capacity for supporting remote learning, access to technology, internet connectivity, and more. New and exacerbated barriers to education disproportionately affected marginalized children, including those with disabilities, those living in remote locations, children of migrant workers, refugees, and asylum seekers, and those whose families lost their source of livelihood and income (Azim Premji University, 2021). Social exclusion and discrimination put already vulnerable people at increased risk during the COVID-19 pandemic. A study on learning during COVID-19-related school closures found that parents of children from migrant families and from Scheduled Tribe families rated their children's mental and socio-emotional well-being as poor or very poor compared to the national sample (UNICEF India Country Office, 2020). At that time, the Sesame Workshop team in India and the project partners felt that *Play. Learn. Connect* would in fact benefit all slum dwellers and not only the temporary migrant workers. As a result, the Indian team decided to change the *Play. Learn. Connect* target audience to focus on a combination of permanent and temporary migrant families living in the urban slums of Delhi-NCR, and the total outreach was reduced to 1,000 families.

To ensure high-quality support to families, Sesame Workshop commissioned third-party research to understand the needs of children aged three to eight and their families, with a focus on children's learning and their social and emotional well-being. Research revealed that most caregivers (70%) felt that the best way to manage children's difficult behaviors was to ignore their emotions, specifically when they became angry. Half agreed that children did not have the skills to express emotions (Outline India, 2020). The research also reported that while most children aged 3–8 years (80%) were able to identify emotions such as happiness, sadness, and anger, only about 50% could identify emotions such as excitement, jealousy, surprise, or disgust. Based on the findings of the baseline study and in response to the evolving needs of the community, the project curriculum was realigned to include the following objectives:

- *Support children in appropriately expressing and managing emotions:* The new content was designed to help children label their feelings and provided validation of and reassurance for these feelings. Messaging helped children understand that their parents/caregivers aren't always available for play while encouraging them to appreciate the special moments they can share together.
- *Sensitize and empower parents/caregivers to support their children's social-emotional needs:* Complementary parent-/caregiver-facing content

> aimed to relieve self- and society-imposed parenting pressures around being constantly available for play, in addition to supporting healthy attitudes and practices around establishing – and occasionally deviating from daily routines.

In addition to adapting the curriculum to better suit pandemic-related priorities, the Sesame Workshop team in India adjusted the *Play. Learn. Connect* implementation plans. Prior to COVID-19, the program was planned to be delivered through weekly workshops with caregivers and children at central locations. The India team and Mobile Creches would together provide caregivers with multimedia resources to support their children's early learning at home, wherever formal access to education was not possible due to frequent movement. Conducted by Mobile Creches facilitators, the weekly workshops were to focus mostly on supporting play-based learning, with relevant print, audio, and audio-visual assets to support project objectives. Complementary engagement through an Interactive Voice Response System (IVRS) on basic mobile phones was included as a part of the original implementation strategy to ensure program continuity even when families were mobile. The IVRS component allowed families to access child-facing audio segments using a missed call system (i.e., the user would not have to pay for the call). The pre-COVID-19 implementation design included this component so migrant children would continue to have access to program materials and learning experiences when their families returned home for festivals and harvesting season.

Due to the COVID-19 lockdown, in-person workshops were put on hold. Instead, the Sesame Workshop team in India trained the implementation partner, Mobile Creche, to begin weekly live (rather than automated) calls to each participating family. During these weekly calls, a trained field coordinator discussed relevant topics with the caregivers, using a Sesame facilitator guidebook. Caregivers were also encouraged to co-listen to the IVRS audio segments with their children.

The original IVRS model involved an automatic call to participants at a particular date and time. IVRS data showed that the number of listeners engaged drastically fell from 565 in April 2020 to 178 in May 2020, a direct result of the pandemic's impact on the program audience's livelihoods as participants lost the ability to recharge phones, switched to cheaper service providers, and left phones in their villages. To address these challenges, Sesame Workshop India and Mobile Creches quickly modified the IVRS approach. The main modification added a feature that allowed participants to call from any number at any time to access Sesame audio content. This led to over 600 unique callers listening to the program in June 2020; by July 2020, over 800 program participants had accessed the most recently available segments. All IVRS calls were followed with weekly personal calls to each caregiver and child dyad, serving to further explain and reemphasize key messages. In August 2020, when it was evident that the pandemic was nowhere near over, Sesame Workshop made a semi-permanent shift to the outreach and implementation strategy to

deliver content only through digital platforms (WhatsApp and IVRS), supported by one-on-one phone calls with families in which Mobile Creches facilitators would discuss messaging and content until in-person interaction could be safely resumed.

As COVID-19 cases fell and in-person interactions became possible, the India team further customized the facilitator guide to support in-person engagement and provided additional audio-visual segments to the facilitators. During a low infection period (July–December 2021), Mobile Creches began in-person home visits. As facilitators visited households, they screened relevant audio-visual content for caregivers and children and shared the content via WhatsApp with caregivers who had access to smartphones. All program interactions, whether via phone call or home visit, provided opportunities for more personalized counseling, knowledge sharing, and program feedback.

Challenges and lessons learned

The COVID-19 pandemic exacerbated the marginalization and inequitable educational opportunities already experienced by vulnerable populations in India. For the Sesame Workshop team in India, the migrant families targeted by the *Play. Learn. Connect* program became harder to reach despite the program design already incorporating multiple delivery platforms. However, the multi-platform design coupled with ongoing monitoring and participating tracking readily allowed for the adaptations that managed to increase IVRS engagement even as migrant families changed and reduced their mobile phone services. Other program components, such as one-to-one facilitation, proved appropriate for both phone and home visit implementation. *Play. Learn. Connect*'s flexible, multi-platform program design is clearly relevant for migrant families in India and beyond. Many of these delivery models could be adapted for internally displaced and refugee communities, who face similar challenges.

South Africa

Background

There are close to 8.2 million children aged under six living in South Africa (Statistics South Africa, 2022). Despite the existence of several established national early childhood development (ECD) policies (Government of South Africa, 2015b), implementation and quality remain a challenge (Meier et al., 2017). Three-quarters of South African ECD services require fees, which disproportionately burdens the poor, and there is a lack of access to quality ECD provision in rural areas for children aged under five (Education White Paper 5, 2001). Nearly 1.1 million South African children aged three to five years still do not have access to any form of early learning program (Hall et al., 2019), and South Africa faces an ongoing crisis in the form of profound inequity. In 2021, the World Bank ranked South Africa as the most unequal society globally (Sulla

et al., 2021). Only a few months into the COVID-19 pandemic, 62% of children in South Africa were classified as multidimensionally poor and lacked access to basic services, including education (Statistics South Africa, 2020).

In 2020, a Coronavirus Rapid Mobile Survey (CRAM) was carried out as part of the National Income Dynamics Study (NIDS) in South Africa. From the sample of households that had children aged under six, 38% reported that their children had attended some form of early learning program before the lockdown started in March 2020, but only 12% had returned by July 2020. According to the NIDS-CRAM study, it is estimated that since the start of the pandemic, children had lost up to one year of learning (Shepherd & Mohohlwane, 2021). And while learning and teaching support was made available online to help curb the time lost, most learners did not have access to the necessary means to participate. According to the 2020 General Household Survey (GHS) carried out by Statistics South Africa, less than 8.3% of the population had access to an internet connection in their home (Statistics South Africa, 2021).

Prolonged lockdown restrictions in South Africa also posed serious challenges for child protection. In some cases, women and children were trapped for extended periods in the same household as their abusers. Experiences of physical violence among children during the COVID-19 lockdown were reportedly linked to socioeconomic strain and related food insecurity among lower-income households (Mahlangu et al., 2022).

Sesame services during the pandemic

Takalani Sesame, the South African version of Sesame Street, has a 20+ year history in South Africa. Its production is well coordinated with the Department of Basic Education (DBE) to ensure alignment with the South African curriculum. The program promotes early childhood education while supporting South Africa's mother-tongue-based education policy through television, radio, digital content, and community and classroom engagement.

The television show airs on the National Broadcaster in South Africa, the SABC (South African Broadcasting Corporation), in five of the 11 official South African languages: English, Afrikaans, IsiZulu, Sesotho, and Ndebele. After launching Season 11 in June 2020, the *Takalani Sesame* team was slated to begin production for Season 12 in September 2020. Season 12 would focus on playful problem solving, which highlighted the importance of teamwork, either through taking turns or sharing, as well as diversity and inclusion, which focused on showing appreciation for one another and recognizing that everybody has something uniquely special about them. With the uncertainties that the pandemic brought, Sesame wanted to focus Season 12 on learning through play. The evidence is clear that play helps children overcome setbacks and trauma and build resilience. It reduces their stress levels and enhances their ability to cope (Solis et al., 2020).

Given the importance of getting new *Takalani Sesame* programming out to children and families during COVID-19, a key focus was ensuring COVID-19

safety precautions during production. Before the COVID-19 pandemic, the *Takalani Sesame* set was known to be a high-energy and fun place, accommodating approximately 60 people at any given time, ranging from the camera crew, sound engineers, scriptwriters, educational advisors, producers, directors, Muppet wranglers (people taking care of the puppets on set), the Muppets and their puppeteers, and children and their families that form part of the cast and appear in the show.

South Africa was heading into the second wave of the pandemic when it was time to begin filming Season 12 in the studio, and vaccinations were not yet available. It was clear that there needed to be a shift in the normal production process. To support the safety of everyone on set, including the cast, crew, and children and their families, the decision was made not to film with Muppets and children and their families simultaneously. Production also shifted from an indoor studio to an outdoor location to ensure enough ventilation and social distancing. Children and their families were filmed on set for the first couple of weeks of the production schedule with only core crew members. The beloved *Takalani Sesame* Muppets were filmed during the second part of the production cycle, with only the puppeteers and core crew members present.

Throughout production, the Government of South Africa's COVID-19 safety protocol was strictly followed. This included mandatory mask-wearing, regular handwashing or sanitation, and the on-set presence of a COVID-19 Protocol

Figure 8.1 Pre-COVID-19 location shoots in Rosendal, Free State Province

Figure 8.2 Pre-COVID-19 location shoots in Johannesburg, Gauteng Province

Officer to complete temperature checks in the morning and ensure that protocol adherence throughout the day.

After filming, the Takalani team began to piece together separately filmed segments through a new and challenging post-production process. The various segments had to feel authentic and suggest that the Muppets and children and their families had been filmed together. Through a creative pivot, the team made use of a split screen, which featured Muppets on one side of the screen and children and their families on the other, which made their interactions and conversations with one another feel genuine, natural, and true to the *Takalani* brand. Following post-production, an altered formative research process (described in greater detail in Chapter 9) ensured the incorporation of child and caregiver feedback into broadcast content. Thankfully, despite the challenges the pandemic posed during Season 12 production, children and caregivers demonstrated high levels of comprehension and engagement when the formative data was analyzed. Upon viewing a pilot segment about building a musical instrument, a five-year-old child reported, "It was funny… Also I learned

something clever. That they can make musical instruments out of strings, tin cans and paint, and star stickers." A female caregiver reflected, "I think it is interesting, and it keeps children focused. From the beginning, it has a lot of activities and music… The whole episode is currently focused on children's lifestyles… and it is something kids are familiar with nowadays" (D3 Systems, 2020). The South Africa team was therefore able to confidently increase distribution of Season 12 content through its social media platforms in order to reach and engage even more families and children during this time.

Challenges and lessons learned

It was challenging to produce an educational television show while adhering to strict COVID-19 safety protocols and ensuring everyone's health and safety on set. Filming schedules had to be separated to limit the number of people on set at any given time. The director and content producer had to be sure to capture all the lines and footage they needed to ensure the dialogue flows once all the pieces are put together, rather than being able to adjust and correct mistakes as a natural part of a more holistic production process. Under non-pandemic circumstances, the Sesame Workshop team in South Africa would not necessarily use the COVID-19 necessitated production processes as part of a preferred model. The *Takalani Sesame* set is usually a vibrant, busy environment, and the children and families that form part of the cast really enjoy interacting with the Muppets on set. Now that more flexible production procedures have been tested – and to some extent proven – as an additional approach, the South Africa team may leverage learnings to feature an increasing diversity of South African contexts and populations without significant budget implications. And indeed, the intersection of production technology and artistic creativity offers tremendous potential for developing, testing, and distributing high-quality content while prioritizing the safety of those involved – a lesson that resonates across a broad spectrum of humanitarian crises.

Reflections and recommendations

Sesame Workshop was able to make numerous contributions to support children and families during the COVID-19 pandemic. Because multi-media programming is central to Sesame's work, its teams have been able to help children continue to learn, support caregivers, and provide resources to teachers despite nationwide lockdowns and strict public health and safety measures, much as they have done in crisis response settings and during periods of societal instability. A key new contribution was launching the global *Caring for Each Other* initiative, which allowed for the development of highly relevant educational messaging and made multimedia content available for various distribution partners as well as for families at home in many Sesame Workshop priority geographies, including but not limited

to Brazil, Bangladesh, India, and South Africa. Other key innovations during the COVID-19 pandemic include the establishment of process adaptations, particularly around production and research, and increased experimentation with virtual and distance learning platforms, which can continue to inform work with marginalized populations and in a variety of humanitarian settings.

However, these efforts come with challenges. The impacts of the pandemic – including lockdowns, job loss, financial insecurity, emotional trauma, stress, and the associated mental health issues that come with all of these – have impacted Sesame Workshop staff, partners, and program beneficiaries, many of whom faced COVID-19-related physical and mental health challenges as well as ongoing childcare concerns and financial instability.

Throughout the pandemic, Sesame teams worked closely with established government and non-government partners, NGO networks, public and private broadcasters, and families participating in programs to promote alignment across educational outreach and bolster one another's endeavors. These partnerships allowed Brazilian children to enjoy the realization of their collective dreams upon return to school, increased *Sisimpur* audience engagement in Bangladesh by making content available on both Sesame and government platforms, and supported Mobile Creche transitions back and forth between in-person and telephone facilitation for the *Play. Learn. Connect* program in India. These achievements, which ultimately engaged more children and families during the most challenging periods posed by the COVID-19 pandemic, were possible precisely because Sesame Workshop has always relied on strong partner relationships and high audience engagement to deliver impactful programming around the world.

Sesame's adaptations to COVID-19 restrictions provided some learning about remote versus in-person programming, many of which are directly relevant to any context where access to in-person, formal learning opportunities may be interrupted. When center-based programming, group activities, community events, and live shows were suspended, technology-based solutions were able to provide some continuity and contact with families and children. However, because of unequal access to devices and the internet, these remote approaches were not equally accessible to everyone and may have even exacerbated existing inequities in some cases. In Sesame's experience, digital programming cannot fully replace in-person activities. Hybrid approaches that use remote technology alongside limited in-person activities may improve the efficiency and quality of future work by reducing the need for travel and in-person meetings, allowing for the meaningful engagement of additional stakeholders to inform program design, and ultimately facilitating broader and more diverse program reach. Training, monitoring and evaluation, content distribution, and caregiver support seem particularly likely to benefit from combining in-person and technology-based efforts because of the possibilities for extended engagement, richer data collection, and educational messaging reinforcement across platforms.

Going forward, it will be interesting to consider how these and other COVID-19 adaptations and innovations can inform work in diverse humanitarian settings. On one hand, many displaced and refugee populations lack access to technology and internet connectivity and/or face host government-enforced barriers on connectivity and device ownership. These restrictions impede the distribution platform flexibility that allowed Sesame Workshop to continue programming during the COVID-19 pandemic. On the other hand, work in humanitarian and other crisis settings will undoubtedly benefit from increasingly responsive, i.e. flexible, program processes and curriculum and learning priorities. By revisiting and adjusting program design decisions during COVID-19 lockdowns and amid evolving safety protocols, Sesame has refined its ability to adjust processes and shift educational priorities to better reflect the real-time needs of target audiences and program participants. This can help to establish trust with new audiences in vulnerable situations and strengthen partnership contributions with various on-the-ground actors, ultimately contributing to more engaging and impactful programming among those who stand to benefit most.

Notes

1 Sangsad Television, a government-owned parliamentary television channel of Bangladesh, was launched on January 25, 2011. During the COVID-19 outbreak, Sangsad TV channel aired an educational program named the "Ghore Bose Shikhi" (Learning from Home) to ensure continuity of studies for students from pre-primary to grade five.
2 a2i, a multinational digital transformation organization founded in Bangladesh, accelerates the inclusive digitization of public services to widen access and decentralize delivery. It evolved from the flagship Aspire to Innovate program of the government's Digital Bangladesh Vision 2021 initiative, supported by UNDP.

References

Aide et Action Southeast Asia. (2021). India: COVID-19 subjecting children of seasonal migrants to child labour. https://seac.aide-et-action.org/india-covid-19-subjecting-children-of-seasonal-migrants-to-child-labour/.

Azim Premji University. (2021). The loss of learning for children during the pandemic. *APF Magazine*. https://azimpremjiuniversity.edu.in/publications/2021/report/loss-of-learning-during-the-pandemic.

Bin Habib, W. (2020, March 27). In stillness of shutdown. *The Daily Star*. https://epaper.thedailystar.net/Home/ArticleView?eid=1&edate=27/03/2020&pgid=12014.

Choiriyah, Mayuni, I., & Dhieni, N. (2022). The Effectiveness of Multimedia Learning for Distance Education toward Early Childhood Critical Thinking during the COVID-19 Pandemic. *European Journal of Educational Research*, 11(3), 1553–1568. https://eric.ed.gov/?id=EJ1353419.

Cole, C. F., & Lee, J. H. (Eds.). (2016). *The Sesame effect: The global impact of the longest street in the world*. Routledge.

D3 Systems, Inc. (2020). Findings from Takalani Sesame Season 12 formative research. Unpublished manuscript. Sesame Workshop.

Department of Social Development. (2015). National Integrated Early Childhood Development Policy. www.unicef.org/southafrica/SAF_resources_integratedecdpolicy.pdf.

Doctors Worldwide. (2022, June 30). Sylhet flash floods: Situation and report [Press release]. https://doctorsworldwide.org/news/story/bangladesh-sylhet-flash-floods-situation-support.

Eckstein, D., Künzel, V., & Schäfer, L. (2021). Global Climate Risk Index 2021: Who suffers most from extreme weather-related loss events in 2019 and 2000–2019. Germanwatch e. V. https://www.germanwatch.org/sites/default/files/Global%20Climate%20Risk%20Index%202021_2.pdf.

Education White Paper 5 On Early Childhood Education. Meeting The Challenge of Early Childhood Development in South Africa. (2001, May). Pretoria South Africa. https://www.gov.za/sites/default/files/gcis_document/201409/educ1791.pdf.

First coronavirus cases confirmed. (2020, March 9). *The Daily Star*. https://epaper.thedailystar.net/Home/ArticleView?eid=1&edate=09/03/2020&pgid=11110.

Fundação Abrinq. (2021). Cenário da infância e da adolescência 2021. https://sistemas.fadc.org.br/documentos/2021/cenario/cenario-da-infancia-e-da-adolescencia-2021.pdf.

Fundação Maria Cecília Souto Vidigal. (2021). O Impacto da Pandemia da COVID-19 no Aprendizado e Bem-Estar da Crianças. fmcsv.org.br.

Government of South Africa. (2013). National Development Plan: Vision 2030. ww.gov.za/issues/national-development-plan-2030.

Government of South Africa. (2015a). Minister Jeff Radebe speaks on High Level Conference on Sustainable Development Goals (SDGs). https://www.gov.za/speeches/minister-jeff-radebe-speaks-high-level-conference-sustainable-development-goals-sdgs.

Government of South Africa. (2015b). Statement Cabinet Meeting 9 December 2015. https://www.gov.za/speeches/statement-cabinet-meeting-9-december-2015-11-dec-2015-0000.

Grant, U., Jordan, C., Kamal, H., Kube-Barth, S., Waistell, D., Williamson, S., Hedges, C., Power, T., & Mead Richardson, A. (2021). Resource Pack to Support Remote Learning - Radio. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099250004122221110/p1742520930bf702708f2601bdb63d95ee0.

Hall, K., Sambu, W., Almeleh, C., Mabaso, K., Giese, S., & Proudlock, P. (2019). *South African Early Childhood Review 2019*. Children's Institute, University of Cape Town and Ilifa Labantwana.

Human Rights Watch. (2019, December 3). Are we not human? Denial of education for Rohingya refugee children in Bangladesh. https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-children-bangladesh.

Instituto Brasileiro de Geografia e Estatística. (2012). Censo Brasileiro de 2010. Rio de Janeiro: IBGE.

Instituto Península (2020). Sentimento e percepção dos professores brasileiros nos diferentes estágios do Coronavírus no Brasil. https://institutopeninsula.org.br/wp-content/uploads/2020/05/Pulso-Covid-19_-Instituto-Peni%CC%81nsula.pdf.

Jena, P. K. (2020). Impact of Pandemic COVID-19 on Education in India. *International Journal of Current Research*, 12(7), 12, 582–512, 586. https://doi.org/10.24941/ijcr.39209.07.2020.

John, J., Thomas, N. J., Jacob, M., & Jacob, N. (2020). A study on social security and health rights of migrant workers in India. Kerala Development Society. https://nhrc.nic.in/sites/default/files/Approved_Health%20and%20social%20security%20ISMW_KDS-NHRC.pdf.

Korin, A. (2021). #EdTechHub @GlobalEdTechHub edtechhub.org Creative Commons Attribution 4.0 HELPDESK RESPONSE 31 Using EdTech to Support Learning

Remotely in the Early Years Rapid Literature Review of Evidence from the Global Response to Covid-19. https://doi.org/10.5281/zenodo.4746391.

Mahlangu, P., Gibbs, A., Shai, N., Machisa, M., Nunze, N., & Sikweyiya, Y. (2022). Impact of COVID-19 Lockdown and Link to Women and Children's Experience of Violence in the Home in South Africa. *BMC Public Health*, 22(1029). https://doi.org/10.1186/s12889-022-13422-3.

Mares, M.-L. & Pan, Z. (2013). Effects of *Sesame Street*: A meta-analysis of children's learning in 15 countries. *Journal of Applied Developmental Psychology*, 34(3), 140–151. https://doi.org/10.1016/j.appdev.2013.01.001.

McMahon, J., Gallagher, E. A., Walsh, E. H., & O'Connor, C. (2021). Experiences of remote education during COVID-19 and its relationship to the mental health of primary school children. *Irish Educational Studies, 40*(2), 457–468. doi:10.1080/03323315.2021.1932555.

Meier, C., Lemmer, E., & Niron, D. G. (2017). Problems and Prospects in Early Childhood Education Provisioning in Turkey and South Africa. *Journal of Asian and African Studies*, 52(4), 444–457. https://doi:10.1177/0021909615595989.

Ministry of Social Assistance. (2019). O Criança Feliz. https://www.gov.br/cidadania/pt-br/acoes-e-programas/crianca-feliz.

Ministério da Saúde. (2022). Painel de casos de COVID-19. https://covid.saude.gov.br/.

Ministry of Home Affairs, Government of India. (2011). Data on migration 2011. https://censusindia.gov.in/2011census/migration.html.

Moscoviz, L. & Evans, D. K. (2022). Learning loss and student dropouts during the COVID-19 pandemic: A review of the evidence two years after schools shut down. CGD Working Paper 609. Washington, DC: Center for Global Development. https://www.ungei.org/sites/default/files/2022-04/learning-loss-and-student-dropout s-during-covid-19-pandemic-review-evidence-two-years.pdf.

Outline India. (2020). Play Learn Connect: An education initiative for children on the move. Baseline study report [Unpublished research study].

Sesame Workshop. (2022). Caring for each other. Sesame Workshop. https://www.sesameworkshop.org/what-we-do/caring-each-other.

Sesame Workshop Brazil. (2020). Monitoring results for remote work during COVID-19. Unpublished manuscript. São Paulo: Sesame Workshop.

Shepherd, D., & Mohohlwane, N. (2021). The impact of COVID-19 in education - more than a year of disruption. https://cramsurvey.org/wp-content/uploads/2021/07/11.-Shepherd-D-_-Mohohlwane-N.-2021.-Changes-in-education-A-reflection-on-COVID-19-effects-over-a-year.pdf.

Solis, S.L., Liu, C.W., & Popp, J.M. (2020). Learning to cope through play: Playful learning as an approach to support children's coping during times of heightened stress and adversity. https://cms.learningthroughplay.com/media/jqifsynb/learning-to-cope-through-play.pdf.

Statista. (2022). Children in India – statistics and facts. https://www.statista.com/topics/9677/children-in-india/#topicOverview.

Statistics South Africa. (2020). Mid-year population estimates 2020. Pretoria: StatsSA.

Statistics South Africa. (2021). General Household Survey 2020. Pretoria: StatsSA.

Sulla, V., Zikhali, P., & Cuevas, P. F. (2021). Inequality in Southern Africa: An Assessment of the Southern African Customs Union (English). Washington, D.C.: World Bank Group. http://documents.worldbank.org/curated/en/099125303072236903/P1649270c02a1f06b0a3ae02e57eadd7a82.

Todos pela Educação. (2020). Retratos da educação no contexto da pandemia. https://movinovacaonaeducacao.org.br/wp-content/uploads/2020/12/Pesquisa-Retratos-da-educacao-no-contexto-da-pandemia-de-coronavirus.pdf.

United Nations. (2015a). Resolution adopted by the General Assembly on 25 September 2015: Transforming our world: the 2030 Agenda for Sustainable Development. http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1.

United Nations. (2015b). Sustainable Development Goals. www.un.org/sustainabledevelopment/education/.

United Nations Children's Fund. (2020). Impactos primários e secundários da Covid-19 em crianças e adolescentes. https://www.unicef.org/brazil/media/11331/file/relatorio-analise-impactos-primarios-e-secundarios-da-covid-19-em-criancas-e-adolescentes.pdf.

United Nations Children's Fund. (2020). Bangladesh education fact sheets 2020: Analysis for learning and equity using Bangladesh MICS 2019. https://data.unicef.org/wp-content/uploads/2021/05/Bangladesh-Education-Fact-Sheets_V7.pdf.

United Nations Children's Fund. (2020). Impactos primários e secundários da Covid-19 em crianças e adolescentes. https://www.unicef.org/brazil/media/11331/file/relatorio-analise-impactos-primarios-e-secundarios-da-covid-19-em-criancas-e-adolescentes.pdf.

United Nations Children's Fund. (2021a). The climate crisis is a child rights crisis: Introducing the Children's Climate Risk Index, summary edition. https://www.unicef.org/media/105531/file/UNICEF_climate%20crisis_child_rights_crisis-summary.pdf.

United Nations Children's Fund. (2021b). Tracking the situation of children: A summary of UNICEF's COVID-19 socioeconomic impact surveys. New York: UNICEF.

United Nations Children's Fund. (2022, May 2). Education milestone for Rohingya refugee children as Myanmar curriculum pilot reaches first 10,000 children [Press release]. https://www.unicef.org/rosa/press-releases/unicef-education-milestone-rohingya-refugee-children-myanmar-curriculum-pilot.

United Nations Children's Fund. (2022, May 2). Education milestone for Rohingya refugee children as Myanmar curriculum pilot reaches first 10,000 children [Press release]. https://www.unicef.org/rosa/press-releases/unicef-education-milestone-rohingya-refugee-children-myanmar-curriculum-pilot.

United Nations Children's Fund India Country Office. (2020). Rapid assessment of learning during school closures in the context of COVID. https://www.unicef.org/india/reports/rapid-assessment-learning-during-school-closures-context-covid-19.

United Nations Educational, Scientific, and Cultural Organization & United Nations Children's Fund. (2021). Bangladesh case study: Situation analysis on the effects of and responses to COVID-19 on the education sector in Asia. https://www.unicef.org/rosa/media/16481/file/Bangladesh%20Case%20Study.pdf.

United Nations High Commission for Refugees. (n.d.). https://reporting.unhcr.org/document/3391.

United Nations High Commission for Refugees. (2021). https://www.unhcr.org/en-us/news/press/2021/5/60a398db4/brazils-policies-boost-inclusion-venezuelans-challenges-remain.html.

United States Agency for International Development. (2018). USAID education policy. https://www.usaid.gov/sites/default/files/documents/1865/2018_Education_Policy_FINAL_WEB.pdf.

Unwin, H. J. T., Hillis, S., Cluver, L., Flaxman, S., Goldman, P. S., Butchart, A., Bachman, G., Rawlings, L., Donnelly, C. A., Ratmann, O., Green, P., Nelson, C. A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A., & Sherr, L. (2022). Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modeling study. *The Lancet Child & Adolescent Health*. https://doi.org/10.1016/S2352-4642(22)00005-0.

Watson, J., Hennessy, S. & Vignoles, A. (2021). The relationship between educational television and mathematics capability in Tanzania. *British Journal of Education Technology*, 52, 638–658. https://doi.org/10.1111/bjet.13047.

Wilkinson, S. (2016). Using media and communication to respond to public health emergencies: lessons learned from Ebola. BBC Media Action.

Wills, G., Kotzé, J., & Kika-Mistry, J. (2021). A Sector Hanging in the Balance: Early Childhood Development and Lockdown in South Africa. RISE Working Paper Series. 20/055. https://doi.org/10.35489/BSGRISEWP_2020/055.

World Bank Group. (2022). Brazil poverty and equity assessment: Looking ahead of two crises. https://openknowledge.worldbank.org/bitstream/handle/10986/37657/P1746910e33a8407d0b0850b8f0f5bcf18c.pdf.

World Health Organization. (2022). WHO coronavirus (COVID-19) dashboard. https://covid19.who.int/table.

Young Lives Research to Policy Centre. (2020). Understanding child migration in India: Research brief. https://www.unicef.org/india/media/3416/file/Child-migration-India2020-policy-brief.pdf.

9 Formative research adaptations and innovations

Case studies in developing global early learning video content during COVID-19

Kim Foulds, Samera Zaidi, Belynda Agu, Rehnuma Akhter, Carolina Casas, Ayobisi Osuntusa, Mari Payne, Apurba Shikder and Sukhna Sawhney

Introduction

Decades of research show that mass media can support children's learning across a variety of educational outcomes (Cole & Lee, 2016; Mares & Pan, 2013; Borzekowski, 2018; Borzekowski et al., 2019; Kennedy et al., 2021; Anderson et al., 2000). With the closure of schools and other learning centers due to COVID-19, mass media played a critical role in supporting children and their families (Yoshikawa et al., 2020).

In an effort to optimize the impact of media on children's healthy development, research has been at the heart of Sesame Workshop, the non-profit behind *Sesame Street,* and its international co-productions (Cole & Lee, 2016; Fisch & Truglio, 2000). Sesame Workshop uses formative research to assess its content, from broadcast television to community outreach initiatives. Formative research at Sesame Workshop focuses on rapid, small-scale research studies with the target audience to test creative and educational concepts prior to production that yield findings and recommendations to inform the structure, tone, and educational messaging of educational content. Sesame Workshop aims to engage young children and caregivers as partners, eliciting their critical feedback on how appealing, engaging, and relevant Sesame's content is, and how comprehensible its educational messages are. As Sesame Workshop has expanded its scope to support the needs of children around the world, formative research continues to be the grounding force in creating culturally relevant educational media content (Foulds & Bucuvalas, 2019; Kohn et al., 2021; Foulds et al., 2021).

Before the pandemic, in-person data collection was a core component of the formative research process. In-person data collection can include observations of children's viewing behaviors, assessment of their comprehension of educational messages, and perceptions of their caregivers. Formative research sessions are organized in groups with approximately four or five caregivers and their children aged three to eight. First, families watch a video segment as a group while a research team observes the children's viewing behaviors, taking note of

DOI: 10.4324/9781003415213-10

engagement and participation behaviors. Participation behaviors include, but are not limited to, talking to the characters, singing, dancing, and/or pointing to the screen. Following the viewing, each caregiver-child dyad is interviewed by the observing enumerator. The child is first asked a series of questions to assess the content's appeal as well as the child's comprehension of the educational message. Then, the caregiver is asked questions on the appeal, relevance, and appropriateness of the content.

COVID-19 related safety protocols and movement restrictions posed significant barriers to traditional formative research methods. As a result, Sesame Workshop developed new approaches, which included remote and in-person approaches, for conducting formative research with young children. This chapter highlights these adaptations to Sesame Workshop's traditional formative methods in Latin America (Brazil, Colombia, and Mexico), the Middle East (Jordan and Lebanon), South Asia (Bangladesh and India), and Africa (Nigeria and South Africa). It uses lessons from the creation of Watch, Play, Learn (WPL) videos, a series of early learning videos designed to support children affected by displacement and other crises. Each country team made decisions on how to approach the challenge of COVID-19 and other emergency risks in their countries. These examples provide early childhood media content creators and researchers with multiple approaches to conducting research with young children and share initial lessons on remote data collection which may be especially relevant in emergency settings. The chapter also reflects on the decision-making process of each country team as they made decisions on what and how to adapt the formative research approach. Key takeaways from this chapter will highlight that even in the midst of access disruptions, innovative research designs, grounded in community realities, are possible for young children in humanitarian and low-resource contexts.

Overview of Watch, Play, Learn (WPL) videos

In 2018, Sesame Workshop, BRAC, and the International Rescue Committee (IRC) were awarded a USD 100 million grant from the LEGO Foundation to bring early childhood care and education to displaced Rohingya children living in Cox's Bazar and children living in the Syrian response region. The Play to Learn initiative embeds learning through play in direct services as well as print and video content, which are offered across a variety of spaces frequented by children and families (community centers, social protection programs, health clinics, among others).

A foundational element of Play to Learn is the creation of the WPL videos, a set of engaging, modular, universal early learning videos designed to reach young children with playful early learning content, with particular attention to the unique experiences of children affected by conflict and crisis. WPL is a set of 140 five-minute animated videos segments designed for children aged three to eight. Using playful learning, WPL videos promote skills in the four curricular domains of math; science; social-emotional learning; and child protection,

health, and safety (Bhatia et al., 2022). From 2019–2021, WPL media content was developed using the same formative research approach used as part of the larger creative process required to create locally produced Sesame Street content at scale in over thirty countries worldwide (Cole & Lee, 2016; Mares & Pan, 2013). The videos are designed to bring playful early learning to children everywhere, with particular attention to the unique needs and experiences of children affected by crises such as conflict or displacement. At the same time, the WPL video content was designed to be used worldwide in future crises, meaning that the content must be relevant to a global audience.

When creating global content, however, familiarity and relatability are challenging tasks in that the content must appeal to a global audience, while also feeling relevant, so that children see themselves in the content. To identify content to meet these potentially competing needs required a series of global formative studies across diverse geographic, ethnic, and linguistic contexts.

Given that, the following research questions guided formative research design considerations:

- What elements of the format do children and parents find most appealing?
- What elements of the format do children and parents find least appealing?
- What educational messages show the greatest relevance and comprehension?
- What are the characteristics of educational messages that are most relevant and comprehensible?
- What, if any, are the emergent global patterns supporting appeal, relevance, and comprehension for each format?

To answer these questions, the production team created animated storyboards (or animatics)[1] of scripts in development for each WPL content area. The research team typically uses those animatics with children and their parents/caregivers to help answer the above research questions. Findings and actionable recommendations are then provided to the production and education teams for content refinement to reinforce content appeal, relevance, and comprehensibility. Based on this process, using the animatics provided by the production team, the New York-based Sesame team drafted a core set of qualitative instruments so that the same type of information would be collected across the different geographies. Sesame country teams reviewed those instruments, revised them for cultural relevance, and translated them into the appropriate languages: Arabic, Bangla, Hausa, Hindi, isiZulu, Kanuri, Rohingya, Portuguese, Sesotho, and Spanish. Some of the instruments were used for remote data collection while others were used for in-person data collection, as will be detailed in the following sections. Each country team led two rounds of formative research. Each round of research takes between five to seven weeks to complete. The first round of formative research, conducted from November 2020–January 2021, tested one science script and one health safety script. The second round, conducted from February 2021–May 2021, tested one math script and one social-emotional learning script.

Global adaptations to formative research methods in response to COVID-19

Because the production of WPL scripts began in 2020, all formative plans had to consider the effects of COVID-19 when designing their respective studies. All of the countries listed above experienced lockdowns and school closures beginning in February–March 2020, with waves of reopening and lockdowns in line with surges in infection rates. This chapter shares specific research adaptations made for each location based on local COVID-19 restrictions and how families with young children, including displaced families, access technology. For example, the section on Latin America explores how teams in Brazil, Colombia, and Mexico implemented both in-person and remote data collection methods to reach Venezuelan migrants and host community nationals in testing WPL video content. In the Middle East, given high rates of mobile phone access and use, the research teams relied on Zoom to conduct interviews with displaced Syrian families as well as Jordanian and Lebanese host community nationals. The section covering South Asia provides insight into how research teams in Bangladesh and India adapted in-person data collection methods to reach Bangladeshi host community nationals, Rohingya refugees, and Indian migrants and host community nationals. In the last section covering sub-Saharan Africa, research teams in Nigeria and South Africa share how they relied on a range of in-person data collection methods to collect feedback from internally displaced families in Nigeria and South African nationals.

These case studies illustrate how Sesame Workshop teams determined study designs and methodologies (both in-person and remote) in the face of rapidly changing/evolving safety protocols and restrictions.

Latin America

Brazil

In spring 2021, during the formative research planning phases, COVID-19 indicators in Brazil began to improve, so the research team planned to hold in-person focus group discussions (FGDs) in open-air spaces to minimize potential risks. The situation, however, worsened suddenly in the State of Roraima, which borders Venezuela and is considered Brazil's most geographically isolated state. The team considered remote data collection since nearly two-thirds of Venezuelan migrants and two-thirds of Brazilian nationals own mobile phones (Barberia et al., 2022; R4V, 2019). However, Venezuelan migrants, in particular, encountered barriers to usage due to connectivity challenges and limited digital literacy.

As a result, the research methodology was adjusted to individual interviews with children and their families in their homes, following strict COVID-19 protocols such as social distancing and masking. The research team implemented an in-person data collection method where two researchers met with each family individually (n = 60 dyads). One researcher led the technical

facilitation, which included setting up the video segments for viewing and completing the research instrument on Google Forms. The other researcher observed child participants as they watched the videos and conducted the child assessment and caregiver interview.

At-home testing allowed researchers to observe children's viewing in a familiar environment under more natural conditions. This environment also facilitated children's comfort and confidence, making them more likely to have spontaneous reactions and answers, particularly relative to a more formal, unfamiliar group testing space. This led to richer information about children's reactions and engagement with the video content. Additionally, parents were more available to participate and provide more detailed and more insightful opinions.

One challenge in this method – and formative research more broadly – was specific to the dose. Sesame Workshop's formative research typically allows for a single viewing of the video to mimic the child's experience watching it on television. However, when content is available on-demand through digital devices, it is likely that in practice a child would watch more than once. To remain faithful to traditional formative research design and produce comparable data, the researchers played each segment only once, but recognized the potential misalignment with actual practice.

Colombia

From January to March 2021, formative research planning focused on recruiting Venezuelan migrant families and Colombian host community nationals living in Bogotá. At the time, the local government of Bogotá ordered selective confinement measures that applied to specific boroughs (*localidades*) based on infection rates. During this period, all government-run educational services in the country were operating remotely and in-person gatherings were strongly discouraged.

Based on these circumstances, as well as high connectivity rates among Colombians and Venezuelan migrants in Colombia, the research team explored a combination of digital content distribution methods supported by phone interviews with families. For Colombians, by the end of 2020, 67% had access to a smartphone, with an average of more phones than people (Meloan & Castells, 2021; R4V, 2019). Access to mobile devices and the internet is also high for Venezuelan migrants in Colombia, though the high cost of data poses a significant barrier to use (Dweck et al., 2021). Partnering with grassroots organizations serving the target communities, the research team contacted participants (n = 58 dyads), shared WPL video content via WhatsApp to prompt viewing, and followed the viewing up with a phone interview with the caregiver, who communicated both child and caregiver responses. Enumerators entered responses into a Google form during each interview.

In addition to minimizing the risk of exposure to COVID-19, remote data collection resulted in greater comfort levels among children and richer responses from adults. However, there were several challenges to this approach. One major challenge was the duration of the data collection sessions, which was

particularly challenging given the unpredictable schedules of respondents, especially Venezuelan migrant families who often rely on informal employment with variable work hours. Another challenge was accessing information from caregivers, for whom any type of written communication represented a barrier to participation. As a result, the research team collected data via recorded audio or voice notes, which sometimes presented issues around data quality, because it was difficult to ask clarifying follow-up questions. The final challenge was that the research team did not observe children directly and caregiver reporting on child engagement was difficult to systematize and may have been inconsistent across participants.

Mexico

As in Brazil and Colombia, formative research in Mexico was planned for January and March 2021. However, in January, most Mexican states were at a high alert level due to a dramatic rise in COVID-19 cases, and by March 2021, while some states had transitioned to medium risk, non-essential activities were recommended to be carried out remotely. Under these conditions, the research team focused on remote data collection to test WPL content. Access to a mobile phone is high in Mexico, with nearly 70% of the population owning a phone in 2020. Within that population, 90% reported owning a smartphone (Government of Mexico, 2021).

The research team partnered with Save the Children Mexico, which already worked with refugee and migrant populations. During the first formative research study, the research team provided participants (n = 13 dyads) with a USD10 phone recharge to cover participants' data use during testing. The Sesame research team led a training session with Save the Children Mexico's facilitators via Zoom, where they viewed the WPL videos, and the Sesame team briefed the Save the Children team on how to conduct the interviews with caregivers via phone and collect data using Google Forms.

For the second phase of testing, families living in Save the Children's shelters were the target audience. Since many of these families do not own a mobile phone, Sesame trained Save the Children facilitators to conduct in-person interviews with 30 caregiver-child dyads, following all required health protocols such as social distance and masking.

Remote data collection during the first phase of research in Mexico allowed for greater flexibility to schedule interviews based on respondents' availability, compared to the challenges of scheduling in-person data collection. Using Google Forms made it easy to automatically upload data into Microsoft Excel, helping to reduce the time needed for data entry and analysis.

However, remote data collection approaches also presented challenges. In the first phase, some families experienced connectivity issues that interrupted the flow of the interviews, increasing their length and affecting the rapport with child-participants. In some instances, researchers also noticed caregivers guiding the children towards the 'correct' answer, possibly a result of caregiver

participation in the interview process. Additionally, since the videos were sent before the phone interview, the research team was not able to control the number of times families viewed them. A few families mentioned viewing the videos more than once, possibly influencing the findings. For the second phase, although Sesame Workshop trained Save the Children's facilitators, COVID-19 protocols prevented the Sesame team from providing in-person support to the data collection process.

Middle East

Jordan and Lebanon

Given the multiple waves of restrictions and surges in infection rates, combined with high rates of smartphone ownership, the research teams in Jordan and Lebanon shifted to remote data collection for the formative research. Data from 2019 showed 70% of Syrian refugees in Jordan owned a smartphone (Ammourah & Carlisle, 2019) and mobile phone ownership among Syrian refugees appeared to be even higher in Lebanon. Data from 2018 shows nearly 90% of Syrian refugees in Lebanon owned a mobile phone, with the majority owning a smartphone – a proportion which has also likely increased since publication (Göransson, 2018).

Working with research partner Radius Global Solutions, Sesame Workshop recruited 20 caregiver-child dyads in Jordan and 20 caregiver-child dyads in Lebanon. Within each country, displaced Syrians represented half of the sample and Jordanian or Lebanese nationals represented the other half. For each session, rather than in-person focus groups, the research team led in-depth interviews (IDIs) with caregiver-child dyads via Zoom with a household owned tablet or mobile phone. The sessions were 30 minutes long. Each dyad watched the first video segment, and then the child answered a short series of questions to assess the video's appeal and child's comprehension of the educational message. This was then repeated with the second video segment. The session ended with a short caregiver interview to collect insight on the caregivers' point of view of the video's relevance, appropriateness, and appeal. All participating households were given a stipend to cover data costs for watching the videos.

There were several benefits to this approach. Most importantly, participants remained safe from exposure to COVID-19. In addition, children watched the segments in a natural setting – at home, with a caregiver, or on a portable device. Another benefit included caregivers not feeling pressured to ensure their children were behaving appropriately. Often, when doing in-person testing with caregivers and children, researchers let parents know that their children can do whatever they like during the viewing, except hitting, hurting, or otherwise bothering anyone else. Despite this guidance, parents often prompt their children to sit still and watch the video. In remote sessions, parents were less inclined to correct these behaviors, given the familiar environment and more natural structure of the session.

Despite these benefits, there were also several challenges. Since device ownership was a requirement for participation, families who did not own devices were excluded from the sample. Another challenge was related to the level of effort required to meet the sample minimum. When conducting in-person focus groups for formative research, the group setting allows for a larger sample of caregiver-child dyads to participate (typically five or six pairs per session) in a shorter period compared to IDIs. Conducting IDIs requires more time for data collection. Offsetting these additional data collection costs, however, is the requirement for fewer interviewers. Whereas in-person focus groups typically require 5–6 interviewers per session, for each dyad, remote IDIs only require one moderator.

South Asia

Bangladesh

REFUGEE HOST COMMUNITIES

In Bangladesh, only 54% of Bangladeshis own a mobile phone and unreliable internet infrastructure in Cox's Bazar made remote data collection non-viable (Okeleke, 2021). To address these contextual factors, the research team designed a study using one-on-one interviews with host community respondents in their homes. The Dhaka-based Sesame research team trained enumerators living in Cox's Bazar via Zoom. Before the main training, enumerators participated in a one-day virtual training to ensure they were familiar with the Zoom platform prior to the research training. Enumerators then traveled to individual homes to conduct the testing sessions with caregivers and children (n = 40 dyads).

There were several important benefits to this approach. Conducting remote training for enumerators eliminated the need for them to travel long distances, encounter unpredictable delays, and have potential exposure to COVID-19. The online training sessions were effective in preparing enumerators for safe and reliable in-person data collection during COVID-19, and included appropriate measures to ensure the health and safety of participating families.

Several challenges emerged as well, many reflective of the COVID-19 realities in Bangladesh at the time as well as the ongoing infrastructure limitations. Originally planned for April 2021, the second phase of formative testing was delayed to mid-May 2021 as authorities banned most non-essential activities. For remote enumerator training, only a few enumerators were already familiar with Zoom. Many enumerators also had unstable internet, which made it challenging to provide video examples of how to observe and document facial expressions of children.

Challenges in data collection included respondent hesitation to participate due to COVID-19, collecting observational data and building rapport with masked children while social distancing, and higher than average transportation costs because of COVID-19. While precautions were in place, a risk that was

not possible to fully mitigate was the risk of contracting COVID-19 for researchers and participating families.

ROHINGYA REFUGEES

For Rohingya refugees living in refugee camps in Cox's Bazar, COVID-19-related restrictions compounded the population's already limited access to infrastructure and technology. Estimates suggest that 70% of households owned a phone, but not a smartphone (3G and 4G mobile services restored at Rohingya camps 2021). Access to electricity was another major challenge, with only 52% of Rohingya households reporting access to power, and only 22% of those households having electricity for more than four hours per day (Kamal & Dow, 2020).

Considering the context, Sesame Workshop experimented with several adaptations to formative research. In the summer of 2020, it was impossible to conduct formative research in Cox's Bazar because of government restrictions on conducting research. Instead, Sesame Workshop collaborated with the Burmese Rohingya Community of Wisconsin (BRCW),[2] which serves the Rohingya community living in Milwaukee, Wisconsin. For each family, BRCW leaders visited members' homes, showed videos, and conducted post-viewing interviews with children and caregivers using simplified instruments to facilitate untrained research leads in conducting interviews.

Once government restrictions in Cox's Bazar eased, the research team implemented formative testing through in-person focus groups, each with five caregiver-child dyads (n = 50 dyads). Participants first viewed the content and then each dyad was interviewed individually, with the child interviewed first on content appeal and comprehension of the educational messages, followed by the caregiver interview to assess appeal and relevance. The sessions lasted 45–60 minutes. To ensure safety, masks were provided and were mandated for parts of the session. During the sessions, participants removed masks for the team to observe children's reactions during the viewing, which did raise the risk of COVID-19 infection.

The research methods used in Cox's Bazar were most like Sesame's traditional formative methods, which rely on in-person child observations and interviews. The challenges in conducting these studies were around movement restrictions and health and safety concerns. Due to government hiring limitations, the research team was not allowed to hire Rohingya enumerators. Enumerators from the Chittagong host community who were proficient in Rohingya were hired and trained for data collection. In addition, because of government approval requirements to enter the camps, government regulations required the research team to apply three weeks in advance of the testing dates, and they were granted access only on those specific dates. As noted previously, while in-person data collection included the implementation of health and safety precautions, the risk of infection was never fully mitigated, particularly given the off-on nature of mask-wearing among the researchers and participants.

India

COVID-19 precautions in India were among the most restrictive of any country in the world. Schools were closed from March 2020 until early 2022. Due to limited access to digital devices, only 20% of school-age children in India benefited from remote learning (Krishnan, 2021). Despite these restrictions, Sesame Workshop was still able to engage in in-person interaction with caregivers and children in early 2021. The research team tested the WPL videos in three regions of Delhi in northern India: Seelampur, Faridabad, and Madanpur Khadar. Each round of testing and research included 30 caregiver-child dyads from low-income host and migrant families. The sample included ten families per region, with an equal number of host and migrant families purposefully selected. During testing, the researcher showed one video to the child and caregiver, collecting observational data on engagement. After viewing the first video, the researcher interviewed the child about the segment. This process was repeated in the second video. Following the second child interview, the research interviewed the caregiver. The order of the videos was counterbalanced to avoid bias.

Being able to conduct formative research in families' homes was a benefit to the process, as it simulated a more natural viewing environment. Helping children to feel comfortable in a familiar environment with their families reduced their stranger and/or testing anxiety, as the enumerator was able to build face-to-face rapport. Another benefit was that the research team could bring devices for families to use for viewing, which allowed them to reach families that otherwise would not have been able to participate. Yet another noteworthy advantage of in-person data collection was that researchers were able to limit caregiver interference in aiding children with answers to questions, while also providing supportive and motivating comfort and encouragement to children during interviews.

There were a number of challenges to this design. With in-person data collection as the best available approach, there remained a risk to researchers and respondents to COVID infection. Given families' understandable anxiety around participating, coupled with certain areas sealed off as in the 'red-zone' of high infection rates, recruitment required more time and resources than originally planned to recruit the full sample. In addition, while COVID-19 protocols were followed, including wearing masks and maintaining social distancing, this made it difficult to observe children's facial expressions and likely led to some loss of data, not being able to hear children's comments while viewing.

Sub-Saharan Africa

Nigeria

Mobile phone access among internally displaced persons (IDPs) in north-east Nigeria is limited, with only 61% of households owning at least one mobile phone (World Food Programme, 2017). To address this gap in access, the

Sesame research team focused on in-person data collection within the existing movement restrictions of early 2021 in two IDP camps in Abuja.

The team implemented two approaches at both sites, recruiting from Kanuri and Hausa language speaking communities. At the Kanuri language site, the parent/caregiver sat behind their children as they watched the videos, while at the Hausa language site, the parent/caregiver sat beside their children. Children watched the video segment with other children. After viewing, a researcher interviewed individual caregiver-child dyads, first interviewing the child, and then their caregiver. Each session included 30 caregiver-child dyads, 15 Hausa-speaking dyads and 15 Kanuri-speaking dyads.

To ensure proper safety protocols could be implemented for both participants and researchers, data collection took place on Saturday mornings to allow for more time and flexibility. Though COVID-19 restrictions had been relaxed in Nigeria at the time of testing, the research team implemented several data collection adaptations and safety measures to minimize potential COVID-19 exposure. Participants remained six feet apart, and both participants and enumerators wore face shields. At that time, enumerators provided face shields and sanitizer for all participants. The face shields enabled researchers to see the participants' facial expressions, engagement, and participation.

Interviewing caregiver-child dyads was a new methodology for researchers in Nigeria and seemed to have several positive influences. Most parents and caregivers from northeastern Nigeria have limited social interaction with their children due to cultural and religious norms, lack of education, and social limitations. This lack of interaction with their children is often further exacerbated by extreme hardships faced by families in this area. The structure of the research session – in which researchers were seeking insight from children – represented an uncommon opportunity, where norms around children's engagement are often limited to being seen (e.g., playing with other children) and not really heard (e.g., having a one-on-one conversation with an adult). Watching the videos dubbed in their languages with their parents and then being interviewed together appeared to have provided an opportunity for caregiver-child bonding. During data collection, researchers observed a growing connection between parent and child, as caregivers showed support and encouragement for their child when they were answering questions, demonstrating signs of an evolving relationship. Researchers observed that parents were excited and encouraged children to speak. And while parents understood that there were no right or wrong answers to the interview questions, researchers noted that the parents were rooting for their children when they were answering questions. In addition, given COVID-19 precautions, parents enjoyed the opportunity to assist their children as they washed their hands before the session and applied hand sanitizer throughout the session.

Although most of the observations during formative testing were positive, particularly in the context of caregiver-child interactions, researchers still experienced some challenges. Due to restrictions on indoor gatherings, researchers had to modify the approach from focus group discussions (which

did not allow for adequate social distancing) to one-on-one interviews with caregivers, which increased the time and, thus resources, needed for testing. Another challenge was that children were required to wear protective face shields during the episode viewing and since this was new for them, they would often touch or readjust them, making it challenging to document their engagement during the eyes-on-screen observation. It was not common for children ages 3–6 years to wear face shields, so children in the sample frequently played with and adjusted their shields, making it challenging at times to note their viewing behaviors.

South Africa

Despite high rates of mobile phone ownership generally in South Africa, there are significant disparities in ownership, distinguished largely by socio-economic status. Many families, therefore, face significant access barriers (Silver et al., 2019). Given this, the team focused on in-person data collection to test WPL content. The research team conducted two in-person trainings with enumerators at the Sesame Workshop South Africa offices, adhering to strict COVID-19 protocols. After the training sessions, researchers conducted in-person focus group discussions for formative testing with English-, Sesotho-, and IsiZulu-speaking families. The sample included 120 caregiver-child dyads, 40 dyads per language. All participants viewed the content together and then participated in child- and caregiver-specific focus group discussions.

The first phase of formative testing was conducted in December 2020 during lockdown alert Level 1, which allowed public gatherings but required strict adherence to COVID-19 protocols. This protocol included mandatory mask-wearing, social distancing, and regular hand washing or sanitation.

The second phase, conducted in March 2021, was during an adjusted lockdown alert Level 1, which allowed a maximum capacity of 50 people for indoor gatherings. During both phases, to ensure the safety of the research team and the participants, the research team divided them into smaller groups to adhere to social distancing protocols and restrictions for indoor gatherings (n = 120 dyads).

The benefits of conducting formative research using focus-group discussions versus remote implementation included having a geographically diverse sample, reduced time spent as the entire formative testing was done over two days, encouraging greater parent and child involvement, observing higher response rates, and collecting high-quality data by a research team trained specifically on Sesame Workshop's formative research methodology.

Under normal circumstances, the challenges of conducting in-person focus group discussions are minimal. During COVID-19, researchers encountered challenges in conducting formative research because of the new health restrictions. Due to the face mask requirement, researchers found the primary challenge was observing masked children's facial expressions which resulted in a loss of some data.

Reflections and recommendations on adapting research methods

COVID-19, coupled with related movement restrictions and safety protocols around the world, has provided an important opportunity to reflect on and adapt formative research methods. In line with the Sesame Workshop model, child-centered formative research remains a foundational component of the content creation process. The pandemic, however, has highlighted the need to evolve formative research methods to better reflect the contexts in which participants live. Assessments of participants' access to different communication channels are critical to inform what study methods are feasible. Where communities are highly connected to mobile services, leveraging digital methods to test content provides more natural conditions for how families consume content. When target communities are not connected to mobile technology, research teams adapted in-person testing to use either group or individual testing sessions, applying safety protocols when possible.

Sesame's experience of being able to gain valuable insights from children on formative assessment can inform the debate about whether direct child assessments with young children should only take place through in-person data collection. While there is emerging evidence on the potential for remote early childhood development (ECD) interventions to bring about positive impacts (Hernández-Agramonte et al., 2022; Angrist et al., 2020), there is little existing guidance on conducting remote research with children. The findings in this chapter provide social science researchers with initial lessons learned on the possibilities for remote data collection with children.

These lessons can inform the design and implementation of research, especially in settings affected by a crisis where there is often an assumption that front-end research, like the methods described here, is not possible or viable within the context (Foulds et al., 2021). The consequence of these assumptions may be that there is little to no investment in research to inform content development and to ensure that it reflects the communities it is designed to represent and serve. The examples provided here demonstrate the multitude of ways that formative research methods can and need to adapt to changing circumstances to reach the most vulnerable. Ensuring that research approaches are contextually relevant and consider implications on data quality, findings are likely to be well-positioned to benefit target populations.

Notes

1 An animatic is an animated storyboard, essentially a slideshow of images depicting movement. To create an animatic, storyboard images are cut together to make a rough draft animation, usually with sound effects or music, giving filmmakers an idea of what the final animation will look like. For more on the production process, please see Cole and Lee (2016).
2 More information on BRCW is available here: https://burma-care.com/.

References

Ammourah, M. & Carlisle, L. (2019). *The digital lives of refugees: what's next?*United Nations Refugee Agency (UNHCR). https://www.unhcr.org/jo/12182-the-digital-lives-of-refugees-whats-next.html.

Anderson, D. R., Huston, A. C., Schmitt, K. L., Linebarger, D. L., & Wright, J. C. (2001). Early childhood television viewing and adolescent behavior: The recontact study. *Monographs of the Society for Research in Child Development*, 66(1), 1–147. https://pubmed.ncbi.nlm.nih.gov/11326591/.

Angrist, N., Bergman, P., Brewster, C., & Matsheng, M. (2020). Stemming Learning Loss During the Pandemic: A Rapid Randomized Trial of a Low-Tech Intervention in Botswana. *SSRN Electronic Journal*.

Barberia, L., Bastos, L., & Moraes de Sousa, T. (2022). School reopening and COVID-19 in Brazil. *The Lancet Regional Health Americas*, 5(100146), 1–2.

Bhatia, N., Rodríguez García, D.M., & Sexton, S. (2022). Watch, Play, Learn: Educational media and the future of early learning. Global Partnership for Education. https://www.globalpartnership.org/blog/watch-play-learn-educational-media-and-future-early-learning.

Borzekowski, D. (2018). A quasi-experiment examining the impact of educational cartoons on Tanzanian children. *Journal of Applied Developmental Psychology*, 54(1), 53–59.

Borzekowski, D., Singpurwalla, D., Mehrotra, D., & Howard, D. (2019). The impact of Galli Galli Sim Sim on Indian preschoolers. *Journal of Applied Developmental Psychology*, 64(1), 1–9.

Cole, C., & Lee, J. (2016). *The Sesame Effect: The Global Impact of the Longest Street in the World*. Routledge.

Dweck, T., Messenger, C., & Hand, A. (2021, September 30). Frontier Insights Colombia: Understanding Children's Digital Access. https://dai-global-digital.com/frontier-insights-colombia-understanding-childrens-digital-access.html.

Fisch, S., & Truglio, R. (2000). *G Is for Growing: Thirty Years of Research on Children and Sesame Street*. Routledge.

Foulds, K., & Bucuvalas, A. (2019). Playing Every Day on Sesame Street: Global Learnings from a Play-Based Pilot Intervention in India, Mexico, and South Africa. *American Journal of Play*, 12(1), 17–36.

Foulds, K., Khan, N., Subramanian, S., & Haque, A. (2021). Implementing a Humanitarian Needs Assessment Framework for Early Childhood Development: Informing Intervention Design for Displaced Rohingya Communities in Bangladesh. *Journal on Education in Emergencies*, 7(1), 112–132.

Göransson, M. (2018). Apping and resilience: Policy Brief How smartphones help Syrian refugees in Lebanon negotiate the precarity of displacement. Clingendael. Netherlands Institute for International Relations. https://www.clingendael.org/sites/default/files/2018-07/PB_Mobile_phones_July_2018.pdf.

Government of Mexico. (2021, June 23). Encuesta Nacional sobre Disponibilidad y Uso de Tecnologías de la Información en los Hogares (ENDUTIH) 2020. https://www.gob.mx/sct/articulos/encuesta-nacional-sobre-disponibilidad-y-uso-de-tecnologias-de-la-informacion-en-los-hogares-endutih-2020.

Hernández-Agramonte, J., Namen, O., Näslund-Hadley, E., & Biehl, M. (2022). *Closing early childhood development gaps in times of COVID-19: experimental evidence on parental networks and SMS messages*. Inter-American Development Bank.

Kamal, M., & Dow, J. (2020). *Distance Learning Needs Assessment: Cox's Bazar, Bangladesh*. International Rescue Committee.

Kennedy, J. & Hupert, N. (2021). Using Digital Media to Support Early Learning. George Lucas Educational Foundation. Edutopia. https://www.edutopia.org/article/using-digital-media-support-early-learning/.

Kohn, S., Foulds, K., Cole, C., Matthews, M., & Hussein, L. (2021). Using a Participatory Approach to Create SEL Programming: The Case of Ahlan Simsim. *Journal on Education in Emergencies*, 7(2), 289–310.

Krishnan, M. (2021, December 27). COVID in India: School closures, digital divide affect millions. DW News.

Mares, M.-L., & Pan, Z. (2013). Effects of Sesame Street: A meta-analysis of children's learning in 15 countries. *Journal of Applied Developmental Psychology*, 140–151.

Meloan, M., & Castells, P. (2021). *Country overview: Colombia*. GsMA.

Okeleke, K. (2021). *Achieving mobile-enabled digital inclusion in Bangladesh*. GsMA.

R4V. (2019). Regional Information and Communication Needs Assessment: Understanding the information and communication needs of refugees and migrants in the Venezuela Situation. Panama City: Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela.

Silver, L., Vogels, E., Mordecai, M., Cha, J., Rasmussen, R., & Rainie, L. (2019). *Mobile Divides in Emerging Economies*. Pew Research Center.

World Food Programme. (2017). Emergency Food Security Assessment (EFSA) in Borno, Yobe and Adamawa States. Abuja: WFP.

Yoshikawa, H., Wuermli, A., Britto, P., Dreyer, B., Leckman, J., Lye, S., Ponguta, L. A., Richter, L., & Stein, A. (2020). Effects of the Global Coronavirus Disease-2019 Pandemic on Early Childhood Development: Short- and Long-Term Risks and Mitigating Program and Policy Actions. *Journal of Pediatrics*, 223, 188–193. doi:10.1016/j.jpeds.2020.05.020.

10 Sisters of Peace

Para-counselors lead psychosocial support for Rohingya children and families during COVID-19

Erum Mariam and Sarah Tabassum

Introduction

According to the United Nations, 89.3 million people have been forcibly displaced globally, the highest number ever recorded since World War II (UNHCR, 2021). Every day, an average of 37,000 people are forced to leave their homes due to conflict, persecution, violence, poverty, and food security (NRC, 2019; BBC, 2019; Oxfam, 2019). Since August 2017, almost 90% of the Rohingya population in Myanmar's Rakhine state crossed the border of Bangladesh to escape persecution from the Myanmar Army (NRC, 2019; UNICEF, 2018). This humanitarian disaster has been named one of the fastest-growing refugee crises in the world. Currently, Bangladesh hosts around 671,000 Rohingya refugees who are living in refugee camps in areas surrounding Cox's Bazar (UNHCR, n.d.).

A 2018 report published by the United Nations High Commissioner for Refugees (UNHCR) indicates the high prevalence of mental health concerns among the Rohingya population, mostly arising from post-traumatic stress disorder and depression (UNHCR, 2018). Other mental health concerns among Rohingya in Cox's Bazar include insomnia, anxiety, high levels of emotional distress, psychosomatic symptoms, and suicidal thoughts – all because of past trauma and the poor living conditions in the camps, as well as uncertainty about the future.

The COVID-19 pandemic exacerbated conditions for the already marginalized Rohingya community. Lockdowns and interruptions of in-person programming limited people's access to services and intensified mental health issues. Help-seeking behavior was uncommon among refugees. As a result, there was a growing need for mental health and psychosocial support (MHPSS) that could be quickly set up and scaled in response to the refugee and COVID-19 crises (Tay et al., 2018; UNHCR, n.d.).

BRAC, a large non-profit organization in Bangladesh, has been providing emergency support, including psychosocial support for the Rohingya refugees since 2017. Building on a model piloted in 2012 to support the Rohingya refugee population, BRAC began using para-counselors, or non-specialists trained to provide services in a community setting. The model uses young women selected from the host community to help mothers at home, children, adolescents,

DOI: 10.4324/9781003415213-11

adults, and the elderly to manage day-to-day mental distress and establish normal functioning within the humanitarian setting. Para-counselors are supervised by a team of trained psychologists and refer more complex or serious cases via structured pathways to a team of psychologists.

In 2020, as the COVID-19 pandemic unfolded, BRAC adapted its approaches to ensure continuity of services and capacity building to address challenges posed by the pandemic. They decided to adapt the original para-counselor model from in-person support to virtual approaches, including support through mobile phones. In this newly adapted modality, psychologists and mental health experts trained and supervised the para-counselors virtually so they could provide support to their communities during the pandemic.

This chapter describes BRAC's pilot para-counselor program, a community-based, culturally contextualized psychosocial support model to support young refugee children and their families during COVID-19. The pilot accompanied an internal process evaluation, which provided a path for improving the design of the model. The adapted para-counselor model illustrated that mental health and psychosocial services can be accessible even during a double emergency such as a refugee and COVID-19 situation. BRAC's experience shows that the model can be set up, adapted in alignment with the cultural context, and scaled to reach more people. Through the adoption of technology and telecommunications modalities, para-counselors were able to ensure the continuity of services even during acute periods of the COVID-19 pandemic.

Mental health and psychosocial support in emergencies

Emergencies create a wide range of stressors, including traumatic experiences, disconnection from social supports, poverty, and other forms of vulnerability (Miller & Rasmussen, 2010). This can manifest in difficulty coping with daily life, other forms of mental distress, weakened interpersonal relationships, and overall lower psychosocial well-being (Steel et al., 2009; Siriwardhana & Stewart, 2012). It can have impacts at the individual, family, community, and societal levels (IASC, 2010). Studies show that displaced immigrants and refugees of all age groups arrive in new host countries with "complex and nuanced mental health histories of war, torture, and strenuous migration journeys" as well as serious protection issues (OCHA, 2017; Wylie et al., 2018; WHO, 2018; Refugee Health TA, 2011). The severity of mental disorders among populations experiencing conflict is high. A review of 129 studies in 39 countries conducted by WHO found that those who have experienced any form of war and conflict in the last ten years have a high likelihood (one in five people) of being diagnosed with anxiety, depression, post-traumatic stress disorder, or schizophrenia (Charlson et al., 2019).

Interventions to support individuals dealing with these stressors and consequent challenges can be characterized as mental health and psychosocial support (MHPSS) services. According to the Inter-agency Standing Committee (IASC) Reference Group on MHPSS in Emergency Settings, MHPSS refers to "any type of local or outside support that aims to protect or promote

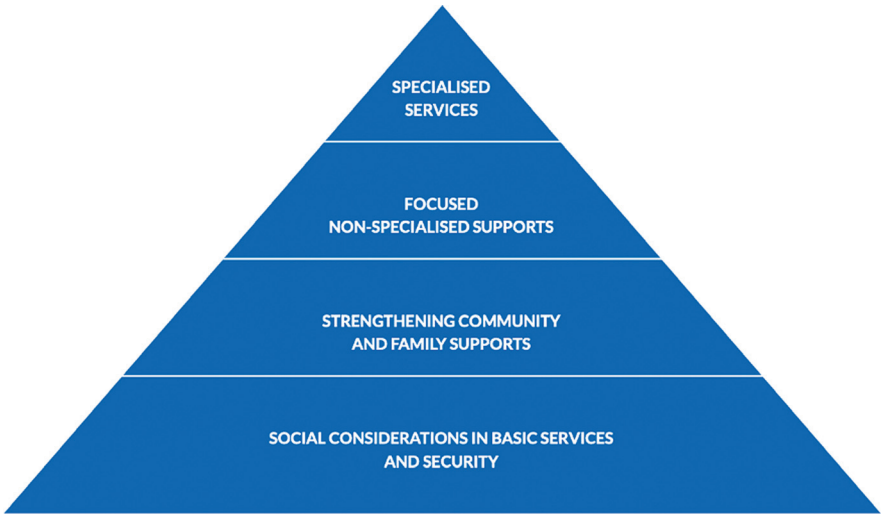

Figure 10.1 Psychosocial Pyramid showing types of services needed in humanitarian contexts

psychosocial wellbeing and/or prevent or treat mental disorder" (IASC, 2007). These services include social and psychological (i.e., psychosocial) activities that aim to improve individual well-being, such as helping people manage day-to-day symptoms of mental distress, training in coping skills, and play-based healing activities for children.

However severe the psychosocial and mental health situation is in most humanitarian contexts, most people do not need individual support; they can improve their psychosocial well-being with group support. Image 1 below from the MHPSS group illustrates the Psychosocial Pyramid, which shows the types of services most people in humanitarian contexts need. Most people need basic services and security (base of the pyramid), while a smaller percentage (going up the pyramid) need community and family support. These two levels tend to comprise the largest percentage of people, usually more than 50% of affected people in emergency contexts. An even smaller percentage of people need focused, non-specialized individual support, which does not require a psychiatrist or psychologist. The last level on the pyramid is usually a small percentage that requires referrals in most circumstances to a psychiatrist or psychologist. Most psychosocial programs implemented by INGOs and NGOs fall within the first three categories from the bottom of the pyramid. Usually, people who need specialized mental health support are referred to a psychiatrist or similarly trained mental health professional.

Limited funding

Despite the great need in many humanitarian contexts, a small percentage of humanitarian funding goes to support psychosocial support in emergencies

(MHPSS Collaborative, 2021). A study conducted by the MHPSS Collaborative found that for all of overseas assistance (including development and humanitarian funding), only 0.31% in 2019 went to MHPSS (MHPSS Collaborative, 2021). While this is an increase from 2015–2018 (0.14%–0.24%), it is still significantly less than what is needed. The IASC Reference Group on MHPSS in Emergency Settings provides guidelines to establish effective responses using basic services, clinical care, community support, and referral systems, but more resources are needed to implement these guidelines (IASC, 2010).

In light of the scarcity of funding and human resources to implement MHPSS programming, some implementers have adopted more flexible models, including using paraprofessionals to support focused, but non-specialized services (as indicated in level 3 of the Psychosocial Triangle). Many organizations have integrated this type of work within sectors such as education, which has been highlighted as a major entry point for MHPSS funding (MHPSS Collaborative, 2021). These non-specialists, who are not formally educated in psychiatry, psychology, social work, or nursing fields, are trained to be able to provide psychosocial support services in a community setting (Jain, 2010; Wozney et al., 2019). Given their understanding of patients' sociocultural backgrounds, they are often able to tailor support effectively, while referring more complex conditions to higher-level mental health professionals (Jain, 2010). Many implementers shifted to remote delivery of training for MHPSS services during the COVID-19 pandemic in order to maintain the continuity of services.

Evidence gaps

While attention to MHPSS is increasing in emergency contexts and beyond, there are still significant evidence gaps. To date, most of the MHPSS literature focuses on mental health treatments for individuals rather than more broadly implemented psychosocial support (Nguyen et al., 2023). In a 2023 systematic review of psychosocial support interventions for those affected by forced displacement, only 7% of studies focused on young children (Nguyen et al., 2023). The impacts on children seem to be mixed, with strong evidence for some outcomes (e.g., reducing functional impairment) and weaker or mixed evidence on others (e.g., depression, anxiety, etc.) (Bangpan et al., 2017). There is some evidence of the effectiveness of paraprofessional-delivered services. For example, one review of paraprofessional-delivered, trauma-focused psychological interventions for adults in nine countries around the world found that compared to professionally-delivered treatments, paraprofessional-led interventions resulted in at least equivalent outcomes across studies (Wozney et al., 2019). Other studies suggest similar findings, though research is still emerging and remains limited to implementation in low- to middle-income countries (Wozney et al., 2019). Existing literature lacks evidence on factors related to implementation and delivery, including "what is deemed to be most effective, in what circumstances and for whom" (Bangpan et al., 2017).

Mental health and psychosocial support in Bangladesh

The COVID-19 pandemic aggravated ongoing mental health challenges in Bangladesh (Palit et al., 2022). Studies have shown a higher prevalence of depression, stress, and anxiety among adults compared to the pre-pandemic era. Recent research has also shown increased symptoms of depression and anxiety among the young population (Hasan et al., 2021a).

However, mental health expenditures by the Bangladeshi government constitute only about 0.44% of the total health budget (Hasan et al., 2021a). The Rohingya Humanitarian Crisis Joint Response Plan of 2022 does not specifically have funding separately allocated to mental health and psychosocial support. This support is likely integrated with Education, Protection, and Health sector plans, which in 2022 had huge gaps (OCHA, n.d.). Education, for example, had 12.2% of its needed budget, while Protection and Health had 20.4% and 23.8% of its requested funds (OCHA, n.d.).

Treatment availability for mental health also remains neglected, especially for those belonging to vulnerable groups within society, due to inadequate public healthcare services and lack of skilled mental health professionals, coupled with societal stigma and a lack of research and advocacy in this area (Hasan et al., 2021a).

The need for reviewed policies, integration of mental health care at primary level, public awareness, and advocacy of mental health stigma is imperative. Increased allocation of financial and skilled human resources is also required to address the concerning rise in mental health disorders among the population in both rural and urban Bangladesh (Hasan et al., 2021b).

This chapter, therefore, fills gaps in the evidence base related to paraprofessional-delivered psychosocial support in humanitarian contexts.

BRAC's support in the Rohingya refugee camps of Bangladesh

Since the beginning of the influx of Rohingya refugees in August 2017, BRAC has been providing life-saving services to forcibly-displaced Myanmar nationals (FDMNs) through a multi-sector response (BRAC, 2017). The psychological impacts of being forcibly displaced continue to affect large numbers of FDMNs as identified by rapid emergency surveys conducted by BRAC, UNHCR, and other humanitarian actors (BRAC, 2017).

In 2012, the BRAC Institute of Educational Development (IED) developed a pilot of a para-counselor model, using young women from the community to provide community-based psychosocial and mental health support to vulnerable adolescents from the urban slums of Dhaka, Bangladesh. The para-counselor model fits within level 3 of psychosocial services as illustrated in Image 1 above and is similar to a globally-recognized model used in humanitarian contexts called Psychological First Aid (WHO, n.d.). BRAC tested this approach in 2013 and 2014, using questionnaires and focus group discussions with 104 students, from ages 11–13 years old (72 female and 32 male), and their teachers. In the internal evaluation studies, the students' changes in emotional well-being were examined using

Strengths and Difficulties Questionnaires (SDQ), as well as their perceptions regarding the role and service delivery quality of the para-counselors. While the students noted the para-counselors to be trustworthy and helpful, the teachers also added that having the para-counselors in the under-resourced schools provided support to both the teachers and students, with impacts on learning and attendance. The studies provided some important insights regarding the improvement of service quality, case management, and supervision, as well as the need to establish clearer pathways for referral mechanisms. In BRAC's next iteration of this model, these recommendations proved crucial.

As Rohingya refugees fled Myanmar in 2017, they experienced intense psychological distress. BRAC felt it was imperative to provide some form of psychosocial comfort and support on a regular basis. Based on lessons from the 2012 pilot, BRAC decided to adapt the para-counselor model to the current needs and feedback from the Rohingya population, the UN and other actors on the ground, psychologists, national and international mental health experts, as well as from some of the master trainers who had been para-counselors during the pilot.

In 2020, COVID-19 exacerbated conditions for the Rohingya, with mobility becoming further limited in already congested spaces. All learning centers were closed during this time and in-person service delivery could no longer take place due to government restrictions. The camp also encountered massive fire accidents, along with severe flooding and landslides during the monsoon seasons (UNHCR, n.d.). The need for mental health support was critical for the already distressed population. In response, BRAC further adapted the para-counselor model, which was previously fully face-to-face, to make use of virtual approaches. These virtual approaches used phones, smartphones, and computers to ensure the continuity of services. The next sections detail the initial development and evolution of BRAC's para-counselor psychosocial support model.

BRAC's psychosocial support model

The para-counselor model exists within a broader psychosocial support model in Bangladesh that involves a multi-tiered staffing structure that engages people with different levels of experience in different roles. The four-tiered structure (see Box 10.1 below) includes: frontline counselors (Rohingya volunteers), para-counselors (paid Bangladeshi staff), psychologists (paid Bangladeshi staff in Cox's Bazar and Dhaka), and experts (paid Bangladeshi and international academics and practitioners in the relevant field). The frontline counselors support the para-counselors, who provide psychosocial support to the Rohingya community through group sessions and individual home visits. These sessions take place at the BRAC Humanitarian Play Labs (HPLs), which are play-based learning spaces for children aged 0–6 years old. These frontline counselors and para-counselors are supervised by psychologists based in Dhaka and experts who make routine visits to the Rohingya settlements to handle more complicated cases.

Box 10.1 The four tiers of the psychosocial support model

1 Frontline counselors are volunteers from the Rohingya community as well as individuals from the host community. They help build rapport and trust with children and families in BRAC's Humanitarian Play Labs (HPLs) and ensure cultural relevance of the approach. Frontline counselors also observe children in the HPL to identify withdrawn and aggressive children and refer them to the para-counselors for further support. Most of the frontline counselors are women.
2 Para-counselors are paid staff who conduct routine home visits to address psychosocial needs of mothers and their children, provide advice to frontline counselors, and facilitate group sessions at BRAC's HPL. They also provide psychosocial support as needed and as advised by the psychologists.
3 Psychologists are paid staff who supervise all identified cases, provide support for more complex cases, and deliver training to frontline counselors and para-counselors. The psychologists confer with para-counselors by phone daily on case information and provide weekly and monthly clinical supervision. Psychologists also manage cases requiring advanced support that have been referred by the para-counselors.
4 Experts provide clinical supervision to psychologists and develop capacity-building initiatives for the above-mentioned tiers of psychosocial support staff. They are also responsible for advanced assessment and providing psychotherapy in critical cases.

Source: Mariam et al., 2021.

According to BRAC's experience, the four-tiered staffing structure has been an effective way to provide psychosocial support to Rohingya mothers at home, with children, and with families. It has ensured the identification of behavior disorders and appropriate interventions and has facilitated access to more advanced mental health support.

Para-counselors: "Sisters of Peace"

Para-counselors are commonly known to the Rohingya community as "*Shantir Apa*" (in English: "Sisters of Peace"). They must be fluent in the Rohingya language or Chittagong dialect (which is similar to the Rohingya dialect), have strong communication and active listening skills, and display attributes of trustworthiness, a non-judgmental attitude, empathy, and integrity. In addition, they must show respect toward the cultural and religious values of the Rohingya community. In the existing intervention, all para-counselors were women.

Para-counselors play several important roles. They supervise frontline counselors to provide support and ensure the children who need help are identified and provided with relevant support. They also conduct routine household visits

to help families manage day-to-day symptoms of mental distress through individualized psychosocial support. When cases are complex, para-counselors make referrals to psychologists. When relevant, the para-counselor continues to provide support based on the psychologist's supervision and guidance. Throughout the process, the para-counselor documents each case she handles, noting the detailed history of the clients and the measures taken to address these, as well as referral links (if and when provided).

In order to provide the aforementioned services, para-counselors receive comprehensive training as soon as they are recruited as paid staff. This consists of a five-day introductory training and then six months of capacity-building support to sustain and sharpen their skills. The content areas of focus are: basic knowledge of mental health and psychosocial support, rapport building, observation, case identification, basic skills (that includes active listening, confidentiality, code of conduct, empathy and reflective listening, and non-judgmental attitudes), questioning skills, and assessment and motivational interviewing. The training aims to strengthen the relationship between clients and para-counselors, as well as ensure quality of services, such as session quality and appropriate referral. The modules provide a foundational understanding, as well as opportunities to link theory and practice.

During implementation, feedback from psychologists, families, and para-counselors revealed that the para-counselors also needed some basic knowledge of early childhood development, given their extensive interaction with the caregivers and children as their clients. In 2020, BRAC integrated early childhood development content into the training curriculum.

Adapting to the COVID-19 pandemic

The COVID-19 pandemic and resulting lockdowns from 2020 exacerbated conditions for the Rohingya community. Given the restricted access to in-person psychosocial support and mental health services, BRAC embarked upon adapting the para-counselor model to ensure continuity of services. It was first important to shift the approach to recruiting, training, and supervising para-counselors. To do this, BRAC identified virtual platforms such as Google Meet and Skype that para-counselors could access from their homes. While some faced challenges of electricity and network connectivity, almost all of the para-counselors engaged actively with the virtual platforms.

BRAC also had to adapt the service delivery model to a remote approach. Given the lack of access to face-to-face service delivery during the pandemic, BRAC used telecommunications as a modality to continue services for mental health support using its positive experience of using teletechnology service provision for its early years intervention in the camps (i.e., BRAC Play Leaders were reaching caregivers and children via phones). Most client Rohingya families had individual mobile phones, which usually belonged to the male caregiver of the family. Because many para-counselors already had relationships with many Rohingya families prior to COVID-19, the shift from face-to-face to virtual did not cause significant communication challenges. Para-counselors

delivered mental health support services to the 450 families in the Rohingya community via telephone.

Modifications were also made to monitoring and tracking systems. During their six-month-long training, para-counselors were trained on using two types of software (Salesforce and TAROWorks) to document client cases. This helped the psychologists, who worked with para-counselors, to supervise and monitor more systematically and with transparency. Experts have also organized, managed, and analyzed these data for research and quality assurance purposes.

As of 2022, 600 para-counselors (120 face-to-face, 550 online) have received training, and are reaching 3,810 children and their families (3,360 face-to-face, around 450 via telephone) in the Rohingya refugee camps of Bangladesh.

Process evaluations and results

To better understand what did and did not work in the para-counselor model, the BRAC Institute for Education Development (IED)'s research department conducted process evaluations in 2019 and 2021. The 2019 evaluation used a qualitative methodology involving 26 in-depth interviews and two focus group discussions of beneficiaries and staff across all four tiers to understand the perception of clients and to identify the gaps and challenges of the service model. This was conducted face-to-face as it was prior to COVID-19 lockdowns. Clients explained how much they valued the support of the para-counselors. For example, one adult male client said,

> She is more than my own sister. Why? During my unhappy days, my mothers, and brothers did not come to comfort me. But Apa [Shantir Apa] came. She came to my house and talked well. What else do you need? We need more peace.

Many clients indicated that they had better knowledge of how to manage their emotions using different strategies and were better able to find inner peace and practice patience, empathy, silence, and compassion. Additionally, they noted that these skills helped improve their relationships with their family and community members in times of crisis and conflict.

Several recommendations emerged from the initial process evaluation. Complex cases needed better follow-up and direct one-to-one supervision. Beneficiaries and para-counselors also noted that they faced challenges in sharing confidential issues due to the congested places in the camps, and suggested private spaces be used for the sessions.

The 2021 process evaluation looked at the virtual capacity development modality using qualitative methods of six semi-structured interviews (four para-counselors, one Play Leader, and a Project Assistant). The purpose of these semi-structured interviews was to reflect on the positive aspects of the training, as well as identify areas for improvement. The para-counselors described positive changes that the training brought to their own psychosocial health and wellbeing. For

example, learning digital literacy skills and working outside the home gave them a sense of empowerment and financial independence. As one of the para-counselors noted, "I have become an independent girl. I earn money and contribute to my family. My family gives priority to my words." They also noted how they learned to manage their emotions better and maintain meaningful relationships with their family and friends. There were also positive impacts on how para-counselors interacted with clients. As service providers, in order to avoid burnout and suffer from secondary trauma, the para-counselors acknowledged the importance of self-care strategies, and the support they received from those in supervisory level.

> I was incomplete before this training. Through this training, I have developed many skills… Learned how to communicate, observe, and assess clients' mental health, be empathetic, and work in the field. Now I am more productive than before.
>
> Para-counselor

The second process evaluation also showed that remote training was helpful in improving the skills of para-counselors. Specifically, they learned strategies for handling difficult situations and understanding different client scenarios and practiced the theoretical knowledge they acquired during the training in a hands-on manner. However, the para-counselors noted several challenges. Some faced difficulties accessing electricity and the internet, which compromised their ability to participate in some of the training sessions. Though they faced frequent problems, they added that the trainers properly briefed them on the contents they had missed if they were able to reconnect after a disruption in their connection to the training. They also added that virtual training felt at times monotonous and an isolating experience. They indicated that they at times yearned for the engagement and hands-on practice that face-to-face training can provide. Overall, para-counselor research participants felt that the online modality was effective and adaptable in providing a continuation of training to build their expertise and competence.

The 2021 evaluation, coupled with feedback from clients from the previous 2019 process evaluation, highlighted the need for male para-counselors. Because domestic violence and gender-based violence were prevalent within the camps, it was essential to address some cases through engagement of the fathers and other members of the family. Given the conservative nature of the Rohingya community, both para-counselors and female adult clients emphasized the need for male para-counselors. In response to this feedback, BRAC is now revising this model to identify and train men as para-counselors.

Reflections and lessons learned

While BRAC did not conduct external impact evaluations, which would be the next research step for understanding the impact of the para-counselor model, its two process evaluations in 2019 and 2021 revealed some positive aspects of the

tiered psychosocial support model. The Sisters of Peace para-counselor model effectively provided basic psychosocial support to vulnerable communities, as well as ensured support from more skilled staff for those who need it. Para-counselors were able to learn the key skills and qualifications to build trust and a lasting connection with the community and provide psychosocial support that improved families' well-being.

The modification to virtual modalities in response to the COVID-19 pandemic demonstrates that psychosocial skills can be developed successfully through online platforms, which can be used in low-resourced contexts, including those that prohibit in-person training. Para-counselors were able to learn how to use remote modalities, which also helped improve their digital literacy, adding value to the empowering role that they already have, both in the communities they serve, as well as in their own lives. As the para-counselors work outside their homes and contribute to family decisions, it provides them with a sense of ownership of their own realities, as well as being able to provide safe spaces to those in need. It makes them feel empowered and financially independent, thus, becoming an invaluable part of the social capital of their communities.

BRAC's internal evaluation also showed that online platforms can provide para-counselors with continuous support and supervision. During the COVID-19 pandemic, BRAC expanded the para-counselor model outside the Rohingya refugee setting due to overwhelming needs for mental health support; the virtual platforms were instrumental in this case in training the para-counselors serving in two different settings (humanitarian and host communities). Because they were virtually connected, these two communities were able to learn from each other's unique contexts. The para-counselors from the host community learned in-depth about the humanitarian context and the nature of cases within this context, as well as challenges, possible solutions, and support mechanisms. On the other hand, the para-counselors from the Rohingya camps learned about the context of the host communities and the nature of cases within these contexts. They discussed the similarities and differences within each of their contexts and the approaches that helped them navigate through complex cases. This cross-learning also helped psychologists to better understand complex cases and to develop a network of collective mentorship that can benefit the model and its clients.

Although not part of the BRAC model to date, BRAC learned about other organizations' experiences of integrating different elements of the para-counselors' roles into existing funded roles as community health workers and teachers. This is something BRAC will further reflect on and consider as it continues iterating and improving this model. In contexts like Bangladesh and the Rohingya camps, where there is great stigmatization, scarce staff, and limited funding, integrating some psychosocial work within existing funded and established community services might be a possible way forward. Like the BRAC para-counselor model, these modified approaches would need special attention to meeting ethical standards, active referral pathways, and robust supervision and monitoring.

BRAC will also continue exploring ways to recruit men to be para-counselors, especially as they could support other men and fill important gaps in mental health provision among Rohingya and Bangladesh populations. As men do not have traditional roles in either Bangladesh or Rohingya populations to support psychosocial and mental health needs, this might not be feasible, but it is an area of future exploration for BRAC.

Way forward

The COVID-19 pandemic provided an opportunity to acknowledge the potential of building capacities of para-counselors with the help of technology and remote learning platforms. BRAC's experience using virtual modalities to train para-counselors showed that psychosocial skills can be strengthened successfully through online platforms. Such models can be used in other low-resource and multi-humanitarian contexts where the need is high.

Within humanitarian contexts, community-based models need to be developed in alignment with cultures and societies. The richness of culture and identity can be the bridge between service providers and clients, which helps build acceptability and relevance into the quality of the services. Instead of approaching psychosocial support from a traditional top-down approach, using a bottom-up approach like that of the para-counselor model helps incorporate the perspectives of the community.

As BRAC and other actors continue to try to expand mental health strategies, programs, and policies, it is clear that increased resources are urgently needed, as humanitarian crises worldwide continue to increase rapidly. BRAC's experience supporting Rohingya refugee children and their families illustrates that there are community-based and easy-to-deploy virtual workforce development models that can meet the challenges of multiple crises and could be utilized in crisis or non-crisis situations.

Acknowledgement

The authors would like to acknowledge Shaheen Nafisa Siddique, Sakila Yesmin, Dr. Nargis Islam, Dr. Julie Stone, Dr. Nishat Fatima Rahman, Nusrat Jahan Pinky, Pooja Bhattacharya, Md. Taifur Islam, Maruf Hossain Mishuk, Md. Rusell Uddin, and the team at BRAC Institute of Educational Development, for their dedicated involvement in the development of the para-counselor Model.

BRAC Institute of Educational Development (BRAC IED) would like to acknowledge the support of their partners Open Society Foundation (OSF), Porticus, Novo Foundation, the LEGO Foundation, Bezos Foundation, Yidan Foundation, the United Nations High Commissioner for Refugees (UNHCR), and the teams at New York University and the University of Tokyo, in the development of the para-counselor Model.

References

Bangpan, M., Dickson, K., Felix, L. & Chiumento, A. (2017). *The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review*. *Humanitarian Evidence Programme*. Oxfam GB.

BBC. (2019). More than 70 million displaced worldwide, says UNHCR. https://www.bbc.com/news/world-48682783.

BRAC. (2017). Annual Report 2017, 1–116. http://www.brac.net/sites/default/files/annual-report/2017/BRAC-AR-2017e.pdf.

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, 394(10194), 240–248. https://doi.org/10.1016/S0140-6736(19)30934-1.

Hasan, M. T., Anwar, T., Christopher, E., Hossain, S., Hossain, M. M., Koly, K. N., & Hossain, S. W. (2021a). The current state of mental healthcare in Bangladesh: part 1–an updated country profile. *BJPsych international*, 18(4), 78–82.

Hasan, M. T., Anwar, T., Christopher, E., Hossain, S., Hossain, M. M., Koly, K. N., & Hossain, S. W. (2021b). The current state of mental healthcare in Bangladesh: part 2–setting priorities. *BJPsych international*, 18(4), 82–85.

IASC (Inter-Agency Standing Committee). (2007). Guideline: Mental Health and Psychosocial Support in Emergency Settings. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf.

Inter-Agency Standing Committee (IASC). (2010). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? Geneva. IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20RG%20doc%20health%20audience.pdf.

Jain, S. (2010). The role of paraprofessionals in providing treatment for posttraumatic stress disorder in low-resource communities. *JAMA*, 304(5), 571–572. https://doi.org/10.1001/jama.2010.1096.

Mariam, E., Ahmad, J., & Sarwar, S. S. (2021). Field Note: BRAC Humanitarian Play Lab Model: Promoting Healing, Learning and Development for Displaced Rohingya Children. *Journal on Education in Emergencies*, 7(1), 133–149. https://doi.org/10.33682/u72g-v5me.

MHPSS Collaborative. (2021). Follow the money: Global funding of child and family MHPSS activities in development and humanitarian assistance, https://mhpsscollaborative.org/wp-content/uploads/2021/10/Follow-the-Money-online-version.pdf.

Miller, K. & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science Medicine*, 70(1), 7–16. doi:10.1016/j.socscimed.2009.09.029.

Nguyen, A. J., Lasater, M. E., Lee, C., Mallawaarachchi, I. V., Joshua, K., Bassett, L., & Gelsdorf, K. (2023). Psychosocial support interventions in the context of forced displacement: A systematic review and meta-analysis. *Journal of Migration and Health*, 7, 100168. https://doi.org/10.1016/j.jmh.2023.100168.

NRC (Norwegian Refugee Council) (2019). Highest number of people displaced since World War II – Ethiopia tops list. https://www.nrc.no/news/2019/june/wrd-2019/.

OCHA (n.d.), Rohingya Humanitarian Crisis Joint Response Plan. https://fts.unocha.org/appeals/1082/summary.

OCHA (Office for the Coordination of Humanitarian Affairs) (2017). https://www.humanitarianresponse.info/en/operations/bangladesh/document/child-protectionrohingya-refugee-crisis-advocacy-brief-coxs-bazar.

Oxfam (2019). Global Refugee and Migration Crisis. https://www.oxfamamerica.org/take-action/save-lives/global-refugee-crisis/.

Palit, S., Yang, H., Li, J. et al (2022). The Impact of COVID-19 pandemic on the mental health of Rohingya refugees with pre-existing health problems in Bangladesh, *Conflict Health*, 16, 10. https://doi.org/10.1186/s13031-022-00443-3.

Refugee Health TA (Technical Assistance) (2011). Traumatic Experiences of Refugees. https://refugeehealthta.org/physical-mental-health/mental-health/adult-mental-health/traumatic-experiences-of-refugees/.

Siriwardhana C., & Stewart R. (2012). Forced migration and mental health: prolonged internal displacement, return migration and resilience. *International Health*, 5(1), 19–23. https://pubmed.ncbi.nlm.nih.gov/24029841.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*, 302(5), 537–549. https://pubmed.ncbi.nlm.nih.gov/19654388/.

Tay, A. K., Islam, R., Riley, A., Welton-Mitchell, C., Duchesne, B., Waters, V., & Ventevogel, P. (2018). *Culture, context and mental health of Rohingya refugees: A review for staff in mental health and psychosocial support programmes for Rohingya refugees*. United Nations High Commissioner for Refugees (UNHCR).

UNHCR (2021). Figures at a glance. https://www.unhcr.org/figures-at-a-glance.html.

UNHCR (n.d.). Rohingya Refugee Emergency at a Glance. https://unhcr.maps.arcgis.com/apps/Cascade/index.html?appid=5fdca0f47f1a46498002f39894fcd26f.

UNICEF (2018). Futures in the Balance Building Hope for A Generation Of Rohingya Children. https://www.unicef.org/bangladesh/media/2066/file/Rohingya-Child Alert-Aug2018.pdf.

WHO (n.d.). Psychological first aid: Guide for field workers. https://www.who.int/publications/i/item/9789241548205.

WHO (World Health Organization) (2018). Mental health promotion and mental health care in refugees and migrants: Technical guidance, 1–40, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf.

Wozney, L., McGrath, P., Xiong, T., Olthuis, J., & Rathore, S. (2019). A Scoping Review of The Role and Training of Paraprofessionals Delivering Psychological Interventions for Adults with Post-traumatic Stress. *Journal of Depression and Anxiety*, 8, 342. https://doi.org/10.35248/2167-1044.19.8.342.

Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Elfakhani, M., & Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees, *Public Health Reviews*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103972/.

11 Strengthening the capacity of early childhood leaders

Experience from the Philippines

Mariel Joy S. Sampang and April Easter U. Macan

Introduction

In the Philippines, the COVID-19 pandemic as well as disasters, such as typhoons and conflict, have undermined children's rights to survival, development, participation, and protection, especially during early childhood (aged under eight) (UNICEF, 2020). Child development literature highlights the need not only for direct services targeting young children, but also support for the adults in their lives, including parents, caregivers, and the early childhood workforce. The COVID-19 pandemic, which was recognized in the Philippines in March 2020, disrupted family life, and programs and services that promote and protect very young children. Cessation of critical learning, development, health, nutrition, and protection support both directly and indirectly impacted young children (UNICEF, 2021). Children themselves lost opportunities to learn and develop, while the adults in their lives also lost opportunities and services they needed to help young children achieve their developmental potential.

For families, the pandemic impacted incomes, stress, and nutrition levels. The Philippine Statistics Authority found that the pandemic resulted in a loss of income for 4.5 million Filipinos and registered the highest (10.3%) unemployment rate in 15 years (Philippine Statistics Authority, 2021). The loss of household income led to several issues in the home. For example, 69% of parents of preschool age children (three to five years) reported mid to high levels of parental stress, which impacted methods of child discipline. Save the Children found that seven out of every ten young children were verbally or physically abused during the early periods of the COVID-19 pandemic (Save the Children Philippines, 2021a). Hunger in the Philippines soared from 9.3% pre-pandemic to a record high of 21.1% in 2020 following the start of the pandemic; an estimated 3 million families did not have any meals during the day at least once every three months (Social Weather Survey, 2021). Insufficient food supply and the ability to purchase food exacerbated malnutrition and stunting in children (Mbuya et al., 2021).

In addition to impacts on families, the pandemic also caused young Filipino children to miss out on opportunities to learn, develop, and play in public and private child development centers (CDCs) and schools, increasing the number

DOI: 10.4324/9781003415213-12

of out-of-school children. Many services around the country shifted from in-person to online delivery, which limited the interaction children need in their early years and the opportunity to learn through play (Timmons et al., 2021). The Philippines was among the last countries to reopen schools and transition back to in-person learning after two and a half years of closure, resulting in more than 90% of Filipino children struggling with reading and understanding simple texts at age ten (Save the Children Philippines, 2022).

The early childhood development (ECD) workforce in the Philippines, those providing services for young children aged under four years old, was also affected by the pandemic (Save the Children Philippines, 2021b). When CDCs around the country shifted from in-person to online delivery modalities, many ECD leaders and workforce members had difficulties adapting to this change due to limited availability of technology, and insufficient resources and training opportunities (Jackaria & Cabelles, 2022). One reason for these difficulties was a lack of training on how to use technology for teaching online classes (Jackaria & Cabelles, 2022).

The pandemic highlighted the need for ECD programs to be agile and flexible enough to be used in emergency contexts. However, creating and sustaining resilient ECD programs and systems requires competent ECD leaders and pre-pandemic evidence showed that most ECD leaders in the Philippines had never received training in ECD (including the globally agreed upon Nurturing Care Framework), management, emergency preparedness or response (Save the Children Philippines, 2021b). Furthermore, ECD leaders reported receiving little guidance from the government on how to respond to disruptions caused by COVID-19 (Save the Children Philippines, 2021b). A study conducted in 2022 found that teachers rated most teacher professional development programs they participated in as either somewhat effective or ineffective (Jackaria & Cabelles, 2022). To address these weaknesses in ECD leadership, Save the Children developed the Strengthening Leaders in Early Childhood (SLEC) model to support young children's learning and development during emergencies such as COVID-19 and beyond.

This chapter presents Save the Children's experience and results of their process evaluation in supporting local ECD leaders in the Philippines throughout the COVID-19 pandemic. It brings attention to ECD leaders who are crucial to program delivery yet are often overlooked and hopes to provide evidence and learning to inform decision-making for the early childhood workforce in crisis settings. In an effort to shed light on ECD leaders and the workforce to support quality early learning and development during emergencies, this chapter highlights both aspects that worked well and aspects that did not work well to strengthen the capacity of ECD leaders. Lessons learned from the Philippines are relevant for practitioners, government officials, and donors considering models for strengthening the ECD workforce and leadership in both humanitarian and development contexts.

Context: Early childhood development in the Philippines

Apart from the impacts of COVID-19, the Philippines is highly vulnerable to extreme events due to its exposure to natural disasters, dependence on climate-

sensitive natural resources, and vast coastline. It ranked first in the World Risk Index 2022 as the country suffering the most from extreme weather events (Atwii et al., 2022). An archipelago located in the Western Pacific Ring of Fire, the country lies in the world's most typhoon-prone region experiencing an average of 20 cyclones each year. The Southern part of the Philippines, including Mindanao, has experienced decades of armed conflict between Muslim armed opposition groups and the Philippine military, which has resulted in thousands of deaths, displacement, and disruption of normal life (HuRights Osaka, 2008; Batac & Bijnen, 2019).

There are poor indicators for children, who comprise half of the population of over 109 million. As of 2021, 71% of children of preschool age were not attending early childhood education, which may compromise their school readiness and later learning (UNICEF, 2021). In 2018, 25.1% of children under five were experiencing poverty (Philippines Statistics Authority, n.d.). The Economic Policy Research Institute and UNICEF estimate that child poverty has worsened around the world, including in the Philippines, due to the COVID-19 pandemic (Economic Policy Research Institute and UNICEF, 2021). Less than half of mothers (45%) were practicing exclusive breastfeeding, which is important for early nutrition and development (UNICEF, 2021) and 28.8% of children were stunted as of 2019 (Philippines Statistics Authority, n.d.). Violence against children was widespread in the Philippines and continues to be a harsh reality for millions. Studies have shown that COVID-19 increased the exposure of children to violence, including sexual violence as well as physical and emotional maltreatment (Economic Policy Research Institute and UNICEF, 2021). The cybercrime office at the Department of Justice said there was an increase in child sexual abuse cases from 2019 to 2020 (76,561 reported in 2019 and 279,166 reported in 2020) (Economic Policy Research Institute and UNICEF, 2021).

ECD laws and policies

The Philippines has notable laws and implementation structures to support children and ECD in emergency and non-emergency situations. In 2000, the Early Childhood Care and Development (ECCD) Act became the national policy framework of the Philippines (ECCD Act of 2000, Rep. Act 8980, 2000). It was later repealed by the Early Years Act in 2013 that recognized young children (aged under eight) as a crucial stage of development and strengthened the ECCD system, including through budget allocation (Early Years Act of 2012, Rep. Act 10410, 2012). The legal framework for ECD addresses all components of nurturing care for children under four (education, health, nutrition, protection, and responsive caregiving). Meanwhile, the *Kalusugan at Nutrisyon ng Magnanay* (Health and Nutrition of the Mother and the Baby) Act, or popularly known as the First 1,000 Days law, mandated the institutionalization of the 1,000 days of life in the national plan on nutrition in the ECD intervention package of the National Nutrition Council and in the local government unit (LGU) investment plan for health and nutrition (Kalusugan at Nutrisyon ng Mag-Nanay Act of 2018, Rep. Act 11148, 2018).

The ECCD Council[1] is the primary agency that ensures adherence to the national laws and policies regarding ECD. They sit at a national level and provide technical support to Local Government Units (LGUs) on all aspects of ECD: health, nutrition, early education, and social services for children under four . The ECCD Council's Strategy Plan supports the provision of timely and effective early childhood interventions in emergencies and disasters through the implementation of the Comprehensive Emergency Program for Children (CEPC), enshrined in the Children's Emergency Relief and Protection Act passed in 2016. The law seeks to protect children before, during, and after emergencies and disasters when they are at their most vulnerable (Children's Emergency Relief and Protection Act of 2016, Rep. Act 10821, 2016). This law ensures that humanitarian interventions include targeted support for children, which is the first and only law of its kind in Asia (Tang, 2016). Many laws are in place in the Philippines for ECD and ECD in emergencies, but they are not all fully implemented at local levels, where implementation is done. This has led to a gap in the system between laws and policies and the capacity to implement them.

Devolved system of implementation through local government units

While the ECCD Council is the technical lead for ECD in the Philippines, implementation responsibility lies with the LGUs in each local area. The 1991 Local Government Code of the Philippines devolved the provisions of basic public ECD services ranging from health, nutrition, protection, and early childhood education from the national government to the LGUs (Local Government Code of 1991, Rep. Act 7160, 1991). LGUs also support the organization of parent cooperatives to establish ECD programs in communities. LGUs ensure that adequate funds are available for the compensation of ECD service providers and that their working conditions are conducive to fulfilling national quality standards and provide counterpart funds for the training and continuing education of ECD service providers. They also are mandated to ensure timely and appropriate continuation of services or additional support in the context of emergencies as per the Children's Emergency Relief and Protection Act.

Within each LGU, there are a variety of types of ECD leaders. They can be heads of City or Municipal Social Welfare and Development Offices (C/MSWDO), ECD focal persons, daycare worker federation officers, cluster leaders, and other similar positions that provide leadership and supervision to child development teachers and workers (CDT/W). In some local development units, people will wear multiple hats. Figure 11.1 illustrates the organizational structure of LGUs and ECD leaders.

Local ECD leaders are important in ensuring children receive quality early childhood development services as responsibility (including budget) lies with them. The City/Municipal Social Welfare and Development Office (C/MSWDO) of an LGU is led by the Department Head who is the line manager of the ECD focal person. An ECD focal person is the dedicated person for ECD programs

Figure 11.1 Organizational structure of LGUs and ECD leaders

in most LGUs, usually appointed by the mayors as a way of giving back to those who supported them during the elections. In LGUs where there is no ECD focal person, the department head also wears the hat of managing ECD programs. The ECD focal person supervises all CDT/Ws, a few of whom are also day-care federation presidents, officers, or cluster leaders. In LGUs with big populations or land areas, cluster leaders are designated to supervise fellow CDTs.

Since most of the ECD leaders, particularly the ECD focal persons, are often selected by the political authorities at the local level, they may not have ECD and teaching experience. Additionally, they may have little knowledge of supervising child development workers/teachers and day-care federation officers. Save the Children's 2021 study of ECD in the Philippines also indicated that many local ECD leaders had not been introduced to the Nurturing Care Framework (NCF), which is now deemed the best practice for all ECD programs, and therefore did not use it in planning, designing, and implementing programs and services for young children (WHO, UNICEF, & World Bank, 2018). Supporting ECD leaders is therefore critical to ensuring the ECD system is run efficiently and with quality.

Importance of ECD leaders

Best practice and child development research make clear that direct support solely focused on the child is not enough for him/her to survive and thrive. Children also need an enabling environment around them that supports their development and learning, including caring and nurturing adults, and appropriate local and national policies and budgets (Bronfenbrenner, 1979; Britto et al., 2017). Adults critical for young children's development include the child's parents and/or primary caregivers, but also teachers, child development staff, and their local and national level supervisors and managers (Britto et al., 2017).

Evidence from around the world demonstrates that effective management and leadership are crucial for the delivery of quality early childhood support (Siraj et al., 2022; Sommefeldt, 2001; Bennett & Smith, 2000). ECD leaders at local and national levels impact young children's health, development, learning, and well-being by supporting and motivating teachers and child development staff that directly work with young children on a regular basis, and fostering positive and safe learning environments by ensuring resources for young children and promoting strong partnerships with families (Siraj et al., 2022). Unfortunately, responsibilities and professional development for ECD leaders are not clearly defined or prioritized in many low- and middle-income countries (LMICs). In many contexts, where insufficient support is provided to ECD leaders or those responsible for ECD, teachers or ECD center workers take on the roles and responsibilities of ECD leaders even though they do not have the necessary qualifications and training. Many LMICs lack sufficient infrastructure, management training, operational resources, practical administration, and finance skills to run high-quality early childhood services.

Even before the pandemic, local ECD leaders in the Philippines faced challenges in managing and implementing ECD services resulting from a lack of support from elected mayors and other officials who did not prioritize young children's development (Save the Children Philippines, 2019). For many years, ECD leaders have raised concerns about the lack of appropriate preservice professional training and continuing education opportunities for CDT/Ws. This usually resulted in a majority of CDTs not being aware of developmentally appropriate, gender-sensitive, and inclusive practices (Save the Children Philippines, 2019). In addition, there are limited training opportunities for ECD leaders to develop the professional capabilities and personal qualities needed to support an already strained workforce, especially during times of crisis.

COVID-19 impacts on the ECD system

At the beginning of the pandemic, the Philippine government failed to respond quickly and sufficiently to meet the myriad needs of its population. While many systems are in place for disaster response, the COVID-19 health emergency was something the government had not experienced and therefore was not fully prepared to respond to. Implementing community quarantine orders of varying severity was the government's main response to halt the spread of COVID-19, but this disrupted in-person delivery of programs and services. The impacts of COVID-19 magnified the gaps in emergency preparation, leaving many sectors, especially ECD, in dire need of direction. At the national level, the ECCD Council released guidance after the onset of the pandemic to address the disruption of delivering ECD programs and services (ECCD Council, 2020). However, this guidance was not adopted and implemented at many local government units, leaving local ECD leaders ill-equipped to effectively respond to the COVID-19 crisis.

The pandemic compounded the strain that frequent disasters already put on ECD leaders. Leadership in ECD is multi-faceted in non-emergency situations, but even more in humanitarian contexts as it is an indispensable ingredient for the continuation of services. It requires a mixture of personal qualities, professional skills, and experience. According to Save the Children's qualitative study in 2020, ECD leaders, especially during emergency situations, required qualities such as creativity, tenacity, empathy, humility, transparency, and adaptability. Critical professional skills and experience included management and administrative skills, understanding of learning pedagogy, and ability to advocate within a local government unit and nationally. Unfortunately, Save the Children's qualitative study found this to be lacking among the majority of ECD leaders (Save the Children Philippines, 2021b).

According to the same Save the Children qualitative study, ECD leaders and teachers said they struggled with adapting approaches to supporting children given COVID-19 restrictions. Specifically, they grappled with converting their usual in-person classes to remote teaching, in which teachers prepared weekly activities for the parents to teach/guide their children at home (Save the Children Philippines, 2021b). Neither ECD leaders nor teachers were trained to design online modules and, especially in rural areas, many did not have access to the internet. The study found that CDTs were resistant to changes in their tasks when they pivoted to remote delivery and had to find new ways to support young children remotely, especially targeting families with low literacy levels where parents could provide limited support at home. ECD focal persons needed to motivate and support their workforce as they transitioned to remote delivery.

Another challenge for the ECD system was having sufficient financial support. Specifically, several ECD focal persons reported not receiving financial support from their LGU to print worksheets or conduct home visits, especially to the most vulnerable children and those most affected by the pandemic (Save the Children Philippines, 2021b). The focal persons also raised concerns that they were overloaded due to other responsibilities they had as part of the Social Welfare and Development Office. In addition to supporting ECD services, ECD focal points support child adoption, children in conflict with the law, senior citizens, persons with disabilities, single parents, conditional cash transfer, among others. The lack of standards, regulations, and competency frameworks for ECD leaders has made most of them unprepared to navigate the wide range of tasks required of them.

When Child Development Centers (CDCs) shifted to remote learning, ECD focal persons identified a CDT/W for each curricular theme who guided the other CDTs in developing learning modules for reproduction and distribution. Children under-five enrolled at the CDCs and with access to devices and the internet were encouraged to participate in regular online check-in sessions called *kumustahan*. Because Facebook Messenger is a popular communication platform in the country, local ECD leaders set up Facebook Messenger Chat groups where the children were given the opportunity to meet and interact with their teachers and some classmates online on a weekly basis for a short period of time.

Apart from ensuring the continuity of learning in the context of the pandemic, ECD leaders also wanted to provide support to the parents and caregivers of young children. Based on consultations with parents, ECD leaders conducted parent education sessions and regular meetings using Save the Children's materials when parents picked up learning modules in the CDCs. Usually, these sessions/meetings were either brief in-person meetings where strict health protocols such as social distancing and masking were used or through virtual means including Facebook messenger.

Save the Children had been thinking about developing and implementing a model to build the capacity of ECD leaders. The early impacts of the COVID-19 pandemic and the gaps in the ECD system accelerated the development of a capacity building approach to meet these challenges.

Strengthening Leaders in Early Childhood Model

Save the Children has been in the Philippines since 1981 and regularly responded during emergency situations to support the safety and well-being of children. In response to existing gaps in ECD leadership support and frameworks (e.g., lack of competency framework, limited capacity development support for ECD leaders) and the challenges these posed during the pandemic, Save the Children decided to adapt a training model they were planning for non-emergency contexts – Strengthening Leaders in Early Childhood (SLEC) – for the health emergency in the Philippines.

The SLEC model contains a competency framework and training package, which aim to help ECD leaders improve plans, policies, and programs in line with the Nurturing Care Framework and in preparation for humanitarian crises. Previously no such framework or training package was available for ECD leaders. The model is based on the premise that ECD leaders, who oversee integrated ECD programs, directly impact the quality and effective delivery of services in both development and humanitarian settings. The SLEC model is the first of its kind in the country.

Save the Children developed this package by framing it around the Nurturing Care Framework, with the integration of views from 25 ECD leaders and with content from two existing documents: (1) existing competencies and standards for CDT/Ws from the ECCD Council;[2] and (2) the Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology (SEAMEO INNOTECH) Competency Framework for Southeast Asian School Heads (2014).[3]

The SLEC model has a two-pronged approach, which complements the ECCD Council's Leading and Managing an Integrated ECCD Program (LMIEP) focusing on administrative competencies of local Social Welfare Development Officers. The first element is the Competency Framework for Effective ECD Leaders covering competencies that support the professionalization and capacity development of ECD leaders based on the Nurturing Care Framework. This includes six core competencies, 12 empowering competencies,

and 39 sub-competencies, all of which are given equal importance and considered interconnected and complementary (see Figure 11.2). The six core competencies are:

1 **Positive work habits and ethical behavior:** This includes the ability to demonstrate affirmative behavior towards children, parents, CDT/Ws, and others as well as the ability to respect diversity in the workplace and community by promoting inclusive, gender- and culturally-sensitive practices.
2 **Regular personal and professional training and development:** This includes the ability to recognize personal strengths and weaknesses, reflect on one's individual practices and attitudes towards the integrated ECD program, and seek continuous professional growth and advancement.
3 **Administrator and manager:** This includes the ability to establish regulatory standards to ensure compliance with governmental laws and regulations; create policies, procedures, and systems to manage resources; facilitate the implementation of an integrated ECD program at the local level; and, manage diverse forms of ECD programs such as center-based, community-based, home-based, and other modalities.
4 **Pedagogical leader:** This includes the ability to oversee the planning, implementation, assessment, and continuous improvement of an integrated ECD program as well as direct the ECD curriculum, ensuring requirements are met and implementation is responsive to conditions at the local level.
5 **Rights advocate:** This includes the ability to respect and promote human rights, especially children's rights and the rights of CDT/Ws and other staff at all times.

Figure 11.2 Competency framework for effective Early Childhood Development leaders

6 **Partner of parents and community:** This includes the ability to forge mutually beneficial, collaborative relationships with children, parents, families, communities, agencies, private organizations and individuals, and other stakeholders that contribute to the ECD program.

The second element is the SLEC Training Program, which orients and educates ECD leaders. SLEC training includes a complete trainer's manual and tools to measure the changes in knowledge, attitude, and practices of ECD leaders. In response to the pandemic, the SLEC training program was delivered remotely, utilizing technology-based platforms for both synchronous and asynchronous[4] sessions. Participants in rural areas experienced the greatest challenges with technology, and in-person sessions were integrated into the program. The training program consisted of four core modules delivered weekly over two months through a combination of synchronous and asynchronous sessions that lasted about six hours/module. There is a separate module for follow-up that was rolled out after a month of training:

- Module 1 inspires ECD leaders to adopt a leadership mindset and champion nurturing care in their communities.
- Module 2 helps ECD leaders identify strategies for implementing nurturing care while understanding challenges that may arise in different contexts.
- Module 3 encourages ECD leaders to reflect upon and enhance the qualities and competencies of an ECD leader.
- Module 4 helps ECD leaders incorporate nurturing care into their strategic plans. Over the course of a month, ECD leaders implement their plans using the knowledge and attitudes they learned. Participants develop a concept note detailing a problem in their communities and possible solutions with support from Save the Children.
- Module 5 enables ECD leaders to share their experiences implementing their action plans and learn from one another.

The design of the SLEC training program (see Figure 11.3) is a self-paced learning approach. Weekly two-hour synchronous sessions were delivered through Zoom conferencing, while asynchronous sessions were accessible on Google Classroom. Features of the synchronous sessions are a wellness check, lecture, breakout session, open forum, reminders/announcements, and online evaluation.

Save the Children staff provided support to ECD leaders during and after the training. A Save the Children staff member was assigned to each participating LGU, where they helped to ensure that participants understood the main ideas presented and supported future collaborations on designing solutions. Individual check-ins through Facebook chats and phone calls also provided opportunities for ECD leaders to assess their knowledge and seek support.

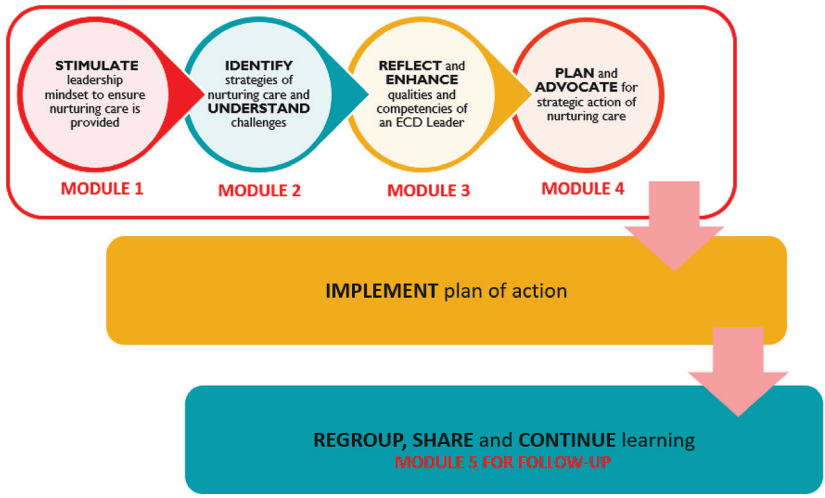

Figure 11.3 Overview of the SLEC training program

Process evaluation

Methodology

Save the Children piloted the SLEC model from July to October 2021 with 16 participants from five LGUs in the National Capital Region (urban) and Sarangani and North Cotabato provinces (rural). Based on the pilot, Save the Children, along with the University of the Philippines as their research partner, conducted a rapid process evaluation to understand what elements of the SLEC model worked and what needed additional modifications. The process evaluation, which started with baseline data collection when the pilot began, used mixed methods with the purpose of assessing the competency framework and training.

A total of five quantitative tools were developed to assess the SLEC model (see Figure 11.4). The Competency Framework includes three competency assessment tools: one for ECD leaders, one for line managers, and one for supervisees or selected CDT/CDWs who are also day-care federation officers/cluster leaders. These assessments were administered first during the introduction of the competencies in Module 3 of the SLEC training in August 2021 and then during the post-training in July 2022. These assessment tools have a five-point rating scale for each competency as follows:

1 I cannot do this yet
2 I do this but I need to learn more
3 I can do this very well
4 I can do this with confidence and I can teach others
5 I can do this with conviction and I can inspire others to do the same

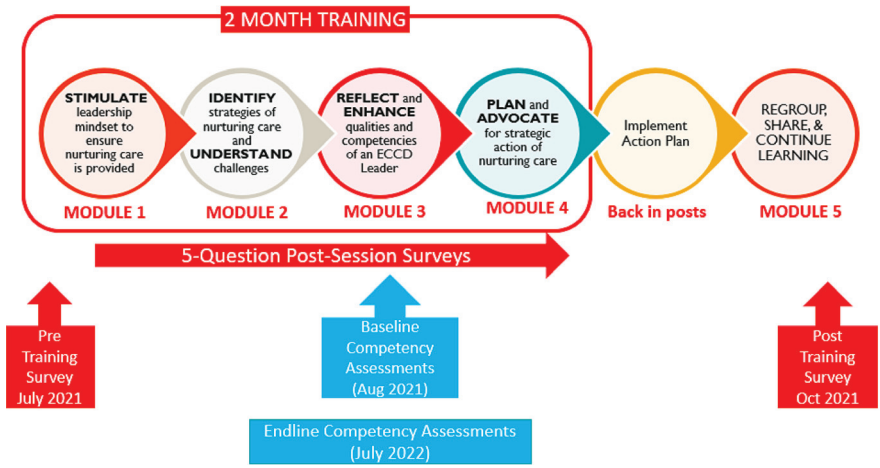

Figure 11.4 Methods in the SLEC model

For the line manager and supervisee, the content of the competency assessment tool is the same, but the description of the numerical ratings was adjusted according to the position of the rater. For example, the supervisee's rating scale is: 1 – My ECCD leader cannot do this yet, and so on; and for the line manager rating scale: 1 – The ECCD leader (supervised by the rater) cannot do this yet, and so on.

While the competencies are relevant to all ECD leaders, the analysis of the competencies focuses on the ECD focal persons who supervise CDT/Ws as shown above in Figure 11.1. The analysis of the competencies includes four areas to: (1) determine their level of competency; (2) plot their performance; (3) provide the basis for their personal and professional growth; and (4) prepare for a capacity building plan. The competency framework is envisioned to be institutionalized and will provide directions through the results of the competency assessments, which are advocated to be administered once a year as part of the performance review of the ECD focal persons.

Two more quantitative survey tools were developed to gather information on improvements in knowledge and attitudes, as well as broader feedback from the participants into the SLEC training. A pre- and post-training survey was administered before and after the training, including sections on participant profile, attitudes on leadership in ECD settings and the practice of nurturing care, questions on concepts, and scenario-based questions. A five-question post-session survey, administered after every synchronous session of each module, asked about participants' position in the LGU, location, favorite part of the session, suggestions for improvement, and pending questions.

All assessment tools were converted into free, open-source digital formats. Using Android devices, SLEC participants could access and respond to the assessment tools and surveys. Data was collected and stored into a centralized

database called KOBO Toolbox. Save the Children had been utilizing KOBO for both humanitarian and development work even before the pandemic.

In addition to quantitative methods, six focus group discussions were conducted immediately after the training in October 2021 and another one after the completion of competency assessments to complement the quantitative results gathered.

Process evaluation results

The SLEC pilot showed some positive changes in participants as well as areas for modification for the next version of this model. Findings fit into three key areas: access to training, training content and delivery, and changes in participants' knowledge and attitudes.

Access to training

Participants indicated several reasons for challenges accessing the training. Some, especially those from rural areas, expressed concerns about poor internet connection and lack of digital competency and devices necessary for remote learning. Because of intermittent internet access, they had difficulties staying connected to the Zoom sessions. They could not reply to the questions during discussion and could not enter the breakout rooms because of slow reception in their areas. Some trainees in rural areas missed the synchronous sessions altogether. Others noted problems accessing and using Google Classroom due to poor internet connection and lack of familiarity with the program.

To address these obstacles, Save the Children staff began to conduct in-person training sessions while observing strict health and safety protocols like masking and social distancing. Likewise, participants received printed copies of the training module so they could have reliable access to it. These modifications helped participants catch up and finish the course. One ECD leader said, "Training done in face-to-face is different. It will force participants to focus and prevent them from multi-tasking. But I'm flexible as long as I'm available. Knowledge in using computer varies among us." However, despite these efforts, two LGUs dropped out of the course due to heavy workload, conflict in schedule, and poor internet connection.

Training content and delivery

In the focus group discussions, participants revealed positive comments about the training sessions, sharing what they learned and what specific discussion points they liked the most. Participants liked the training topics and appreciated the interactive synchronous sessions and breakout sessions where they shared their experiences and learned from one another, and activities in the Google Classroom. Some of them shared that it was their first time learning about the nurturing care framework that there was a specific training program that

enhanced their ability to mentor and coach co-workers. They realized that the NCF is a helpful framework for ensuring that all children receive support regardless of their condition and situation. Some participants shared that the framework guided them in programs for children, women, and families.

Many participants commented on training delivery. Many said that two hours was not enough for synchronous training sessions and they wanted longer breakout sessions in order to have more opportunities to interact with participants from other LGUs. While most focus group participants mentioned they wanted more time for the sessions, two LGUs dropped out of the training program citing insufficient time in their workday to participate in the training. Save the Children will need to consider this further in the next round of training.

Results of the focus group discussion also revealed that participants found the assessment tools useful. This was their first time reflecting on themselves as ECD leaders and their interactions with ECD focal persons. Participants appreciated having the opportunity to contribute to the ECD competencies by expressing what they wanted to see in themselves as leaders and on what basis they will be periodically assessed. The tools helped them define what is working and what is not and possibly begin a lifelong practice of acting on these reflections to continue to grow professionally. One participant shared, "It's good because we can improve on our shortcomings…those things that we need to do to upgrade the services in our community."

Changes in knowledge and attitudes

Pre- and post-surveys showed positive change in attitudes toward new approaches to supporting young children and families. For example, whereas previously the priority had been to provide services to *all* families regardless of their status, religion, and geographical location, the government recently introduced a new approach to target marginalized children and families with additional support. These marginalized children could include those with disabilities and special needs, those in multi-adverse situations (i.e., orphans, single family households, living below the poverty line). According to the Save the Children surveys, there was a 14 percentage-point increase in participants' belief in providing both targeted and universal support to children and families (Save the Children Philippines, 2021b). Nonetheless, there were still participants who believed that they should *only* provide universal services.

To address this, Save the Children will continue collecting data and establish a database on the groups of children most impacted by discrimination and inequalities in these areas and share this with ECD leaders. Strategies for data-driven decision-making will be highlighted to allow ECD leaders to better address the challenges of delivering programs to particular groups of boys and girls, such as children with disabilities and children affected by the climate crisis. Data on potential partners to support these groups of children, such as women's groups and community service organizations working for children aged 0–5 years old and their families in their LGUs, will also be shared.

Additionally, Save the Children will continue providing technical support to ECD leaders on designing programs and services classified as targeted support. This approach may facilitate greater prioritization of ECD in LGU programs, especially during emergencies, since ECD focal points have some decision-making authority and influence.

Another positive attitude change was in ECD leaders' belief that there is no "one-size-fits-all" approach to becoming an effective ECD leader in an integrated ECD program (14-percentage-point increase). Since most of the ECD leaders are often selected by the political authority at the local level, they may not have teaching experience and often have little knowledge of supervising the frontline workers. The SLEC model highlighted that ECD leaders could adopt a shared, or distributive form of leadership that can empower existing skilled CDT/Ws to participate in problem-solving. This could then foster the improvement of ECD programs. Other participants shared that it is common practice in their LGU to ask their supervisees for opinions and suggestions, and that decision-making does not solely fall on the ECD leaders. One ECD leader participant described this as a give-and-take relationship, saying, "We take actions for them to follow us. Give and take. Let them give their own opinions or solutions to their problems." Earlier versions of the training had introduced different types of leadership in the first module, but distributive leadership needs to be included in all modules.

The ECD leaders generally expressed joy in seeing their co-workers listening and applying the knowledge they had learned. ECD leaders noted that they helped build their co-workers' confidence by assigning tasks and equipping them with knowledge from the training. One participant shared, "Their skills are enhanced. Unlike before when it was like they did not know anything… You can now see the command of responsibility of DCWs. You can see the positive things that they can do." Overall, the participants were able to see positive changes among their co-workers.

Aside from building the confidence of their co-workers, the SLEC model also built ECD leaders' own confidence and motivation. One participant mentioned that her confidence and morale were boosted, especially with the confirmation of the assessment from her supervisor and colleagues. Another participant shared that before the training she did not have the confidence to voice out her opinions: "I used to think I did not have the right to voice out my opinions… so during the training, I learned…and I became more confident."

However, overall post-training test results revealed a lack of knowledge gains. Indeed, 79% of the participants got the same scores as in the pre-test, while the rest obtained lower scores. Out of the 18-item test, the average score was at 12 at post-test. Knowledge of nurturing care remained limited with 64% of the participants not able to identify the five components of nurturing care at the end of the training. The majority (78%) got confused with Nurturing Care's five strategic actions (lead and invest; focus on families and their communities; strengthen services; monitor the progress; and scale up and innovate) and did not understand that they could start with any of the actions as opposed to following a specified order.

Save the Children will revisit the content of the SLEC training package to highlight these nurturing care framework concepts even more. These results could be attributed to the irregular attendance of some participants and inability to access Google Classroom due to poor internet connection and/or limited digital literacy, conflict with the schedule of the training sessions due to urgent activities, and testing positive for COVID-19, among others. These explanations were validated by participants' comments during the focus group discussions.

Results from the self-reported competency assessment, which is presented in the first column of Table 11.1 below, showed that ECD leaders generally improved their average scores at the endline, but not by much. They rated themselves the highest on having "positive work habits and ethical behavior" (competency 1) and the lowest on being a "partner of parents and the community" (competency 6). Comparing baseline to endline showed the greatest improvement in having "regular personal and professional training and development" (competency 2) and the least improvement in having "positive work habits and ethical behavior" (competency 1) despite this having the highest rating at endline. In fact, the endline score was lower than the baseline for this competency.

For specific empowering competencies, which is presented in the second column of Table 11.1 below, participants assessed themselves highest on "supporting rights of children in both development and humanitarian settings" (empowering competency 9) and lowest on "promoting partnerships with the community, other stakeholders, organizations and partners" (empowering competency 12). On the other hand, empowering competencies on "optimizing child development and learning" (empowering competency 6) and "supporting authentic assessment of young children" (empowering competency 8) had the greatest and least improvement, respectively. In general, the ECD leaders believe that they can do each of the empowering competencies very well. Table 11.1 shows the baseline and endline mean scores of each competency.

While slight knowledge improvements, especially in technical areas such as the NCF, were seen through the pre- and post-surveys, there was a greater change in attitudes among ECD leader participants. As the many ECD leaders are political appointees with little technical knowledge, their attitudes and approaches to leadership, such as adopting a distributive leadership style and believing in ensuring specific support for marginalized children vs. a universal approach, may be more important to ensure meaningful change in ECD programs and ultimately on the lives of young children. In this regard, the SLEC pilot had more notable positive results than technical knowledge on ECD, including the NCF.

Reflections and lessons learned

The COVID-19 crisis has changed many aspects of ECD programs and forced the ECD sector to think of new ways to support service providers, who ultimately ensure that nurturing care is provided to young children even in challenging times. In response to the pandemic, Save the Children Philippines chose

Table 11.1 Comparison of baseline (2020) and endline (2022) mean scores in self-reported competencies

Core Competencies	*Empowering Competencies*	*2021*	*2022*	*Point difference on a 5-point scale*
1. Positive work habits and ethical behavior	1. Demonstrating positive work habits and ethical behavior	3.91	3.73	-0.18
2. Regular personal and professional training and development	2. Undertaking regular personal and professional training and development	3.23	3.55	0.32
3. Administrator and manager	3. Directing the program systems, standards, and resources as mandated by legislations, rules and policies both at national and local levels	3.16	3.27	0.11
	4. Managing child development workers and other staff performance	3.36	3.64	0.28
	5. Ensuring appropriate program activities and projects	3.27	3.68	0.41
4. Pedagogical leader	6. Optimizing child development and learning	3.18	3.64	0.46
	7. Supporting child-centered learning environment	3.41	3.64	0.23
	8. Supporting authentic assessment of young children	3.73	3.77	0.04
5. Rights advocate	9. Supporting rights of children in both development and humanitarian settings	3.69	3.78	0.09
	10. Supporting the rights of child development workers and teachers, and other safe	3.38	3.49	0.11
6. Partner of parents and the community	11. Promoting engagement of mothers, fathers and other caregivers	3.42	3.70	0.28
	12. Promoting partnerships with the community, other stakeholders, organizations and partners	2.89	3.05	0.16

to empower ECD leaders, who were often overlooked even before the pandemic and yet are responsible for delivering ECD programming at the local level even during times of crisis. Save the Children developed, piloted, and evaluated, with the University of the Philippines, a Competency Framework for Effective ECD Leaders and SLEC Training Program, which was missing in the Philippines and

in the Southeast Asia region. There were many positive aspects of this training and the approach, but there are also areas for modification and improvement. In this section, we reflect upon lessons learned and make recommendations for the future development and usage of similar professional development opportunities for ECD leaders around the world and in multiple humanitarian contexts.

Content and duration of training

Overall, the content and duration of the SLEC training program were well received by the pilot participants. It is one of the first short courses focused on the continued professionalization of ECD leaders in the Philippines. In this section, we reflect upon three key areas: things in the training to keep, areas to modify, and new content to add.

Keep

Using the Nurturing Care Framework as the training's overarching element helped ECD leaders realize that nurturing care should be at the center of all ECD programs. Therefore, the nurturing care components and five strategic actions will be retained in future SLEC trainings.

The SLEC model has great potential to be used to train ECD leaders in private and public child development programs in the Philippines. This is in line with a proposed law – the Magna Carta for Child Development Workers[5] – that includes training, education, and skills enhancement support for them. In line with the proposed law, Save the Children Philippines can coordinate with the Department of Social Welfare and Development, Commission on Higher Education, and Technical Educational Skills Development Authority (TESDA) to contribute to developing a system of education and skills training, and knowledge enhancement of managers and administrators of child development programs.

Save the Children did action planning with one LGU following the SLEC training and found this to be a positive experience for the LGU. This is something Save the Children will retain and consider how it can be implemented for all ECD leaders representing all LGUs. The action planning included the development of new program concept notes and designs, budget allocation, and collecting data on children in the LGU. This process not only helped ECD leaders develop appropriate programs that fit the needs of the LGU, and integrate elements of the NCF that might have been missing, but it also allowed ECD leaders to reflect upon and adopt distributive leadership skills which in the system in the Philippines could be the most appropriate given that most ECD leaders are not technically prepared.

Modify

The results of the process evaluation also highlighted areas for improvement. Survey results suggest that additional training is required to improve the two

core competencies: "administrator and manager" and "partner of parents and the community." Specifically, ECD focal persons also suggested that additional training and support should be given to the following aspects of program management: managing people, maintaining efficient systems and procedures, assessing children, and creating appropriate strategies for challenges such as disasters and pandemics.

The process evaluation indicated that additional focus on coaching, mentoring, and supervising others should be added to the training program. Module 3 will be extended to provide more time to discuss mentoring and coaching and how to operationalize these in practice. In addition, monthly learning sessions where mentors and mentees can discuss issues, concerns, and lessons learned on distributive leadership, will be added. To achieve sustainability of continued coaching and mentoring, Save the Children will consider partnering with a local academic institution with an ECD specialization in the particular geographical areas that could continue the coaching and mentoring when Save the Children may need to terminate or reduce its support.

Add

The SLEC Training Program cannot be simply limited to a supply of lessons and content. Socio-emotional monitoring and psychosocial support need to be integrated to ensure participants' well-being and avoid burn out. In addition to the wellness check at the beginning of each synchronous session in the form of simple yoga/stretching and games, Save the Children can develop a separate module on Wellbeing and Its Impacts, building on existing resources for the child development teachers and workers. This module is important in considering the multiple responsibilities ECD leaders have in responding to the impacts of the pandemic and to other crises. Even after the training, Save the Children staff can be more than technical support providers; they may also offer psychosocial aid to the ECD leaders during coaching and mentoring sessions, as well as amplify their voices to make their superiors aware of their challenges and needs.

Addressing access to internet connectivity and digital literacy

Internet connectivity and low digital literacy posed multiple challenges to the SLEC participants. Access in rural areas was difficult during the piloting of the SLEC because of poor or non-existent internet connectivity. Furthermore, the digital literacy of CDTs and ECD leaders was quite low, and many did not have devices that enable remote service delivery. The SLEC virtual approach required participants to practice using new tools and software that would enable them to collect mobile data in their supervision of ECD teachers. For example, a software called KOBO Toolbox was used for mobile data collection. While an orientation was provided, it was all of the participants' first time to use the software, and some had difficulty completing the tasks online. Some

participants accidently submitted the completed tools several times. In these cases, the participant's first submission was considered in processing the data.

Save the Children learned that access to the internet and increasing digital literacy of participants needs to be considered and integrated into the design and training plan more deeply than it was during the pilot. For example, competency in digital literacy is not currently in the ECD standards and this could be integrated and monitored so that digital literacy among all ECD leaders and workforce increases over time. Partnerships with public and the private sector could also be considered to provide low-cost phones or tablets, free wi-fi, and SIM cards for phones.

Workload and scheduling

While many staff, whether working on ECD or not, want and need professional development to do their jobs better, it can often be hard to find sufficient time to add to an already heavy workload. This is a problem both in humanitarian and non-humanitarian contexts. Some ECD leaders in the Philippines need to support ECD in their local government units, but they are also tasked with other work wearing multiple hats. Some participants also disclosed during focus group discussions that they found accessing the materials in Google Classroom at home difficult because they were tired from a long day at work and wanted to rest and attend to familial duties like cooking, cleaning the house, and taking care of their families. Even if they wanted to do their assignments and read the materials, the situation made it difficult for them to do it.

During the SLEC pilot, two LGUs dropped out of the course due to a heavy workload and schedule conflicts. In the future, Save the Children will try to better understand participants' availability and schedules before starting a professional development course. As the training provider, Save the Children can also coordinate with the participants' supervisors to consider the training official business so the participants can be allowed to complete the course as part of, and not on top of, their regular work. Save the Children can also request that superiors offer the course as mandatory training for everyone to participate. It would be better if the course could be included in the participants' career development or continuing education.

Ensuring a training program fits within a workforce's workload and schedule is an important consideration for any program, especially in humanitarian contexts when the staff's time will be even more limited.

Establish an Advisory Group

Save the Children established an Advisory Group as part of its overall capacity-building strategy to strengthen the participation of ECD leaders and ensure project ownership. The group is composed of representatives of the Department of Social Welfare and Development, ECCD Council, and the Department of Interior and Local Government at the national, sub-national, and provincial

levels. Its members attended and provided support during small group discussions during the training sessions. The Advisory Group contributed significantly to the directions of refining the current content of the SLEC training program. The SLEC also provided a platform for the ECD leaders to direct queries to the Advisory Group on relevant policies. For example, the ECD leaders were able to get a supplemental session delivered by the Advisory Group on the full implementation of Mandanas Ruling, which is a law that addresses inequality in financial resources among LGUs, improves their capacity, and enhances transparency and accountability as part of the country's decentralization approach. In the Mandanas Ruling, there would be an increase in the share of the national government tax revenue that would be transferred to the local government (World Bank, 2021). Such sessions helped the ECD leaders who were training participants understand they would have a larger budget for social services for children and their families, making all child development centers fully funded and accessible to all Filipino children.

Save the Children Philippines will share the results of this pilot and rapid process evaluation with the Advisory Group for adoption in the government system and implementation at scale. To ensure sustainability, the second iteration of the SLEC model (which includes the training and competency framework) will continue to be co-implemented by the Advisory Group throughout the process. Advisory Group members will remain involved in the analysis of the results and reflections. To facilitate scale-up, Save the Children will explore three pathways. First, is the horizontal pathway focusing on Save the Children-supported LGUs in the same regions/provinces that previously participated in the pilot phase. Second, is the vertical pathway where we will focus on local/subnational or national policy change. Save the Children will advocate for ECD policies that promote guidelines on mobilizing necessary human resources for ECD management and recruitment of qualified ECD focal persons using the Standard Competencies of ECD leaders. The third pathway is exploring options for scale-up through private ECD managers.

Hybrid approach for the future

The pandemic forced the ECD sector in the Philippines to think of new ways to continue professional development programs. The SLEC model utilized technology-based platforms and tools, but found, over time, that professional development course delivery was most effective using a combination of remote and in-person sessions. Due to challenges in internet access and demanding work assignments that compete with the participants' time and energy for the training, in-person sessions are recommended in areas where participants need more support on capacity building and knowledge on technology use. Save the Children Philippines will revisit the design of the SLEC training to provide a hybrid delivery with an additional module on digital competency building

before the start of the main sessions which will also address the high dropout rate experienced in the pilot implementation.

The development of the SLEC model is grounded in the needs of the community and yet relevant to the ECD sector at large. As the Philippines has no standard competencies and training program for ECD leaders, Save the Children responded to the limited professional development opportunities for ECD leaders whose services have been uniquely in demand in the context of COVID-19 and other emergencies. The SLEC model and approach aimed to ensure that nurturing care could be provided to all Filipino children, especially those impacted by inequalities and discrimination in both development and humanitarian settings. This chapter offers evidence and learning on ways to support ECD leaders that are relevant for the Philippines, as well as other humanitarian and non-humanitarian contexts.

Acknowledgements

We thanked Dr. Excelsa C. Tongson, a faculty member of Department of Family Life and Child Development, College of Home Economics and Deputy Director of Center for Women's and Gender Studies in the University of the Philippines for the assistance and analysis. This work is supported by Save the Children Sponsorship Innovation and Learning Fund.

Notes

1 ECCD Council is a government agency to act as the primary agency supporting the government's ECCD programs that covers health, nutrition, early education, and social services for children ages 0–4 years. It is responsible for developing policies and programs, providing technical assistance and support to ECCD service providers, and monitoring ECCD service benefits and outcomes. The Council consists of a Governing Board and a Council Secretariat. The member agencies of the Council are also its core partners, namely: the Department of Education, Department of Social Welfare and Development (DSWD), Department of Health (DOH), National Nutrition Council (NNC), the Union of Local Authorities of the Philippines (ULAP) and a private ECCD practitioner.

2 ECCD Council published the Competency Standards for Child Development Teachers (CDTs) and Child Development Workers (CDWs) in January 2017, but not for ECCD leaders.

3 Competency Framework for Southeast Asian School Heads of the Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology (SEAMEO INNOTECH) outlines five general competencies: 1) Strategic Thinking and Innovation; 2) Managerial Leadership; 3) Instructional Leadership; 4) Personal Excellence; and 5) Stakeholders Engagement.

4 Synchronous session means a virtual live session which is conducted with other people including an instructor. Asynchronous session means the learner watches and learns through a pre-recorded video or read learning resources. The learner in this situation can watch the video and do any work related to their session when they choose.

5 "Magna Carta for Child Development Workers." https://legacy.senate.gov.ph/lis/bill_res.aspx?congress=17&q=SBN-2118.

References

An Act mandating the Provision of Emergency Relief and Protection for Children Before, During, and After Disasters and Other Emergency Situations, Rep. Act. No. 10821 (2016, May 18). https://www.officialgazette.gov.ph/2016/05/18/republic-act-no-10821/.

An Act promulgating a Comprehensive policy and a National System for Early Childhood Care and Development, providing funds therefor and for other purposes, Rep. Act No. 8980 (2000, December 5). *Official Gazette*, 97(19), 2712. https://issuances-library.senate.gov.ph/legislative%2Bissuances/Republic%20Act%20No.%208980.

An Act providing for a Local Government Code of 1991, Rep. Act No. 7160 (1991, October 10). https://www.officialgazette.gov.ph/1991/10/10/republic-act-no-7160/.

An Act recognizing the Age from Zero (0) To Eight (8) Years as the First Crucial Stage of Educational Development and Strengthening the Early Childhood Care and Development System, appropriating funds therefor and for other purposes, Rep. Act No. 10410 (2013, March 26). https://www.officialgazette.gov.ph/2013/03/26/republic-act-no-10410/.

An Act scaling up the National and Local Health and Nutrition Programs through a Strengthened Integrated Strategy for Maternal, Neonatal, Child Health and Nutrition in the First One Thousand (1000) Days of Life, appropriating funds therefore and other purposes, Rep. Act. No. 11148 (2018, November 29). https://www.officialgazette.gov.ph/downloads/2018/11nov/20181129-RA-11148-RRD.pdf.

Atwii, F., Sandvik, K., Carstensen, A., Garling, K., Scherer, P., Semet, D., & Voss, J. H. (2022). The World Risk Report 2022. Bündnis Entwicklung Hilft, Ruhr University Bochum – Institute for International Law of Peace and Conflict. https://weltrisikobericht.de/wp-content/uploads/2022/09/WorldRiskReport-2022_Online.pdf.

Batac, M. & van Bijnen, M. (2019). The Struggle for Peace in Mindanao, the Philippines. https://www.gppac.net/news/interview-struggle-peace-mindanao-philippines.

Bennett, N., & Smith, B. (2000). Assessing the Impact of Professional Development in Educational Leadership and Management: The IMPPEL project. *Management in Education*, 14(2), 25–27. https://doi.org/10.1177/089202060001400208.

Britto, P., Lye, S., Prouxl, K., Yousafzai, A., Matthews, S., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., Fernald, L., MacMillan, H., Hanson, M., Wachs, T., Yao, H., Yoshikawa, H., Cerezo, A., Leckman, J., Bhutta, Z., & Early ChildhoodInterventions Review Group for the Lancet EarlyChildhood DevelopmentSeries Steering Committee. (2017). Nurturing care: promoting early childhood development. *Lancet Series: Advancing Early Childhood Development: From Science to Scale*, 389(10064), 91–102. https://doi.org/10.1016/S0140-6736(16)31390-3.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard College.

Economic Policy Research Institute, UNICEF (2021). Effects of COVID-19 on Child Poverty and Efficacy of Social Protection Responses in the Philippines. https://www.unicef.org/philippines/reports/effects-covid-19-child-poverty.

HuRights Osaka. (2008). Mindanao Conflict: In Search of Peace and Human Rights. *FOCUS*, 54, December. https://www.hurights.or.jp/archives/focus/section2/2008/12/mindanao-conflict-in-search-of-peace-and-human-rights.html.

Jackaria, P. & Cabelles, D. (2022). Equipping Teachers to Adapt: A Look into Teachers' Professional Development Programs in Times of COVID19 Pandemic. *Journal of*

Humanities and Education Development (JHED), 4(4), Jul-Aug. https://doi.org/10.22161/jhed.4.4.3.

Mbuya, N., Demombynes, G., Piza, S., & Adona, A. (2021). Undernutrition in the Philippines: Scale, scope, and opportunities for nutrition policy and programming. International Development in Focus. Washington, DC: World Bank. https://doi.org/10.1596/978-1-4648-1701-4.

Philippine Statistics Authority. (2021, July 19). Employment situation in October 2020. https://psa.gov.ph/statistics/survey/labor-and-employment/labor-force-survey/title/2020%20Annual%20Preliminary%20Estimates%20of%20Labor%20Force%20Survey%20%28LFS%29.

Save the Children Philippines. (2019). An equal world for young girls and boys: Report and process documentation the Gender Equality Toolkit for Early Childhood Educators. Quezon City, Philippines: Save the Children Philippines

Save the Children Philippines. (2021a). Project ARAL: Endline report. Quezon City, Philippines. Save the Children Philippines

Save the Children Philippines. (2021b). Strengthening of Early Childhood Care and Development Leaders.

Save the Children Philippines. (2022, August 22). Philippines: Statement as One of World's Longest COVID-19 Related School Closures Ends. https://www.savethechildren.net/news/philippines-statement-one-world-s-longest-covid-19-related-school-closures-ends.

Siraj, I., Arancibia, V. & Baron, J. (2022). The Role of Management, Leadership, and Monitoring in Producing Quality Learning Outcomes in Early Childhood Education. InBendini, Magdalena, and Devercelli (Eds). *Quality Early Learning: Nurturing Children's Potential*. Human Development Perspectives. World Bank.

Sommefeldt, D. (2001). Nurturing environments? Reflections on leadership training: Development needs of new headteachers. *Management in Education*, 15(1), 12–20. https://doi.org/10.1177/089202060101500104.

Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology (2014). Competency Framework for Southeast Asian School Heads. https://www.seameo-innotech.org/portfolio_page/competency-framework-for-southeast-asian-school-heads-2014/.

Tang, A. (2016). New law in the Philippines aims to protect children after disasters. Thomson Reuters Foundation. https://www.reuters.com/article/us-philippines-disaster-children-idUSKCN0Y91HZ.

Timmons, K., Cooper, A., Bozek, E. & Braund, H. (2021). The Impacts of COVID-19 on Early Childhood Education: Capturing the Unique Challenges Associated with Remote Teaching and Learning in K-2. *Early Childhood Education Journal*, 49, 887–901. https://doi.org/10.1007/s10643-021-01207-z.

UNICEF. (2020). Listen to children's experiences of COVID-19 – UNICEF: World Children's Day on November 20. https://www.unicef.org/philippines/press-releases/listen-childrens-experiences-covid-19-unicef.

UNICEF and Countdown to 2030. (2021). Thrive Nurturing Care for Early Childhood Development: Country Profiles for early childhood development. https://nurturing-care.org/philippines-2021/.

UNICEF. (2021). Filipino children continue missing education opportunities in another year of school closure. https://www.unicef.org/philippines/press-releases/filipino-children-continue-missing-education-opportunities-another-year-school.

World Bank. (2021). Philippines: Mandanas Ruling Provides Opportunities for Improving Service Delivery Through Enhanced Decentralization. https://www.worldbank.

org/en/news/press-release/2021/06/10/philippines-mandanas-ruling-provides-opportunities-for-improving-service-delivery-through-enhanced-decentralization.

World Health Organization (WHO), United Nations Children's Fund (UNICEF), & World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. https://nurturing-care.org/ncf-for-ecd.

Conclusion

Sweta Shah and Lucy Bassett

We live in a world with many forms of crises. Whether natural disasters, human conflict, climate change, or health pandemics, these crises are sure to continue and young children will bear the brunt of the damage, especially the most vulnerable children. This book sought to share lessons on programming for young children experiencing COVID-19 and other humanitarian crises from around the world, where there are still significant evidence gaps. The hope is that learning from what has worked well and what has not in a variety of contexts can inform and improve future efforts by implementing agencies, researchers, governments, and donors to support young children in crisis situations and beyond.

The book shared this kind of learning in a new way: by centering voices from practitioners and researchers working, living, or originating in the Global South. These perspectives are missing in many fields, including in early childhood development (ECD) and emergencies. Indeed, most of the published work on ECD and humanitarian response globally has been written by authors living in the Global North and in English (Humanitarian Advocacy Group (HAG) et al., 2022). As this book shows, Global South authors bring critically valuable insights and can help broader audiences understand cultural and contextual nuances and complexities that children, families, and communities experience.

The book also showcased a variety of methodologies and practices to generate actionable learning. In addition to rigorous quantitative methods, the chapters feature qualitative practices, case studies, and – importantly – explicit perspectives of people who participated in and/or are affected by the ECD programming. The chapters highlight the myriad challenges of conducting research in humanitarian contexts, from design to data collection to analysis.

What have we learned?

Over the last two years, organizations from and working in the Global South have had to make radical changes to their programming and research methods. They had to adapt how they delivered services to children and families; how they recruited, trained, supported, and supervised their workforce; and how they tracked, evaluated, and learned from their efforts.

DOI: 10.4324/9781003415213-13

Across the countries, authors noted the importance of assessing participants' access to different communication channels to inform what programmatic and research approaches would be feasible. Where families have easy access to mobile services, leveraging digital methods can be effective. However, there still may be a need for programs to provide support for digital literacy (e.g., through WhatsApp tutorials, in-person training, etc.) and/or complementary hard-copy materials. Where families lack access to mobile technology or have irregular internet connection, in-person or hybrid approaches are still needed. Investing in supporting participants' access to remote content and tailoring this to their specific needs is critical. The most successful interventions and research methods were those that could use a range of modalities, including in-person, fully remote, and hybrid – whether sequentially or simultaneously – to meet the needs of their intended participants.

The chapters on reaching young children during COVID-19 and other emergencies identified many common findings. Whether in Bangladesh, Lebanon, Jordan, or Colombia, programs dealt with the uncertainty of COVID-19 by making iterative changes to their processes and activities and assessing and adapting along the way. In Bangladesh, for example, starting with a minimum viable product and gradually expanding the intervention based on community feedback and interests contributed to program success while in Colombia, many elements of the ECD program were co-designed with affected people and children before implementation started.

A number of chapters highlighted the importance of children's relationships with parents and primary caregivers. The various approaches used in-person, virtual, and hybrid methods to reach parents and caregivers and equip them with the knowledge and skills to best support their young children. Supporting parents and caregivers with strategies and examples of interacting and playing with their children and offering them peer-to-peer support and ways to reduce their own stress – as seen in Bangladesh, Colombia, Lebanon and Jordan – can improve both caregivers' and children's wellbeing. In particular, in-person approaches were effective in improving the psychological and social well-being of parents and caregivers, while virtual approaches increased access and engagement, which increased caregivers' knowledge about young children's development. Hybrid approaches were particularly useful to encourage fathers' active engagement.

In many countries, partnerships with government and/or local organizations were critical to the success of programming and research for young children. For example, in Brazil, Sesame Workshop coordinated with municipal secretariats to effectively provide a package of support for young children, including educational television and digital platforms. In Mali and Zambia, Education Development Center (EDC) worked with ministries of education to ensure curricular alignment for interactive audio instruction materials. In Colombia, Jordan, and Bangladesh, inter-agency coordination mechanisms were in place to ensure the complementarity of support for children and families among international and national implementing organizations. This increased the reach and quality of ECD interventions.

The chapters on supporting the workforce emphasize the importance of quality training and ongoing support for those delivering and supervising ECD services. Ensuring that ECD workers have foundational knowledge, feel supported, and can see the impact of their work can contribute to better outcomes for children and families. Timing this support such that it fits into peoples' existing work or life schedules is essential, especially in humanitarian contexts when the staff's time is often even more limited. In communities where there are no professionals available to provide services, as is often the case in certain crisis contexts, paraprofessionals from communities who receive sufficient training can learn key skills – even in online trainings – and provide quality services. For example, para-counselors in Bangladesh were able to provide psychosocial support that improved families' well-being. While ECD leaders in the Philippines gained important skills, the lessons from that experience are relevant to other programs supporting the ECD workforce: there is a need to strengthen support for coaching, mentoring, and supervising and give participants more time to discuss and practice these skills.

Overall, embracing a culture of learning and iterating, testing different models, and adapting based on participant feedback were key ingredients of success across programs and approaches. Some authors highlighted the importance of being prepared for future crises and suggested having resources, such as resource banks of programming tools (e.g., interactive audio materials) that can be readily deployed – and then tested, adapted, and expanded.

Where do we go from here?

Donors

Because humanitarian emergencies are ongoing, donors should invest in sustained emergency prevention, response, and mitigation programming for young children and families' holistic needs. While financial investment is increasing for ECD in emergency programming, funding is still insufficient to meet the needs of young children in crisis contexts (Moving Minds Aalliance, 2020). Recognizing the important lessons about iteration, access to technology and digital literacy, psychosocial well-being of children and families, and supporting ECD workforce, donors should prioritize these aspects of ECD in emergencies programming and shape funding criteria accordingly. As is clear through the many programs presented in this book, humanitarian contexts can change rapidly. Donors should therefore allow their implementing partners flexibility so they can adjust their programming and research goals quickly as needed to meet evolving needs of children and families.

Governments

Governments have critical roles to play in supporting young children in emergencies, whether through provision of services directly or through coordination with other stakeholders. Ensuring ECD policies and guidance are in place can

provide a helpful framework guiding investment in and implementation of ECD programming when an emergency occurs – or in ongoing emergency conditions. Where coordination mechanisms are in place, government counterparts should be involved and ideally lead such groups with local and international NGOs and UN agencies. If they do not have sufficient finances for increased support for young children during a humanitarian context, they can appeal to donors for additional funds. Important elements that have emerged from lessons in this book include guidelines and standards for ECD service providers and supervisors, support for caregivers of young children, and coordination mechanisms to ensure alignment of crisis-response programming with early childhood curricula and standards.

Academia

With increased awareness of why and how to support young children in crisis, ECD in emergency programs are expanding worldwide. However, many of the lessons learned through these experiences are not being published because lessons are not being documented or, when they are, do not fit within academic standards for publishing (Shallwani & Dossa, 2023; Humanitarian Advocacy Group (HAG) et al., 2022). Conducting what is considered rigorous research, as defined by Global North academics, is difficult in humanitarian settings (Shallwani & Dossa, 2023; Humanitarian Advocacy Group (HAG) et al., 2022). Yet, as is clear in this book, Global South authors, whether practitioners or researchers, have something important to contribute to global learning and should be supported to publish their work. Academia should accept different approaches to research as equally important for publication.

Implementing agencies

Young children's needs straddle multiple sectors and so in humanitarian contexts can be forgotten or not fully addressed. Implementing agencies, whether local or international, can demand support for ECD in emergency programming. Lessons from this book provide concrete opportunities for implementing agencies. Whether it's strategies for formative research and co-design with communities or iterating and testing program variations with different communities, there are many concrete ideas that implementers can adopt to improve their support for young children. As advocates with humanitarian organizations and funders, implementing agencies can also gather and share information on the needs of young children and families in crisis contexts as well as promising program elements in donor appeals and proposals.

The United Nations predicted that impacts of the pandemic on children, "risk being catastrophic and amongst the most lasting consequences for societies as a whole" (United Nations, 2020). There is no turning back time. Children have indeed suffered around the world. They have fallen ill, lost months (and even years) of schooling, have faced violence and loss, and more. The impacts are, for

many, quite serious. We hope that the lessons that the authors have shared in this book and the suggestions we make for the way forward will increase funding, programming, and research focused on young children in crisis.

References

Humanitarian Advisory Group (HAG), CoLAB, GLOW and inSights (2022a). Needles in a Haystack: An Analysis of Global South Roles in Humanitarian Knowledge Production. Humanitarian Horizons. Melbourne: Humanitarian Advisory Group.

Moving Minds Alliance (2020). Analysis of international aid levels for early childhood services in crisis contexts. https://movingmindsalliance.org/wp-content/uploads/2020/12/analysis-of-international-aid-levels-for-early-childhood-services-in-crisis-contexts.pdf.

Shallwani, S. & Dossa, S. (2023). Evaluation and the White Gaze in International Development. In Khan, T., Dickson, K. & Sondarjee, M. (Eds.), *White Saviorism in International Development*. Daraja Press.

United Nations (UN). (2020). The Impact of COVID-19 on Children. Policy Brief. https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf..

Index