

Exploring the perspectives of caregivers about their engagement in Pashe Achhi Telecommunication Model



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Executive Summary

Introduction

In late 2017, BRAC IED contextualized the concept of their mainstream Play Lab model to adapt and implement it within the standard Child Friendly Space (CFS) utilized in emergency settings with the motto of 'Learning through play and healing through play'. In the Rohingya camp play lab started working with the name of Humanitarian Play Lab (HPL). On the other hand, another form of Play lab (PL) has been formed in the host community under the umbrella of government primary school. Play lab is the centre where children learn, grow and heal through the power of play. Due to the spread of coronavirus disease (COVID-19), the people are affected physically, socially and financially. However, the impact of COVID-19 has touched the children too. As per government rule, all the HPL centres have been closed at the end of March 2020. As a result, children are affected by physical distancing with their peers, Play Leaders, relatives while in quarantines at home facing uncertainty. Children are unable to go to the HPL/PL and even frontline service providers are not able to visit the center. In this circumstance, BRAC IED has developed their own telecommunication intervention called 'Pashe Achhi' to address HPL and PL -attendee children's learning and counselling as well as addressing their mothers wellbeing. Pashe Achhi telecommunication is a way of communicating with the child and their family in such a way that they feel that BRAC IED is by their side during this crisis, and that the children also understand that they are close to the HPL/PL even when they are at home. These telecommunication activities have been undertaken to maintain the relationship with the child and their family in the corona situation.

Since everyone is locked indoors at this time, it is hypothesized that a combination of loss of livelihoods, mental health impacts due to remaining indoors over a long period of time can cause tensions in the family. Spouses may act out on their partners and children as well. Pashe Aschi telecommunication also address mother's mental health through a portion of their tele-counselling services besides keeping children engaged and happy during the lockdown. However, as the intervention is new, there is currently not much empirical evidence that it works. At this moment, this research has been commenced to understand the scenario caregivers and father's perception about the telecommunication model and their involvement in child rearing and supporting their partners during the COVID-19 pandemic, particularly through BRAC IED's Pashe Achhi initiative.

Methods

This is a qualitative study. Techniques of data collection comprised, one to one and key informant interview (KII) through telephone calls. This study has been conducted with the parents of both Rohingya and host community, from three Rohingya camps and three upazilas of the host community in Cox's Bazar. Along with the parents, front line service providers and managers are also interviewed to obtain their perceptions of

the model and for data triangulation purposes. In total 14 mothers, 12 fathers, 12 service providers and managers were included in this study from both study areas. Three separate semi-structured interview guides were developed for one-to-one interview, and KIIs based on research objectives. Regarding data analysis, all interviews were carried out in Bangla and were audio recorded. Once the data collection was complete, extended notes were prepared and these notes were subsequently coded and analysed. Ethical approval to undertake the study was obtained from the institutional review board of JPGSPH.

Results

Based on the study objectives, five major themes were identified. These were i) Lending a hand: Situation-driven involvement of Fathers in the home ii) Children's Learning: Shared Parenting Roles iii) Pashe Achhi Telecommunications Model: Out with the old and in with the new? iv) Bridging Communications with Communities: Implementers Perceptions and Experiences of the Pashe Achhi Model and v) Echoing the Need for Fathers' Involvement in Pashe Achhi.

Mothers were reported as the primary caregiver responsible for household chores and all aspects of childcare in both communities. However, most fathers help with light chores, particularly when mothers are occupied or ill, especially during this pandemic. However, they do not do so out of particular concern for their wives' mental or physical health and wellbeing. Women who were already victims of violence, perceived that husbands would be physically or verbally abusive towards them if they were not performing their caregiving and household duties correctly as a natural consequence.

Study findings revealed that caregivers and fathers from both Rohingya and host community accepted the telecommunication services as an alternative method of centre based Play Lab approach, even though they had many suggestions for improvement. Fathers from both communities considered telecommunication necessary for the children's learning although they were less aware about the content of the intervention. Furthermore, although mothers disclosed with fathers what Play Leaders and Mother Volunteers teach children during the phone call, they avoided sharing their good feelings when they talk about their issues with the Play Leaders.

One notable finding was that when it comes to children's learning, there is a shared parenting role, especially during the lockdown. In both communities, fathers inquired about children's education and learning even the content of tele-learning. On the contrary, even though they were accepting of the Pashe Achhi tele-learning, fathers were under the impression that *khelakhana* or *khelar jogot* should be responsible for school readiness of their children.

One of the main objectives of this research was to understand how to engage fathers with the Pashe Achhi intervention. In that regard, all categories of respondents agreed that it is necessary to address fathers. Fathers especially believed that if they were directly addressed, then they would be better able to support the child's learning as well. They also perceived that providing specific Covid-19 awareness messages directed at men, can be one of the most effective and important content at this time.

Some fathers mentioned that it would be good to have some career counselling for them so that they can cope with economic difficulties they are facing during the crisis.

Interestingly, mothers had a different view of the type of content for fathers. They suggested that fathers should be reminded to give time to the family – being more involved in childcare and helping the wife with household work where possible. Some women also mentioned that their husbands need to be counselled so that their attitude of violence reduces.

Conclusion

From this exploratory qualitative study, we have shown that Pashe Achhi telecommunications services have been widely accepted by the community. The relevance and timeliness of such a telecommunications service has been understood and embraced. Implementing some of the recommendations provided in this study will enable improvements to the intervention and it can be continued for this type of crises. As fathers are interested, it would be important to include them in the intervention keeping in mind their particular needs and gender sensitivity.

Chapter 1: Introduction

Early childhood is a critical period for growth and development where investment and commitment are required in global, national, and local level actions (Black et al 2017). The World Health Organization defines Early Childhood Development (ECD) as the period between 0-8 years of age which encompasses physical, socio-emotional, cognitive and motor development (WHO, 2020)¹. This is marked as a window of opportunity as 90% of brain development occurs in early years (Conel, 1959) with various impacts on long term outcomes including life span, income-earning capacity and cognitive ability, among other things (Vegas & Santibáñez, 2009). While children's early growth and development is important during normal situations, the necessity to address this period during conflict and adversity becomes more heightened (Bryce et al., 2008; Victoria et al., 2008). In such situations, children are likely to lose the protective environment nurturing their learning and development and caregivers equally face difficulties to give support to their children what they previously provided (Bryce et al., 2008; Victoria et al., 2008; Williams et al., 2005). As the whole world is currently in a global lockdown to combat the spread of novel corona virus (COVID-19) people around the world is experiencing unprecedented pressures to their mental health along with already endangered physical health. Due to the spread of coronavirus disease (COVID-19), the people are being affected physically, psychologically, socially, and financially. Evidently the global lockdown has affected every sphere of human life. The impact of Covid-19 has touched the lives of children, adolescents and adults. Especially, when the lockdown, caused a financial crisis to the daily wage earners the children of these households are being deprived even more from health and education opportunities, intensified food insecurity and so on due to such loss of income. Undoubtedly, the crisis have far reaching implications for children's physical and psychosocial wellbeing (Relief Web 2020). Recent research showed that school closure, lack of outdoor activity, irregular dietary and sleeping habits are likely to unsettle children's usual routine and can possibly stimulate monotony, distress, impatience, annoyance and varied neuropsychiatric signs (Ghosh et al., 2020). Long-time confinements along with constant news of the deteriorating situation of the global pandemic can be depressed and distressful to the parents also. COVID -19 may be producing a stressful environment for parents in several ways: distressing about economic and physical health of the family members, concerning on children's social isolation from peers and teachers, managing home-schooling and home office, providing age specific information about COVID-19 to the children etc. (Fontanesi et al 2020). For low income parents the above mentioned challenges are likely to be intensified. BRAC Institute of Educational Development (IED); who have long experience of working in the field of mental health issues and psychosocial wellbeing stepped up under these circumstances and contextualized their existing services to be provided through tele-communication for multiple stakeholder's including children's 0-6 age cohort, parents, adolescent, community people, community volunteers, teachers, government officials in both Rohingya camp and host community through their Play lab project. Since mid-March, 2020, Bangladesh

¹ Retrieved from: <https://www.who.int/topics/early-child-development/en/> Accessed on 27.08.2020

government had declared the closing of educational institutions and a nationwide lockdown resulting, children and adolescents being confined in their houses to ensure physical distancing with their peers, Play Leaders, teachers and relatives ensuring their and their family's safety and further spread of the COVID-19 virus. BRAC IED took initiative to stay closure to these people to ensure their learning and nurturing mental health through the *Pashe Achhi* telecommunication model. As such, one of the objectives of this research is to understand the scenario of caregivers' engagement in child rearing and supporting their partners during the COVID-19 pandemic among the host population and Rohingya refugees residing in Cox's Bazar.

Covid-19: Play Based Learning and Child Development

A major crisis that has hit the world at large in 2020 has been the Covid-19 pandemic. Emerging first in Wuhan, China in late 2019, the disease has since spread to over 213 countries globally and affected more than 24 million people with over 800 thousand deaths worldwide as of 29th August.² It was declared a global pandemic on March 11th. Despite economically developed countries reflecting some of the highest number of Covid-19 cases and death rates initially, the UNDP suggested that developing countries would be hard-hit by COVID-19. Women, children, people with disabilities, the marginalized and the displaced, are likely to pay the highest price in conflicts and are also most at risk of suffering devastating losses from COVID-19 (UN, 2020).

Countries around the world have taken various measures to contain the spread of the coronavirus, one of which includes imposing lockdown, consequently closing schools and childcare services to maintain social distancing and 'flatten the curve'. This means that many children are now at locked at home, unable to attend early childhood education and care centres that they may have been a part of prior to the pandemic (UNICEF, 2020)³. Currently, these children are completely dependent on caregivers in their immediate family to meet all their developmental needs including physical, emotional, social and cognitive. This imposes an added burden on families who will have to balance childcare and work. Added on top of economic instability due to the lockdown including job losses, social isolation, fear of disease transmission, among other things, the home environment can become a melting pot of toxic stress for the family. The result of this situation has been an uptick in cases of domestic violence in both urban and rural Bangladesh (MJF, 2020⁴; Hamdani et al., 2020). Living in a lock down has exposed many children to neglect and abuse from stressed-out family members and more threats of violence (Save the Children, 2020) Bangladesh too has seen a similar scenario due to the enforcement of the lockdown. Conducting a survey with the 121 marginalized children, including working children, children with disability, children from urban slums, rural community and ethnic minority, Save The Children (2020) showed that Bangladeshi children are also exposed to fears, worries

² WHO. https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid=EAlalQobChMIirCEpo3C6wIVhdeWChOkWw_rEAYAiAAEgJKLPD_BwE Accessed on 30th August 2020

³ Retrieved from: <https://data.unicef.org/topic/early-childhood-development/covid-19/> Accessed on 27.08.2020

⁴ A Telephone Survey: Initiative of Manusher Jonno Foundation Violence against Women and Children: COVID 19 <file:///C:/Users/Lenovo/Downloads/Documents/Brief%20Survey%20report%20April%202020.pdf> Accessed on 30th August, 2020

and sadness on income and food insecurity of the household, death due to covid-19 and other consequences of the virus and violence at home. The children living in Rohingya refugee camps are also affected by the impacts of Covid-19. Like other marginalised children, Rohingya children are also in fear of getting infected and losing their lives with Covid-19 and in distress over the closure of child protection and learning centres (Save the Children, May, 2020)⁵. Unfortunately, such an environment is not conducive to optimal brain development for children which rather requires a stimulating and enriching environment with provision for learning opportunities and social interaction with attentive caregivers.

Any community-led response to Covid-19 should aim to provide accurate information and prioritize communication with children about the nature of the pandemic. However, it would be important to take account of the age and level of understanding of children when providing information (Dalton et al., 2020). There have been many interventions designed to address the learning and psychosocial wellbeing of children and caregivers during this unprecedented time. Many countries have been utilizing distance learning options such as through online or telephone platforms. Télécoms Sans Frontières (TSF), for example, is successfully continuing their educational programmes through Whatsapp groups and online platforms for the Syrian refugee children in Gaziantep, Turkey with the help of TSF's local teachers; eighty percent pupils are active and the parents are satisfied with the process⁶. In Bangladesh, UNHCR and Translators without Borders collaborated to create audio versions of the inter-agency children's book called 'My hero is you' which aimed to help children learn about Covid-19 and understand how they can contribute to combat the virus. Recordings were translated to Bengali, Rohingya and Burmese and used by outreach volunteers through their smart phones from within the community to hold sessions with families and psycho-education sessions with children in small groups while maintaining social distance (UNHCR, 2020)⁷.

As mentioned earlier, the Covid-19 pandemic has had major consequences on mental health and wellbeing. The situation has rendered many who were coping satisfactorily earlier, less able to do so because of the multiple stressors arising due to the pandemic. This requires new strategies and modes of service delivery. Remote psychosocial interventions have been launched through various modes including telephone, video tele-conferencing/video calls, WhatsApp, SMS, radio, social media etc, (UNHCR, 2020) For example, Lebanon, Colombia, Tunisia, Greece, refugees and asylum seekers can access psychosocial counselling services through phone and video calls. Many of them have altered their regular home-visits, reduced in-person mental health counselling sessions, and established a full time workforce to run a psychosocial support service and provide information on Covid-19, liaise with protection services

⁵ Consultation with Rohingya Children about COVID-19, May 2020;
file:///C:/Users/Lenovo/Downloads/Documents/consultation_with_children_about_covid-19.pdf
accessed on 27th August, 2020

⁶ Disaster Response Worldwide, Covid-19. <https://www.tsfi.org/en/our-missions/disaster-response/covid-19>
Accessed on 30th August, 2020

⁷ UNHCR. Emerging Practices: Mental Health and psychosocial support in refugee operations during the covid 19 pandemic. <https://reliefweb.int/report/world/emerging-practices-mental-health-and-psychosocial-support-refugee-operations-during>

and provide referral to community and NGO networks, psychosocial and psychiatric specialists.

in Tanzania, mental health messages promoting positive coping mechanisms are disseminated through one of their most popular radio stations, Radio Kwizera. Besides remote services, community based activities are also reduced in many ways including reducing number of participants from 12 to 6 in group counselling to ensure physical distancing, community mobilizers and volunteers continuing home visits only to people suffering from severe mental health conditions etc. Like other organizations, BRAC IED in Bangladesh took initiative for the mother and children of Rohingya and host community through their telecommunication model ‘Pashe Achhi’ initiative.

BRAC IED’s Response to the Covid-19 Pandemic: ‘Pashe Achhi’

BRAC IED has been leading the child protection sector in the Rohingya response in Cox’s Bazar, Bangladesh. They designed Humanitarian Play Lab (HPL) model for Rohingya children for enhancing learning and healing in their early childhood through a play-based curriculum. It has been developed by contextualizing BRAC IED’s mainstream play-based learning model to foster a sense of belonging among Rohingya children through preserving their culture and building community cohesiveness. The Covid-19 pandemic has exacerbated the crisis and the need to address counseling and learning in children, not only in the Rohingya camps, but also in the host population in Cox’s Bazar. Like in other countries, when Bangladesh took precautionary measures to combat the spread of the viral disease by imposing lockdown and suspending educational institutions for an indefinite time period all over the country, operations of the play lab in host and refugee communities were affected. Following government directives, BRAC IED also had to cease all in-person operations of the play lab model. Because of this, and increased restrictions on entering into the camps, it became impossible for frontline service providers or Play Leaders

to keep in touch with children and their families through door-to-door visits as well. Due to the unexpectedly prolonged nature of the lockdown, there arose an urgency to address the impact on learning and psycho-social aspect in children and their family members as they were no longer being able to attend sessions in person. In order to bridge this communication gap, a telecommunication model (tele counselling and tele learning) named ‘Pashe Achhi’ has been introduced by BRAC IED to remain connected with the children and their mothers. Pashe Achhi focuses on two distinct areas namely

Key Features of Pashe Achhi Telecommunication model

- 2 Distinct focused area: counselling and learning
- Dialogue based telephone conversation
- 20 minutes’ script
- Target group oriented separate script
- 2-6 (Rohingya community) & 3-5 (host community) age cohort
 - 5 sections (Greetings towards mother, Issues during conversation, greetings towards children, learning-lets talk and play, Last word)
- 0-2 (Rohingya community) age cohort
 - 4 sections (Greetings towards mother, Issues during conversation, Learning (pregnant mother/new mother/46 days-2 years children’s mother);Last word)
- 14-18 (Rohingya Community)
 - 3 sections (tele-counselling, tele-learning, creative part)

counselling of mothers/caregivers and learning of children. Through a 20-minute dialogue-based telephone conversation, both these areas are addressed. The model deals with two different age groups of children (in the Rohingya community and one age group for the host community and has separate scripts for each target group.

In the Rohingya community, there is a script for 0-2 age cohort and 2-6 age cohort. The 0-2 cohort has mainly 2 sections tele-counselling and tele-learning. Under these two sections, 4 sections focused on the mother – greetings for the mother, issues during the conversation, learning (for pregnant mothers of third trimester, new mother of 1 day to 45 days old children, 46 days to 2 years old aged children and their mothers and last words.) On the other hand, for the 2-6 Rohingya children and 3-5 host community children, the script is more focused on children; the five sections being – greetings to mothers, issues during conversation, greetings to children, learning to talk and play and last words. For the age group of 14-18 (adolescent) scripts has three parts-tele-counselling, tele-learning and creative part. Therefore, this initiative can be considered as a telecommunication model which comprises both tele-counseling and tele-learning acting as an emergency intervention for the mainstream play lab childcare model.

Rationale and Objectives of the Study

The Pashe Achhi model has been designed in such a way that it makes mothers feel they are being supported during the crisis through the intervention that targets mothers' wellbeing besides children's learning. Usually mothers are primarily held responsible for caring, learning and nurturing tasks. Even though we do not have any evidence from the host community Play Lab model, recent research studies on the HPL model (Afsana et al., 2019; unpublished), (Khanam & Afsana, 2020; unpublished) suggested that it might be useful in bringing positive changes among children and their parents. However, it was found that there were some gaps, particularly in the engagement of fathers. Khaled & Afsana (2020) A study highlighted that fathers in the Rohingya community were decision makers having general awareness about what their children were doing, but a majority of fathers were only engaged passively (Khaled & Afsana, 2020). Given the scenario, it was not expected of Rohingya fathers to spend much time with their children or to engage in active play in refugee setting and so was not from counterparts in the host community. As the 'Pashe Achhi' Telecommunication is a new intervention, there is no evidence how it is being accepted by the caregivers in both communities. This current research provides information on caregivers' engagement in wellbeing, learning of their children and fathers' involvement in child rearing and supporting their spouse during pandemic. This research provides an wealth of information for the policy-makers and practitioners regarding caregivers' perspectives about telecommunication services which will be of immense use for further refinement of the intervention design and operations.

Research Question

What are the perspectives of caregivers including mothers and fathers regarding telecommunication services provided through the platform of Pashe Achhi during COVID-19 period?

Specific Objectives

The specific objectives are as follows:

- ▶ To explore the nature of support mothers are getting in the family for their children;
- ▶ To understand how parent's take care of their children and engage with them in learning and playing;
- ▶ To describe perception and experiences of parents about Pashe Achhi services; and
- ▶ To understand attitudes and experiences of frontline service providers and programme implementers in engaging parents in Pashe Achhi telecommunication model.

Chapter 2: Methods and Materials

Study design

Qualitative research method was employed in this study to explore the perspectives of caregivers including mothers and fathers regarding telecommunication services provided through the platform of Pashe Achhi during COVID-19 period. Usually, qualitative research is designed to explore the perspectives and understands of the social phenomenon of the participants. The study employed one to one interview technique which suits best over telephone. A telephone interview is a cost-effective alternative which allows interpersonal communication without face-to-face consultations (Car & Worth, 2001). As traditionally qualitative interviews have been conducted on a face to face basis, telephone qualitative interviews are criticised by many scholars. However, many qualitative researchers who have used both techniques in their research argue and support this technique in qualitative research (Vogl, 2013; Irvine, Drew, & Sainsbury, 2012). These studies along with others clearly showed the appropriateness of this mode of qualitative data collection in sensitive contexts. Considering the pandemic situation as sensitive issue, we have employed this technique as a major data collection strategy.

Study site

The Pashe Achhi model is being implemented in the Rohingya camps and in the host community in Cox's Bazar, Bangladesh. As such, this study took place in three purposively selected Rohingya camps and three upazilas (Ramu, Teknaf and Ukhiya) in Cox's bazar.

Study population and sampling method

To fulfil the aim of this study, we have targeted three categories of participants. As mentioned earlier, the participants were selected purposefully based on some criteria. These selection criteria include:

- HPL beneficiaries who received telecommunication services
- Prior approval of husbands for both Rohingya and host community women
- Ability to communicate in and understand Bangla language for Rohingya participants only

Table 1 describes the methods used for each category of the participants with the corresponding sample size. In the first category, participants were mothers who are directly benefitting from the HPL project. They are mostly the mothers of children aged 0-6 years. The second category of participants included the husband/fathers of the women/children who received telecommunication services and previously registered for home and centre based HPL services. The third category of participants was mainly the frontline workers, such as, Play Leaders and Mother Volunteers and their supervisors, who were closely linked with the women and children of camps and the host community to provide telecommunication services.

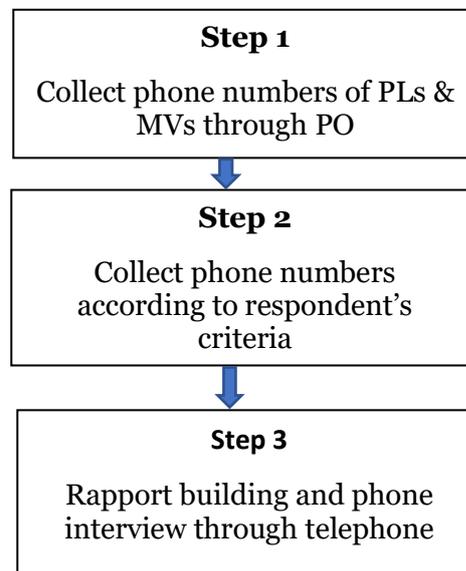
Table 1: Summary of study methods, sample characteristics

Data collection technique	Purpose	Sample characteristics	Sample size	
			Camp	Host
In-depth interview	Understand mother’s and father’s engagement in children’s wellbeing and learning, perception about telecommunication model and suggestions	Mothers and fathers of 0-6 age (camp) cohort and 3-5 age cohort (host)	14	14
Key informant interview	Understand front line service providers and field implementers experience and perception about parents involvement in Pashe Aschi telecommunication model	Play Leaders, Mother Volunteers, Project Organizer(PO), Project Assistant (PA), Manager	7	8

Data collection tools and techniques

Data collection took place between May and June 2020. Data were collected through the following methods by a group of trained qualitative researchers under the supervision of the principal investigator. Data collection has been done in three steps (Fig:1). In the first step, phone numbers of Play Leaders and Mother Volunteers were collected from the Program Organizers. We have also talked to some managers, informed them about the study objectives and asked for their inputs and assistance. In the second step, we have communicated with multiple frontline providers including Play Leaders and Mother Volunteers, took their permission for interviews and collected phone numbers of parents who are willing to participate in the research. Finally, in the third step, semi-structured interviews were conducted via telephone calls with the mothers, fathers and key project personnel across a period of 1 month. During data collection we have adopted conversation style approach rather than simply asking questions.

Figure 1: Data collection process of the study



Data collection was done through the dominant language- Bangla. However, few interviews had been conducted with the support of Rohingya frontline workers. On average, all the interviews lasted 25-40 minutes. Only verbal consent was taken prior to each interview where the purpose of the interview was explained. Each interview session was tape-recorded with the participant's consent. All the data was checked by the lead researcher for accuracy after completing each interview session.

Tool development

Three separate semi-structured interview guides were developed in-depth interview for three categories of respondents and KII for the frontline service providers and field managers. All the instruments were pretested before finalisation. Major issues explored in various guidelines were:

- Nature of support for the family members during the pandemic.
- Mothers and Father's support towards children for their wellbeing
- Father's and caregiver's role/engagement in child's learning
- Parents perception about the Pashe Achhi telecommunication model
- Challenges faced by the parents in receiving telecommunication services
- Front liners perception on their service delivery
- Experience and challenges faced by the implementers and frontline service providers during service delivery

All research tools are available in the Annex

Data management and analysis

All interviews were carried out in Bangla and were audio recorded, translated and then thematically analysed following a five step analysis process includes reading, sorting, coding, charting and mapping & interpretation. Once the data collection was complete, notes were prepared and these notes were completely read to become immersed in the data for identifying the recurrent theme. In the sorting phase all themes were recognized and noted. Then texts were subsequently coded analysed and selected to the specific themes to which pertained. Finally, responses generated from the interviews were categorised by respondent category, gender, employment status and geographical location. Based on the study objectives, themes and subthemes were developed and finally, quotes were selected to illustrate themes.

Ethics approval and consent

The study received ethical approval from the institutional review board of JPGSPH, BRAC University. Participation was on the basis of informed, verbal consent. Throughout the report, pseudonym has been used whenever needed for the respondents to ensure their privacy. In order to maintain the confidentiality, we have used fictive names in the report.

Limitations

This qualitative telephone survey has several limitations. Firstly, the study design employed is not extensively used in qualitative research. This is because telephone

interviews in qualitative research are often described as a data collection technique that is prone to bias. The absence of visual cues via telephone is thought to result in loss of contextual and nonverbal data and to compromise rapport, probing, and interpretation of responses (Novick G, 2008). However, during the covid-19 situation where the Rohingya camps are under complete lockdown, and during which researchers are unable to travel as well, this design was helpful in terms of both participants' and research team's safety, eliminating travel time and associated costs. In addition, participants could have achieved anonymity if they perceived any risk. Secondly, the data collection was unavoidably constrained by the respondent's place and time. Technical issues such as call drop and network problem were the most common scenario in Rohingya camps and all over Cox's bazar. We have faced this problem as well. For a single interview, we have had to attempt calling 2-3 times for a 30-minute interview. Participants were often reluctant to talk during the morning. Most camp-based interviews were conducted during the evening, and the weekends in order to minimize this problem. Thirdly, caregivers' and fathers' reported perceptions and practices regarding engagement and support towards children's learning and wellbeing which may not necessarily reflect actual behaviours as we could not observe them in person. Thus, there is a possibility that social desirability bias may have occurred⁸. Fourth, the language barrier was a major challenge for us to collect information from the Rohingya community only. In some cases, Play Leaders and Adolescent Volunteers played the role of interpreter. And finally, participants were selected purposively and conveniently from several camps and host with the help of Play Lab managers, Program Organizers and Program Assistants according to selection criteria.

⁸ Social Desirability bias reflects the basic human nature to present oneself in a positive manner to others

Chapter 3: Results

Corresponding to the research objectives, five major themes were constructed on the basis of the interviews conducted with caregivers of the children attending HPL and the Government School Play Lab from Rohingya camps and host community respectively. The content of the script and modality of telecommunication is similar for both the camp, specifically 2-6 age group and host communities, specifically 3-5 age group. But for the better understanding of two different audiences, we are presenting findings separately under each broader theme, namely i) Lending a hand: Situation-driven involvement of Fathers in the home ii) Children's Learning: Shared Parenting Roles iii) Pashe Achhi Telecommunications Model: Out with the old and in with the new? iv) Bridging Communications with Communities: Implementers' Perceptions and Experiences of the Pashe Achhi Model and v) Echoing the Need for Fathers' Involvement in Pashe Achhi. At the start, we will describe the background characteristics of the respondents from both Rohingya and host communities.

Background Characteristics

In this section, we present the sociodemographic indicators of the participants (mothers and fathers) from the Rohingya community and from the host community respectively. This includes their employment status, age, monthly income, number of children and total number of members in the household. In addition, we also present findings regarding access to information, communications and technology.

Rohingya community

Table 2 presents socio-demographic characteristics of the study participants from the Rohingya community. Mothers were mostly in the 21 to 30 years' age group. The age range of fathers was 27–30 years. Majority of the mothers/caregivers were housewives, while fathers were engaged as day labourers etc. The participants were mostly dependent on World Food Programme (WFP) relief. The average family size of the participants was 5.

Table 2: Socio-demographic characteristics of Rohingya participants

ID	Employment Status	Age	Monthly Income	Number of Children	Household members
Mothers/Caregivers (0-2 cohort)					
CC1	Housewife (Single mother)	26	WFP relief only	2	5
CC2	Housewife	30	WFP relief only	3	5
Mother/caregiver (2-4 & 4-6 cohort)					
CC3	NGO volunteer	25	4500 (BDT)	3**	5
CC4	Housewife	26	8000 (BDT) *	2**	5
CC5	Housewife	25	WFP relief only	2**	4
CC6	Housewife (Single mother)	21	WFP relief only	1	2
Fathers					
CF1	Day labourer	27	WFP relief only	2**	7
CF2	Day labourer		WFP relief only	2**	5
CF3	Day labourer (Majhee)	28	1500 (BDT)	3**	5
CF4	Majhee	28	WFP relief only	2**	4
CF5	Day labourer	30	WFP relief only	2	5

Note:

* Husband is a NGO school teacher;

** More than 1 child were HPL attendees

Host Community

Mothers were mostly housewives but their husbands' occupations varied from driver, sanitary worker, car mechanic, bus conductor, day labourer and running business abroad. Their monthly family income ranged between BDT 6000-10,000. However, three mothers (HC3; HC6, HC7) did not disclose their monthly income. Two of them expressed the term '*Living hand to mouth*' when asked about monthly income. Two of the women's husbands lived abroad. Among them, one earned around BDT 50,000-60,000 monthly from the business there. From the fathers' group, two were businessmen, two contractors, one carpenter, one paint contractor and one service holder. Their income varied between BDT 10,000-50,000. All the respondents except the service holder had expressed that their monthly income had taken a hit due to the covid-19 pandemic and had reduced significantly due to the nationwide lockdown caused by it. The average family size of the participants was 7.

Table 3: Socio-demography of host community participants

ID	Employment Status	Age	Monthly Income	Number of Children	Household member
Mothers/Caregivers					
HC1	Housewife	28	10000	2	6
HC2	Housewife	22	6000-7000	1	10
HC3	Housewife	32	Did not disclose	4	6
HC4	Housewife		50000-60000	1	4
HC5	Housewife	28	Less than 10000	2	5
HC6	Housewife	33	Did not disclose	2	10
HC7	Housewife	25	Did not disclose	2	7
Fathers					
HF1	Business	35	Did not disclose	2	9
HF2	Farmer	35	10000-15000	3	5
HF3	Contractor	45	50000	3	5
HF4	Carpenter	40		3	5
HF5	Service Holder	34	21700	2	6
HF6	Business	47	50000	4	5
HF7	Paint Contractor	30	25000	2	8

Access to Information, Communication and Technology

As the intervention Pashe Achhi is dependent on access to technology, we explored what technology our respondents had ownership of in their families. For the camp population, we found that with the exception of one family who owned two mobile phones, the rest of the 13 families we talked to had only one mobile phone. This phone set normally remained with the head of the household/the husband. In the household with two mobile phones, one remained at home. As a result, calls from Play Leaders and Mother Volunteers went to the fathers who then allowed the mothers to speak, that is, the calls to the mother were indirect.

For the host community, each family had multiple mobile phone ownership. Typically, fathers, mothers and older children of the family all had their individual mobile devices. Therefore, the women were able to directly receive calls from Play Leaders and Mother Volunteers as they owned their own mobile phones in several cases.

We also asked respondents whether they listened to the radio. Among the Rohingya respondents, we found that those who owned mobile phones with a radio application on the device listened to the radio. Three respondents said they listened to the radio on their mobile phones. The rest did not own devices with a radio application. The three respondents listened to BBC radio – including the news and songs. Similarly, in the host community, three respondents said that they listened to the radio from time to time usually songs and stories, while one respondent said they listened to the news every night. The rest of the respondents from the host community did not listen to the

radio due to their devices not having a radio option. They also mentioned the issue of network problem in their area.

3.1 Lending a hand: Situation-driven involvement of Fathers in the home

3.1.1 Rohingya Parents role as a care-giver in the family

BRAC HPL activities had helped many Rohingya families by creating a space where their children could be immersed in learning and playing with their community peers. But during the lock down situation, it had become dreadful for the children who remained constrained to their tiny shelters. Not only children, the other family members, including fathers, showed their impatience when their daily routine changed. Those who were making their life by doing some work in the camps had lost their livelihoods and this had affected their families. In the current situation, most of the time, male members had to stay at home. Some Rohingya mothers said that their husbands could not buy extra food items for the family members. And thus, there was unrest among them over the issue. According to the respondents, although they are supplied with ration from the various organizations working in the camps, sometimes this is not enough to feed the family or may be monotonous over a long period of time, which is why the need for extra food items was reflected. The families' lack of financial security was thereby identified as a direct consequence on the family relationships, especially that between husband and wife. Different types of unrest were found to be affecting the mothers' mental state. A few Rohingya mothers reported that their husbands provided inconsistent or minimal financial support to maintain their livelihood. During the discussion with the frontline workers, it was reported that women from the Rohingya community faced intimate partner violence due to monetary problems. However, it was difficult to raise a voice on this issue for the mothers involved in this study.

In some instances, this was one of the reasons why mothers became intolerant and beat their children. Although not everyone practiced this, we heard side remarks from children that their mothers regularly beat them during this time. During normal times, when children were away at the *khela khana*, the mother could finish her household chores, cooking and cleaning in that period. Now that the children were at home all the time, they disturbed their mother during work. As such, this created a lot of pressure on her. It has had some impacts on the mother's mental health too. However, exceptions were also there. Some husbands supported their wives with household chores and childcare; this was usually observed with men who were regular salaried employees. A Rohingya mother described how her husband had been supporting her during the lock down time:

“When the children are upset, my husband takes them for a walk in front of the house. This calms the baby down a bit. I can also do

household chores then. When I was late for cooking, he let our baby take a bath and sleep”

When we talked to the Rohingya fathers, we found that they engaged with their children if they observed that they were disturbing their mother. Our study respondents mentioned that sometimes they sat and talked to them, told them stories, played traditional games such as, ‘*ghor badha loi*’ inside the house so that their wives could concentrate on and complete the household work. One of the Rohingya fathers, who was also socially responsible as community *Majhee*, said, “It is normal for young kids to be a little troublesome, but one has to make them understand. I calm them down by giving them the toys we have at home.”

3.1.2 Role of Men as Caregiver in the Host community

During the pandemic, mothers were more concerned about hygiene issues – they were washing their hands more, maintaining better cleanliness standards and sanitizing in and around the household frequently. While some mothers carried out household chores on their own, others received help from family members such as their in-laws and husbands. Along with the other women in the household, they did the cooking, cleaning and other household tasks. But this was not the same scenario for all the participants. Hasnat’s father had remained at home during the pandemic as he had no income. He normally did not help his wife do any of the household chores. Hasnat’s mother thus perceived that a husband’s work was not at home. She had to do all the work by herself, including tending to their farm animals. Very rarely her husband bathed, cleaned and fed the children. Tension related to financial constraint was also present. Even though verbal and physical abuse against women existed before the pandemic, this situation had altered the nature of violence. For example, the case illustrated in Box A highlights the altered nature of violence in some host-community homes where the focus has shifted from other issues to feeding, cleaning and safety of the children.

BOX A: Violence – A side effect of the corona-crisis?

Mamata*¹, 32, was a mother of four- three boys and a girl. They were from the host community in Cox's Bazar. Her husband was a day labor and the family's primary source of income. She too, reared some livestock and planted vegetables in the space beside their home which supplemented the family income. Mamata's family had been doing poorly during the Covid-19 crisis, as her husband was no longer able to earn an income during the lockdown. In this situation, they were surviving with the little money she earned by selling livestock and vegetables from her small farm and garden, living hand to mouth each day. Whereas before, the husband earned at least 400-500 taka daily, they could afford three meals a day and some snacks to spare. During Covid-19, the family was finding it hard to earn money enough for three meals.

Mamata shared her current sufferings describing how her husband used to raise his hands on her for various reasons. Being very quick-tempered, he became angry at Mamata when he saw the children outside of the home when he returned from work. They quarreled over various matters. Sometimes, Mamata asked him to buy certain groceries from the fresh market which he could not bring home. Other times it was food or snacks for the children. If Mamata were to express her dissatisfaction or frustration at such an issue, he lost temper and started to quarrel with her. He went into a fit of rage if she talked back during their arguments.

Verbal abuse escalated into physical violence as well. In the past, her husband had been suffering from an alcohol addiction. He would earn 500 Taka and spend 200 of it on alcohol when he hung out with friends. If Mamata barred him from doing so, he would beat her. He also had an extra-marital affair with a woman which Mamata came to know about from his friends. When she spoke up against it, he beat her. He would not let her touch his phone or pick up the calls and would beat her if she tried. Sometimes, he hit her with his hands or kicked her, other times he beat her with a stick when he was angry. He utilized whatever he could find in front of him in his moments of rage, according to Mamata. These were recurring incidences that happened once or twice a month. She recalled that once, he beat her so hard that she had to take medicine for her pain.

Mamata has not received any kind of support from local authorities or from her parents. If she went back home to her parents, the local member chairman there advised her to go back to her husband citing that she had children to take care of. They advised her to not break the family apart, but nobody held her husband accountable for his acts. They merely counseled him not to quarrel with his wife.

Now, her husband was sitting idle at home. He had no means to contact the other women he used to as he had no money. Mamata mentioned that he had become somewhat gentler compared to before and did not hit her as often as he used to. The villagers have asked him not to quarrel with his wife as they have a daughter at home who is nearing marriageable age. They said, "Now is not the time for such things. Your daughter is growing up and will need to be married off soon. If her parents quarrel all the time, no eligible suitors will want her as she comes from a home like that." After they counseled her husband in this manner, he reduced the frequency of arguments and beating.

When we asked Mamata how best to involve her husband with the Pashe Achhi intervention, she said (this verbatim is not clear. Whose brother) "Please call him (husband) and ask him to abstain from wrongdoing. Ask him not to argue at home. Ask him why he hits his wife and not to do it anymore. If you talk to him about these things, then it will be good. I will not live in fear anymore that he is coming to beat me anytime the children are unclean or something else happens that makes him angry!"

However, we have observed that, fathers from the host community were more cooperative than the Rohingya community. Most of them were used to taking partial responsibility of childcare and household chores. Some cooked meals and swept the house when their wife was busy with the younger children, whereas some took the babies on their lap and watched elder children play from the awning of the house:

“When I’m at home, I try to talk to the children about how we are feeling – we share happy and sad thoughts and feelings. As long as I’m at home, I ask after the health and wellbeing of the children – whether they have taken their meals, whether they are maintaining hygiene, how their overall health is etc. I sit everyone down together. I ask their mother “Has Arafat eaten? Has he washed his hands? Has he gone outside of the house?” etc. Sometimes, I also help the children wash up. I check up on their health too, to see that they haven’t caught a cold or fever. Compared to before, now I am more concerned about my family members.”

Many children spent the entire days in the lockdown with their mothers. Some mothers bought their children toys to occupy their time. Constantly being indoors affected the mental wellbeing of mothers as well, one of whom expressed,

“Before, we could go out whenever we wanted to. The mind remained fresh but now, we can’t go outside. That’s why we feel sad sometimes. I haven’t been to my parents’ house in 5 months whereas we used to go every week or every month.”

3.2 Children’s Learning: Shared Parenting Roles

3.2.1 Pattern of engagement and support: Rohingya community

To limit the spread of the coronavirus outbreak, at the end of March, the Rohingya camps were put under lockdown completely. From then, parents were strict about keeping children at home. Even during the lockdown, most Rohingya children went to the Moktab (Arabic school) in the morning and came back home by 8:30.

Mothers were trying their best to keep their children happy so that they stayed at home. They made a variety of toys like clay utensils, elephants, cows, horses, and dolls, according to the PLs’ advice. With these traditional toys, children could play indoors and stay at home. One of the Rohingya mothers was describing her efforts in this way, *“I want to keep the children happy by doing what I can (making toys)”*.

Majority of the fathers in this study have had some part in taking care of their children during this time as they were staying at home mostly. Though mothers were the main responsible person for the education of their children, there were some exceptions. For

example, after breakfast, some fathers sat and taught their children. One of the Rohingya fathers we spoke to worked as a day labourer before the corona pandemic. As he had no other option to earn money now, he was looking after his children's study. He mentioned that *Khelakhana* as well as his two older children's schools were closed, and he had hired a teacher to teach them Arabic and Burmese languages. The children learnt Arabic and Burmese for 2 hours every morning; it had become a common sight in almost every family in the Rohingya camp. Abdul Majhee, also a father of three children, (0-2; 2-4 and 4-6 cohort) is used to teaching his children rhymes that the Play Leaders and Mother Volunteers have taught, the English alphabet (ABCD), the roman numerals (1,2,3,4) etc. He tried to teach them Burmese *kabbiya* as well as English rhymes that he knows, as well as what was taught by the Play Leaders through HPL/Pashe Achhi. Junayed Majhee, a father of 2 HPL attendee children, (0-2 cohort and 4-6 cohort) also did the same with his children regularly in the morning.

We found that mobile phone ownership in Rohingya families was usually one mobile phone set per family; and the father/male head of household was the person usually in possession of the set when at home. As such, if the father was not home, the mother answered the call. However, during these days, the fathers were always at home and they sat beside the child during the call. Abdul Majhee said that he left his mobile phone at home if he went anywhere nearby so the child and the mother could still receive the call, however, if he had gone somewhere far away taking the phone with him, then he asked the Play Leaders or Mother Volunteers to reschedule the call. Usually the mother always sat beside the younger children (e.g. 2 years old) and she made him/her understand what the Play Leaders was asking. When the Play Leaders talked to the 2-year-old child, sometimes both parents were present during the call. They listened to the conversation and what was taught and then later taught their children according to that at home.

3.2.2 Pattern of engagement and support: Host community

Like many others in the Bangladeshi community, mothers were the main role players for the children's learning. In most of the study households, including neighbors, mothers and older siblings were found to be teaching the younger children Arabic, rhymes, Bengali alphabet etc. Some of them sat with their children after breakfast and taught them the Bengali alphabet and spelling, Arabic, and simple counting. During the tele-learning, usually the mother sat beside the child and listened to what the *khelar shathi* (PL) was telling them. Many mothers had some education; they could read and understand the rhymes etc. As they often went to the centres, many of them knew the rhymes and so they could recite these to their children. Several children verified this by saying, "My mother also teaches me rhymes like you." to the Play Leaders. Soma's mother said that she learnt the rhymes that the *khelar shathi* said during the call and afterwards, she also recited the rhymes to her child in the way the play leaders taught. Nadia's mother described that when the *khelar shathi* taught her daughter the breathing exercises, she also watched and did the exercises with her as she heard that it would be good for their health. The Play Leader encouraged her to take part in the exercises too.

However, if the mother was busy with household work, then the father gave time. Hasnat's mother said, her husband checked up on whether the children were studying and when he had time, he taught them too. But normally, she and her elder daughter took on the teaching activity.

As mentioned previously, when fathers were at home, they helped the children with their studies. Five-year-old Munir's father, a service holder, used to teach him Arabic in the mornings before breakfast and then the alphabets. He also arranged for a part-time teacher who used to come next door to teach their neighbor's children. In some families, the father was able to give a bit of time in the morning and ask their children to study and the eldest brother (18 years) also gave the younger siblings time for an hour or so for study purposes.

The children were usually eager to study and did as the parents say, however, if they were sometimes reluctant, then the parents incentivized them with intrinsic or extrinsic rewards. In terms of intrinsic rewards, for example, they tried to make the children understand that if they study well, they would be able to be someone in the future and make something out of themselves. In terms of extrinsic rewards, the parents promised to buy children snacks and toys in exchange for if they studied well.

One of the fathers mentioned that his child was very eager for the tele-learning. Whenever the Play Leader called, he was happy and talked for a long time. The Play Leader also encouraged him a lot, so he sat down to study by himself out of his own motivations. When the child was on the phone, the parents sat beside him. From his replies, they were able to understand parts of the conversation.

But some of the fathers had limited knowledge about the intervention. Most fathers normally did not stay at home, so the mothers were answering the call. As such, fathers had limited knowledge about what was talked about. One of the fathers noted that sometimes, they just did the rhymes and did not say anything else of the conversation.

Some fathers knew a bit more about the content – they were aware of the session duration, some of the session content such as rhymes and conversations with the mother about wellbeing and hygiene for her and her children, breathing exercises etc. They mentioned that although they were not present and had not taken part in the session, they had heard this from their wives. One of the fathers mentioned that he was never present during any of the sessions so did not have any role, but would be interested in talking if the call had been in his presence.

3.3 Pashe Achhi Telecommunications Model: Out with the old and in with the new?

3.3.1 Perception of caregivers and fathers from Rohingya Community

Mothers have always appreciated the fact that the HPL personnel inquired about their daily life by phone, especially, when the Play Leaders asked them about their food and

health issues. On the other hand, children were seen to obey the Play Leaders more than the parents.

“Kids are happy when she calls. Stays indoors and does not want to go out of the home. I feel relaxed when my kids talk with her. (laughing) this is why whenever the kids want to go out for play, I lie that *Serama* (Play Leader) will call. Then the children do not want to go out from the home.”

Both mothers and fathers perceived that by talking on the telephone, children feel that their teacher or Serema/PL is inquiring about them. Some *kabbiyas* are taught over the telephone so that the children do not forget it. When the parents want to listen to rhymes and kabbiya from the children, the children can present them in a beautiful way. These things made parents happy. But the children missed the Play Leaders and HPL centre terribly, as mentioned by their mothers. When the Play Leaders called, the children invited them to visit their household and wanted to know about the opening of the centre. They wanted to have access to all the toys they used to play with in the centre. According to the Rohingya mothers, despite the problems of call drop and network problem, everyone thought that the Mother Volunteers and Play Leaders were very cooperative. They said that frontline workers talked to their children by calling more than once if necessary.

Mothers of 0-2 year old children were also happy about receiving telecommunication sessions through Pashe Achhi because they felt good when somebody was checking up on them. As mentioned by two mothers of 0-2 aged children from the Rohingya community, they used to enjoy going to the home-based pocket meetings in the pre-corona period as many women attended the sessions, and they felt happy to talk to each other. In Burma, there were no such meetings and women could not travel out of the home. Therefore, they could not learn anything which they were able to at the home-based sessions. Now that the physical meetings are no longer in operation due to the coronavirus, they were again confined to the home which made them feel sad. After the start of Pashe Achhi, they have been enjoying the telephonic sessions. When asked why they liked the telephone-based sessions, mothers said that the information and advice given by the Mother Volunteers were very useful such as, how to take care of the child, keep the child neat and clean, give it adequate nutrition, how to remain safe from the coronavirus, among other things. In addition, they found mental peace in talking to someone and sharing their burden. One of the mothers expressed:

“My husband has left me and our children. There is no one to give me some peace. Previously, the apas (Mother Volunteers) used to call (in-person) meetings. Now, they call and ask after me and my children. They tell me many nice things and so, that gives me mental peace. When the apas used to come from Dhaka, they used to call us and listen to our problems. They always help us understand our situation. Now, we can't

go attend meetings outside, but they call us and give us advice and mental peace.”

In this way, when the mother volunteers call them, they can unburden themselves by sharing their sorrows. They advised the mothers not to worry excessively and engage with their children instead as too much worrying can make them ill. They advised mothers to remain happy and have faith in God. Mothers reported that they feel very happy when they can talk to someone about these issues and as a result, their physical health is also positively affected as they are able to eat and sleep better.

“When Apa (Mother Volunteer) calls, I feel happy. If I am feeling down, she asks me to do some exercise by holding my breath. Now we can’t have the meetings, so they call and tell us nice things. It brings me mental peace and makes me feel good.”

Another issue the mothers appreciated was learning about the safety information against the coronavirus. They mentioned that they did not know anything about the virus before and they appreciated being able to learn about things such as not going outside of the home unless necessary, avoiding going to other people’s houses, wearing a mask, maintaining good hygiene and nutrition etc. They also learnt where to go if they get the disease

3.3.2 Perception of caregivers and fathers from Host community

Like the Rohingya mothers, mothers from the host community were also very appreciative of the Pashe Achhi model, especially the fact that along with their children, the *khelar shathis* were also addressing them. Most mothers did not usually share a lot with the Play Leaders, although Play Leaders give them the assurance of privacy, and disclosure regarding any topic. The most common complaint from mothers was that it is difficult to keep the children at home; they like to go outdoors to play. Here too, we observed that mothers usually spoke about their daily woes. This chance to vent out their frustrations regarding everyday problems acted as a relief for their mental tensions. Arisha’s mother thus expressed her feelings in this way:

“She (Play Leader) talks to me and inquires how I am, how Alisha is. She also wants to know how everyone is doing in the family. I can open up to her and talk to my heart’s content. I told her that Alisha’s father is not able to go to work at the shop now since the workshop has been closed due to the lockdown. Before, Mashallah, he used to earn a lot, but now, he can’t even go, so we have no income. We are passing a very difficult period. I can tell my sorrows to the play leader. I also talk about daily activities – what I’ve cooked that day, what I’m doing etc. I can talk to her freely about anything.”

Unlike Arisha’s mother, some women only talked about women’s issues during the discussion session. Ridia’s mother used to avoid conversation about her financial condition,

“I can talk about women’s issues freely. Usually I do not want to talk about our family matters with her, though they ask me about our

financial and social condition. They ask, 'how will you manage proper nutrition of your baby?'. I replied, 'I feed as much as I can in the current situation. It isn't possible to feed them as much as we were able to before.'. When they want to know how to manage the family, I ask 'What else can I do? I will run the family somehow.'"

However, the Play Leader mentioned that compared to before, a handful of mothers shared about their economic and familial struggles. Furthermore, most of the mothers were starting to open up as the bonding with Play Leaders had increased.

During regular times, the children would go to school on weekdays. Now, they only received the call once a week. Before, they could be taught hands-on in person, now they had to be instructed over the phone. Despite this, all participants from the host community perceived that given the covid-19 situation, home based tele learning was the best option for the children at that moment.

"They don't need to go outside, which is good. If they go outside now, they can catch the illness, so I like it that they are able to remain at home and still learn via the telephone. However, when the disease is no longer around, then I would prefer it if the child goes to the school and learns from there".

Mothers mentioned that children kept asking them when the coronavirus would go away and when school would open again. Even still, when the *khelar shathi* called, the children were excited to talk to them as they were usually very affectionate towards the children. For example, Nadia enjoyed talking to the *khelar shathi* very much and was very fond of her. She used to stay indoors the whole time and often felt sad but when the *khelar shathi* called, she felt very happy and wanted to talk to her. Her mother said that her daughter Nadia liked talking to the Play Leader at a stretch and with enthusiasm, not just regarding the regular content of the intervention, but other extra things as well. Like Rohingya children, sometimes Nadia invited the Play Leader to their house. This friendly attitude between *khelar shathi* and children made mothers happy. Overall, mothers seemed to be happy that their children were being called; some said, "If you wish, you can talk to my child the entire day.", as the children don't want to listen to their parents. When the Play Leader called, they are happy to talk and learn.

The part of tele-learning in which *khelar shathi* gives safety messages to children seemed to be very effective for mothers. Children had learnt sneezing and coughing etiquettes from the intervention and thus they regularly taught and corrected other people in the household such as the mother and grandparents if they were doing anything wrong in that respect. As Nadia's mother said,

*"I liked the intervention from all aspects. I think as adults we are better at coping with this situation but still, we often did not maintain the rules and regulations of proper ways to cough and sneeze, washing hands etc. Now that the children are learning these, they remind us to follow the rules and so we are developing that practice too. If the *Khelar Jogot* (play lab) was not there, then she would not be able to learn these*

things. I think I have been successful in sending her to the Khelar Jogot because my daughter is learning a lot.”

Not only children, but also the mothers had developed a friendly relationship with the *Khelar shathis*; although, for many, this friendship had not yet reached the point where they could share their personal problems. In the case of Nadia’s mother, we saw that her family had established a very amicable relationship with the Play Leader. Even she (the mother) felt as if the Play Leader is her friend, “My daughter’s friend is also my friend.”, she said.

The fathers felt that going to school and talking over the phone were different. Now the children are locked at home and some fathers realized that this must make them feel bad as they are not able to interact, play and learn with other children. However, overall, the fathers appreciated the intervention especially during the pandemic and said that it was very good for them and they were very happy. According to them, children felt very happy that their Play Leader is calling to know how they are doing. Radiya’s father thus said,

“Not just my children, but the fact that play leaders are calling all the children in the class is remarkable. If the apa calls and talks to the children, they are reminded of the school and can retain some regularity in their life. If madam does not call, they forget all about school but if they call regularly, then they will be in the habit of learning. My child is very happy that her madam (teacher) from school is calling her. When school reopens, she is going to go there again.”

Arshad’s father who is a contractor and oversees family property also appreciated the intervention and said,

“Talking over the phone and face-to-face are two different things. So, with this medium, they (programme implementers) are doing as much as possible; they are encouraging him (child) as much as possible. They teach him rhymes and talk to him. There is not much else to do apart from these things. The mere fact that they are encouraging the children is a lot. Due to the lockdown, the house feels like a prison, doesn’t it? During this time, even somebody calling to ask after you over phone call makes you very happy and I am very satisfied in this regard. Even relatives aren’t checking up on us as often, only when they need something. As my son is a young child, he likes playing outdoors and he can’t do that now, so it is normal for him to feel sad. That’s why I think it’s such a big deal that they are calling and talking to him.”

3.3.3 Parents suggestions regarding tele-learning

All in all, we saw that parents in both communities had some involvement in their children’s learning. Some of their opinions and suggestions regarding children’s learning are given below.

From Rohingya parents

Open-up CFS centre: Although a 3 feet social distance was mandatory in the camps, a single Rohingya mother (4-6 cohort), perceived that the HPL should be opened because in the HPL environment, children were learning better.

“Children can’t learn well over mobile. All things are not understandable over the phone, though the subject matter is the same. It is always better to learn by reading and showing. If he could go to the centre, he would be able to play with toys.”

Not only this mother, but three of the Rohingya fathers (Day labourer and Majhee) also echoed the same. The fathers perceived that when their children went to the *khela khana*, they could mingle and play with other children; now they had to play alone at home. They used to get biscuits when they went to the *khela khana*, now they no longer got it.

“Whatever they do is for the betterment of children. Children are actually happy when the play leaders call. What is taught through mobile phones, in fact, little children cannot understand, cannot even learn. They could learn everything if they went to the *khela khana*. The children are actually restless to go to the centre as it is near to the house. I think the HPL centre needs to be opened now. The children don’t want to be in the small rooms of the shelters”.

Education matter: Some fathers also supported opening the HPL centres as they felt the quality of face to face education was better than tele-learning. They perceived that their children could not learn properly at home through tele-learning in the way that was possible at the HPL. Especially, they felt that their gross motor skill development was being severely hampered as they were not going to the HPL.

“The children actually were happy at the *khela khana*. There are lots of toys in the HPL. They can easily pick any toys and play there. Besides, they also play elephant game (*hati khela*). They can’t even write and learn alphabet-ABCD, counting etc. (through telecommunications). If they arrange this thing for the child, then that would be better.”

Schedule time: Due to the network issues, one of the Rohingya fathers (Majhee) mentioned that he found it difficult to talk or to understand what the Play Leader was saying. They suggested that it would be better if the calls were made between 10 am and 12 pm although they called in the afternoon sometimes (as the two children (in this household) were being called at separate times). This timing was also suitable for mothers, said another Rohingya father, due to the mother’s availability and leisure time.

“Between 10-12 am is very much suitable for conversation with the mother. During this time, the Rohingya mothers are usually free from

all sorts of household chores including cooking. Mothers also spend some time with the kids around this time.”

Hand washing demonstration by play leaders: Many children did not have any idea about wearing mask and gloves. They were always curious to know about it. Mothers (4-6 cohort) perceived that, these awareness building activities should come from Play Leaders; not just talking about it, but also demonstrating how to do it. If children were shown the steps of hand washing, they would be able to learn properly. This was because children were found to be more receptive to the play leaders’ teachings, sometimes even more so than the parents. If the centre opened and Play Leaders showed them, then they could learn by watching.

From host community parents

Increase frequency of call: Although the mothers were mostly satisfied with the intervention, they said that it would be good if the frequency of the calls was increased from one to a two or a few times every week. They also wanted the duration of calls to be increased by a little, so the children had more time with their Play Leaders.

Content of the tele-learning: According to one mother, apart from health and hygiene information and awareness, it would be good if they taught children subject material – English, Bengali or Arabic. Apart from that, two mothers suggested that, it would be good if the Play Leaders gave some cautionary messages to the children such as dos and don’ts while playing indoors or outdoors like not roaming on to the roads nearby, not fighting with siblings or friends, wearing sandals when going to the toilet etc. Everyone said that the authorities should think about improving writing skill along with learning rhymes and other things. One mother specifically suggested to teach Bengali alphabet (স্বরবর্ণ, ব্যঞ্জন বর্ণ) and counting.

Parents meeting: One of the mothers suggested that after the lockdown lifts (even during this time), it would be good if there is a monthly or tri-monthly meeting with mothers. Mothers would then get to know about the progress of their children and what they were learning in that way.

Contact number for regular contact: One of the mothers suggested that it would be great if there was a phone number of a contact person whom she could get in touch with if she were facing any problems.

3.3.4 Challenges with Pashe Achhi Intervention

Parents from both communities identified a variety of challenges they experienced when engaging in tele-learning and counseling.

Network problem and/or lack of enough balance

One of the challenges they faced with the intervention was that there was often network problems, and at other times, they did not have enough balance on their mobile phone, so the call got disconnected. They said that the telephone connection was not always great, and the words were often not clear, so questions needed to be clarified or answered two or three times. Many time, after about 2 to 3 minutes of talking, the call was cut off. However, the mothers, referring to the fact that Play Leaders were sensitive enough, said, *"If I say do it after 10 minutes, they will call after that time."* However, unlike many other respondents, some said that they did not face any network problem at all. Some have scheduled calls with their Play Leaders, so they knew when to expect their call. As such, they completed their other work beforehand so that they were prepared to talk during the scheduled time. One of the Rohingya fathers briefly discussed about the problem:

"Face-to-face studies were a 100% good. When they went to school, they could learn everything better. Now, over the phone, there is network problem, so it is difficult for the kids to understand what even the Rohingya play leaders are saying. Everything has to be repeated or clarified two to three times, so that's a problem."

Disinterest

As mentioned in the previous section, the calls often got disconnected or the connection became poor so that the children lost interest in talking after a while. Along with that, the children were often not keen to speak over the phone at a stretch for a long duration. If they felt like it, they would talk for 4-5 minutes and sometimes they did not want to talk at all. The telephone connection sometimes got disconnected and they could not hear the important parts of a conversation, as a result, they lost interest. This was found to be more common in case of the children who are between 2-4 years of age. They left the phone after hearing a little bit of the conversation.

"My little one sometimes does not want to talk to the play leader. After hearing a little she leaves the phone. Is it possible to teach on mobile and in the same way as they used to teach in (HPL) centre?"

Two participants (a mother and a father) from the Rohingya community whose two children were enrolled in the HPL mentioned,

"My younger one does not want to talk when she (play leaders) speaks. He could have learned more at the khelalhana (HPL). They could be happy with other children there"

“We try to stay with our child when she calls. If he (child) doesn’t understand, then my wife asks to clarify again from the play leader. Usually it is not difficult for the elder one. But they repeatedly say the same thing for the youngest one.”

Improper call timing

Another issue raised was that when the calls were given, if the parents were busy, then they found it difficult to talk. One of the fathers mentioned,

“Sometimes, they call at a time when I am tending to my garden or out catching fish so I can’t talk. Likewise, when I am outside for work purposes then I can’t talk. They don’t fix the time from beforehand, when they will call. But recently, they have been calling after 2 or 4 pm.”

On the other hand, another participant from this group said that the child felt a bit uneasy if the call took place during his napping hours, but when he was fully awake, then he was quite happy to talk. However, the Play Leaders usually rescheduled if the child was asleep or otherwise occupied and called back later.

3.4 Bridging Communications with Communities: Implementers Perceptions and Experiences of the Pashe Achhi Model

3.4.1 Mother volunteer and Play leaders experience and perception

As part of the training, the mother volunteers gave a variety of advice and instructions to mothers. For example, to take care of mother’s health, have proper sleep, eat etc. For mental wellbeing, they advised to talk openly with everyone in the house including the children. Some of the mothers shared their unhappiness and other thoughts with the mother volunteers. When we asked them about it, we found that mothers usually talked about the unrest in their family, husband’s unemployment, scarcity of money/hardship, not being able to give nutritious food to the children, maintaining the family by selling relief materials etc. In such situation, mother volunteers tried to convince mothers that everyone was in more or less the same situation. From this point of view, mother volunteers held the belief that even if they were not able to talk face to face, talking on the phone could lighten the minds of mothers somewhat.

3.4.2 *Khelar shathi*’s experience and perception

Host community Play Leaders have been enjoying working with the model. One of the Play Leaders expressed that she enjoyed giving the Pashe Achhi service as they too were locked at home. This became an outlet for some of them as well to vent off their bad mood or frustrations. When they talked to the children, they were playful and cheerful. Talking to the mothers was also enjoyable to some Play Leaders.

“It feels very good to provide the service because we also have to stay at home because of the situation. Our mood also becomes irritable. That's why I talk to children and also love to talk to the mothers”.

Since fathers remained busy with work, mothers usually spent time with children, which is why play leaders mostly talked to the mothers. When mothers became comfortable with them, they usually shared a lot about their life and struggles. Some mothers lamented about their economic condition to the Play Leaders; they said they were very poor and that even their relatives were not calling to check up on them during this time, but the program staff were doing so. For this, they were very grateful.

They appreciated the fact that the children were able to learn although the schools were closed. Further, they wanted to know what they could do about their older children whose schools were also shut down. Mothers said that it was good that play leaders called and talked to the children. During the corona situation, they were not going outside. If the mothers asked children to study again and again, they did not want to do it. But, when the play leader called, children were keen to talk to them and recited rhymes as they had built up good relationships with the children. The Play Leaders said that children had fallen in love with the play labs and they eagerly awaited their calls. One of the *khelar shathis* thought that this (intervention) was a very good initiative which has been good for them as well. They were now able to spend an enjoyable time talking to the children. Her suggestion was to increase the duration of the call a little bit as 20 minutes was too little. She believed that this would be better for the children who could then spend some more time happily as during normal time, they used to give children a lot of time at the centres.

3.4.4 Project Implementers experience and perception

We talked with the HPL managers to know about their perception of the Pashe Achhi model. According to the implementers, the model has been very effective for a short-term project. Providing time to the children during this time, and at the same time maintaining good relations with the people, was one of their concerns. Since some awareness messages had been provided through tele-learning, it would be possible to ensure the safety of the people in the communities. They also perceived that with this project, mothers became closer to play leaders which was quite absent with the HPL centre-based model as mothers rarely got to interact with Play Leaders apart from parent meetings. Also, mothers were now more concentrated on each and every message provided by Play Leaders. One of the managers from the host community remarked positively about the model in the following way:

“It isn't as if there will be a 100% connectivity through telephone channels, we are accepting that. The children had been in regular contact with the play leaders before this intervention, there has been no problem with that. However, currently I think the involvement with mothers has increased compared to before as the play leaders were not used to talking to the mother

all the time. Now, mothers are spending more time with the children and they are listening to what needs to be done for their children. Over phone, they are listening to the instructions very well and developing the bonding with their children as they are there to listen to them recite the rhymes and listen to the awareness messages.”

Mother Volunteers from the camp also shared their experiences and perceptions working with the Pashe Achhi intervention. They mentioned that although the work has remained the same, but the things that they say to the beneficiaries has changed somewhat; now they have to talk about mental and physical wellbeing. They shared that mothers are happy to receive their calls and they too are happy to be able to help them. When the mothers are busy, they ask the mother volunteers to call back later. According to them, mothers appreciate the knowledge and advice given to them. Since everyone is going through a difficult time, mothers like to discuss their problems with them such as their economic hardships, family troubles etc. Mother Volunteers advise them regarding how to handle these situations. One of the Mother Volunteers, herself a mother, said:

“I am a mother as well. When the Play Leader (from HPL Centre) calls me, I too feel happy as my child goes there and I am able to learn a lot too. After my work in the home-based pocket, I too wait with my child to talk to the Serema (play leader) When she calls, my child is very happy and I am also happy because they can learn while still being at home. After receiving training from BRAC, I have learnt a lot. I didn’t know any of these things before. I learnt all of it from BRAC. Now, I can teach the mothers some good things.”

Mother Volunteers who are from the community as well, said that they did not have any knowledge of the content they had learnt from Pashe Achhi training before. They are happy to disseminate what they have learnt to the other mothers. They also added that in Myanmar, nobody called to check in on them but now, they are taking the initiative to call mothers and give them advice. Mothers reach out to them when their children are ill and ask for advice on what to do or where to do in these circumstances.

3.5 Echoing the Need for Fathers’ Involvement in Pashe Achhi

3.5.1 Mothers perception

Usually Play leaders did not address fathers through the intervention. Mothers told us that it would be great to have such a telecommunication service for fathers through male providers. In this case, the mothers justified that the fathers were not available at other times. As fathers remained busy outside of the home most of the time, it would be good to fix a time with them and then talk to them.

Mothers from the host community suggested that if program wanted to include fathers, they could talk about a few issues such as – how to maintain social distancing,

upkeep personal hygiene, stay indoors unless necessary, avoid crowds and markets, avoid outside food, maintain hygiene properly before eating and meeting with the children when they returned from outdoors, give more time to the family etc.

As now they were staying at home most of the time, it would be a good time to provide such services. Fathers were becoming non-supportive while staying at home; they also became angry when children made noise and they felt disturbed. So, when the children were upset, the mothers had to take full responsibility. Two mothers from the host community emphasized that fathers could be counseled on childcare. They were of the opinion that it is not only the mother's responsibility to care for the children and fathers should take up some of the responsibility. Also, they believed fathers should be counseled regarding the fact that this was an intervention for the good of the children. Fathers should give more time for their children and their studies. If husbands were told these things, they would be more concerned about the children.

“Sometimes I am scared that my husband will beat me if he sees that the children are unclean. If you counsel him on helping with these things, then I will not have this fear in me. Call and tell your brother (her husband) to avoid doing wrong things, to not argue or beat his wife at home.”

3.5.2 Fathers perception

Overall, all the fathers from both Rohingya and host community liked the Pashe Achhi telecommunication service and appreciated that the program staff were beside them during this difficult time. When they heard about plans to create a telecommunication service for the men, they appreciated it and showed their interest in several awareness related issues/content.

Almost all fathers gave emphasis that the same information as is given to mothers (such as hand hygiene, breathing exercises, information regarding what children are learning) could apply for the men so that when mothers were busy, fathers would be able to carry out the activities. As per rule of the Rohingya community, the women cannot talk to other men. This is a reason why Play Leaders usually did not talk for long with the fathers. As such, all the Rohingya fathers perceived that the *Serama* was the best for telecommunication with the mother. For the men, another man could be better for providing telecommunication services.

“Actually, the mother is the main responsible person for the children's learning. We also don't go to the khela khana. Even if there is any meeting, usually mothers attended there. That's why they (service providers) call them. But if they want, I would be happy to hear. I am also able to know what to teach them, how to educate them. Rohingya Serama (play leaders) don't talk to the fathers; they feel shy because it's our (cultural) norm. But if they learn something good then we could learn too.”

Two fathers from the host community emphasized on safety messages directed at fathers. They also believed fathers could be reminded of maintaining health rules and

regulations when they went outside of the house, wearing gloves and mask, washing clothes after they came back home and showering etc. Fathers could also teach their children how to stay safe during the pandemic. Children should not be allowed to go outside, and their hygiene should be maintained at all times. They wanted more information on health and hygiene rules and regulations, then the intervention would be even better. Similar findings were echoed by fathers from the Rohingya community. However, they were unable to reflect their thoughts as coherently as did the fathers from the host community. They emphasized on the safety of the children – such as, maintaining their hygiene and keeping them indoors to remain safe.

From the same community, another father who was working as a contractor and had experience working abroad, expressed that there was really nothing much to do around the house during a lockdown. According to him, since program implementers were well-connected with the outside world, they had a wealth of information and advice from various sources. He felt that it would be good if the father's intervention involved transmitting useful information and advice for fathers. This could include, how to earn from home, how to think and plan ahead for work, how to finish or execute that work in time as well as talking about mental health and wellbeing.

3.5.3 Front liners and implementers perception

Both host and camp's Play Leaders and Mother Volunteers strongly agreed to engage fathers simultaneously with the mothers in the telecommunication model. However, Play Leaders from both the communities were mostly unmarried; if they provided telecommunication services to fathers, there would be a need to think about how socially acceptable that would be to the community. Though the target audiences were primarily mothers and children, yet, fathers were not out of the reach of the services provided. Most of the time, the fathers owned and had the mobile devices with them. When the Play Leaders and/or Mother Volunteers called, many times fathers picked up the phone. Mother Volunteers mentioned that they behaved well with them, but they found it a challenge to reschedule calls as the fathers were outside of the house a lot of times. If they were out of the house, then they informed the service provider when they would return home to schedule the call later. The Play Leaders and mother volunteers said they usually did not speak too much with the fathers. Especially the Mother Volunteers emphasized that fathers did not usually speak to them, rather they spoke mostly with the mothers. Play Leaders on the other hand said that they had small conversations with fathers. They greeted them, and asked about their children and provided some awareness messages as well. The implementers perceived that men/fathers needed to be included into the model because many times, fathers did not take their wives seriously, neither did they give their words much importance. When asked about whether it would be possible to involve fathers in the Pashe Achhi intervention, Mother Volunteers added that if there could be such an arrangement to disseminate the information taught to mothers to fathers as well, then they could also learn from it; the parents can both participate in taking care of their children and help with household work. On this topic, one Play Leader from the host community said,

“Yes, it is definitely possible to talk to fathers. We can say the things we tell mothers, such as urging them to spend time actively playing with their children. We can say similar things to fathers as well.”

A mother volunteer from the Rohingya community also responded the same,

“Husbands usually don’t talk to us. We usually talk to the mothers. What we do with the mother, if a male volunteer does the same with fathers, then they will also help their wives with child rearing. They will change their mind-set and take care of their children too.”

Service time: Fathers could be involved in a similar way to mothers, but they usually lack time. As fathers rarely remained at home during normal times, it was difficult to find a suitable time to talk to them. However, they were usually available in the evenings.

Gender preference: When the fathers had time, they were willing to talk, however, they were not that comfortable with talking to Play Leaders. Play Leaders echoed that the most they talked to fathers was in exchanging greetings and asking about the family; rarely did the play leaders talk more with them. This was due to the social barriers between men and women in a conservative culture. One of the play leaders thought it was possible to talk to fathers, but it would be better if a male person took on the task. She said, “Women understand other women, and men understand other men. So, if we could bring in males to talk to the fathers, that would be good.”

Content of services: Play Leaders from the host community mentioned from their experience that there was a need to emphasize a number of issues when it came to serving fathers. Fathers could be called to check up on how they were doing, how they were running their family, whether they were able to spend time with the children and how. These topics could be considered. One Play Leader said that fathers who had some education wanted to talk and know more about the intervention. When Play Leaders spoke to the children, the fathers listened to what was being said. Children were unable to remember everything, since they are so young. Those who were educated parents could sit, listen and remember and then re-teach the content to their children later. Mostly it was the mother who taught the children at home, but fathers were sometimes found to be there as well. From time to time, they recorded what Play Leaders said and played it for the children later.

Chapter 4. Conclusion

The purpose of the study was to explore caregivers' and father's perceptions about the telecommunication model of Pashe Achhi, using a qualitative study design. This study has been conducted in both Rohingya camps and host community settings with the fathers and caregivers of children attending HPL and Government primary school play labs in Cox's Bazar, Bangladesh. Play leaders, mother volunteers and managers from both settings have also been interviewed to understand their attitudes and experiences and triangulate the findings.

Parental participation in household chores and engagement in childcare

Mothers were reported as the primary caregiver responsible for household chores and all aspects of childcare in both communities. However, we found most of the fathers took care of their children attending, feeding, washing and bathing them; particularly when mothers were occupied or otherwise unable to take care of the children due to illness or other reasons. The situation is almost common in Bangladesh as well as other countries. A recent study conducted by UN Women reported that as a result of the COVID-19 lockdown, about half of the women in Bangladesh report that their partners help them more with household chores and caring for the family. However, almost two thirds of the males reported an increase of such help from their partners (UN Women, 2020). Fathers in Turkey are spending more time with their children and taking on more domestic and childcare responsibilities during covid-19 outbreak. However, this was done through a community based father support programme, implemented by the civil society organization Mother Child Education Foundation⁹. From this online based intervention, fathers were more active and interaction has been improved among themselves. They are doing creative activities with their children, such as making puzzles, playing games, or doing care work at homes, such as cleaning or cooking. It appeared that fathers were willing to support mothers and engage with childcare related activities more during the pandemic or lockdown situation. However, they did not do so out of concern for their wives' mental or physical health or wellbeing or to relieve them of household work pressure. Adding to this pressure was that of food insecurity, which often resulted in them behaving badly with the children as well. From our study findings, we found that women had a fear that their husbands would beat them if the children were not taken care of properly or if the wife failed to attend to her household chores. This indicates that domestic violence is treated in the community as a natural consequence of a woman not performing her caregiving and household duties correctly. Bangladesh has a dominant and harmful patriarchal societal structure with norms and practices. These social norms prescribe domestic violence and intimate partner violence as exclusively private matters. As a result, the actual number of cases are always unknown to the social researcher. Within that context, the COVID-19 lockdown and loss of livelihood would inevitably work as a trigger of domestic violence against women and girls. A qualitative study conducted by

⁹ Fathers in Turkey take on more childcare responsibilities during covid-19.

<https://www.unwomen.org/en/news/stories/2020/5/feature-fathers-in-turkey-take-on-more-childcare-responsibilities-during-covid-19> Accessed on 1st October 2020.

BRAC JPGSPH, on COVID-19 in the slums support the increased domestic violence (Rashid et al 2020). Not only in Bangladesh the Global data shows pandemic/disease outbreaks increase incidences of gender-based violence – particularly exposing girls and women to domestic violence, intimate partner violence (IPV) and rape (UN Women, 2020). In this scenario, the P Ashe Achhi model could address community men in dispelling these attitudes towards their wives through counselling. Additionally, mothers could be counselled to prioritize tasks at home for improved productivity and mental wellbeing.

Mothers and Fathers perception on telecommunication model

Study findings revealed that caregivers and fathers from both Rohingya and host community accepted the telecommunication services as an alternative method of centre-based play lab approach, even though they had many suggestions for improvement. Suggestions and recommendations regarding the intervention included increasing duration of the call, preferred schedules for calls, emphasis on learning etc. The positive aspect was that fathers from both communities considered telecommunication necessary for the children’s learning. Fathers were not always present during the calls and less aware about the content of the telecommunication. Furthermore, although mothers shared what play leaders taught children during the phone call, they avoided talking about the psychosocial counseling section of the call that addressed them. Rather, it was found that mothers rarely shared with their husbands that they felt good when talking about their own issues with the play leaders and mother volunteers. In this respect, mixed-group parenting sessions could be held to encourage sharing thoughts and ideas between couples. This would be applicable even in non-pandemic situations.

Children’s learning: Shared parenting role

In most South Asian countries, mothers are typically the main provider of daily necessities for the household and fathers hold the typical role of bread winner (ref). Because of this social norm, fathers engaged comparatively little with children’s wellbeing and learning as mothers did. However, we found that fathers from both communities were involved with the children’s wellbeing and learning during the lockdown. In both communities, fathers inquired about children’s education and learning in several ways, including arranging part-time teachers for Arabic learning. In that vein, they were also concerned about the learning provided through P Ashe Achhi as indicated by the fact that almost all fathers asked their children to recite the rhymes and what else they had learnt after the phone call. Fathers were under the impression that *khelakhana* or *khelar jogot* should be responsible for school readiness of their children. This finding has been shown in two previous studies with the Rohingya community (Khanam & Afsana, 2020; Khaled & Afsana, 2020). For this reason, we have found that they asked for improvement of writing skill and overall more time spent for children’s learning rather than the psychosocial aspects. The importance of play-based learning seemed to remain unclear to most of the population as they could not relate how social and cognitive skills developed through tele based communications on play based learning. This has also been reflected in a previous

study on Rohingya parents understanding of Early Childhood Development (Khaled&Afsana, 2020). This issue could be considered by the implementers in future.

Telecommunication services for fathers

We were particularly interested in exploring how fathers could be involved in telecommunication services. In that regard, we asked each category of participants what best to do to involve fathers with the intervention. Everyone agreed that it was necessary to have such an intervention addressing fathers. Fathers especially believed that if they were directly addressed, then they would be better able to support the child's learning as well. They also perceived that providing specific Covid-19 awareness messages directed at men, could be one of the most effective and important content at this time. Some fathers mentioned that it would be good to have some career counselling for them so that they can cope with economic difficulties they were facing during the crisis. These suggestions indicated that the economic and social pressures on men during this time was significant and had some effect on their mental wellbeing.

Interestingly, mothers had a different view of the type of content for fathers. They suggested that fathers should be reminded to give time to the family – being more involved in childcare and helping the wife with household work where possible. Some women also mentioned that their husbands needed to be counselled so that their attitude of violence reduces. Their suggestions too, could be kept in consideration when developing an intervention for fathers. Online based mental health & parenting support programme especially designed for the fathers may improve the overall situation. From Turkey's example we have observed that appropriate intervention can lead the change even during pandemic. The Fathers Support Programme mainly advocates for involved fatherhood and gender equality and designed for fathers of children between the ages of 3-11. Though the programme started in 2019 but some of the fathers continue to attend the online sessions via different online channels on how fathers can develop their parenting skills conducted by trainers in 2020.

Recommendations

In sum, this qualitative study found that Pashe Achhi telecommunications services have been widely accepted by the community. The relevance and timeliness of such a telecommunications service has been understood and embraced by the participants. Considering and acting on the recommendations provided by this study will be useful for further improvements of the intervention. Recommendations are as follows:

Tele-learning

- As parents are extremely concerned with the children's education, they expect the call duration to be longer, specifically the section focused on children's learning skills.
- The content of the learning could be more varied rather than just rhymes – including art, simple counting etc. (from existing syllabus of PL/HPL)

Tele-counselling

- Caregivers/mothers are still not open about their mental well-being with the play leaders and mother volunteers. It would be better if the counselling

sessions could be held in a separate call once a week with the mother, focused on herself only. In order to do a more focused counselling session with the mother, a comprehensive psychosocial approach could be used.

- It would be better not to ask caregivers about their financial condition as this creates an expectation of financial support from the beneficiaries. Some beneficiaries are also not comfortable with these questions.

Fathers Engagement

- Although the suggested intervention for fathers is for the telecommunication services during the pandemic, we also suggest that these strategies could be implemented during normal scenario as well. In addition, fathers could be engaged quarterly through face to face sessions during normal time. This will act as a community effort to shift men's attitude towards women and understanding ECD as well as the purpose of centre-based play lab model.
- It would be worthwhile to ensure ensure that any intervention for fathers' engagement is gender sensitive. This means that male staff could be considered as facilitators for communicating with fathers to ensure comfort and understanding.
- The content of the intervention could be tailored to men keeping in mind the sensitive and conservative nature of gender roles in this context. As such, the structure and wording of the script will require more attention. For example, instead of asking 'please share your feelings with us', it could instead ask, 'if you would like to share your reason behind your tension with us, you can do so' Wording it in a more acceptable way could be more relevant to the men.
- Because of sensitive nature of the programme, facilitators could be considered for training on traditional gender norms, division of labour, gender equality etc. at the basic level, as this may help them to better-communicate with the fathers.

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