play to learn

INTERNATIONAL RESCUE COMMITTEE

Prototyping to Improve a Blended Early Childhood Development Intervention for the Forcibly Displaced & Host Communities in Bangladesh

JANUARY 2023

Gindegi Goron model

The healthy development of a child begins in the womb with the proper care of the mother-to-be. Pregnant women across the world look for guidance from their families and trained practitioners on how to ensure a healthy birth and a healthy life for their child. Access to sound advice and support that is science-based and easy to understand is challenging to find. In the Rohingya camps in Bangladesh, mothers and future mothers already face limited access to information on health, nutrition and the proper development of their youngest children. COVID-19 further limited access to this essential support. The International Rescue Committee (IRC) set out to develop *Gindegi Goron*, an innovative integrated health, nutrition and Early Childhood Development (ECD) model in Bangladesh, to work with pregnant and lactating women and their families remotely through an interactive voice response (IVR) system and phone calls.

Gindegi Goron was piloted from September 2020 to May 2021. Using findings from the pilot period—and taking into consideration the ever-changing COVID-19 landscape—the team identified areas for improving usability, effectiveness and overall implementation, which are captured here. Moving forward, the team prioritized the challenges that would be most feasible to improve with the highest potential for impact to focus on during the prototyping period.

The prototyping phase described in this brief took place from June 2021 to October 2021 during which the IRC supported an additional 1,004 clients from camps (397 caregivers and 124 children aged 0-2) and host communities (369 caregivers and 114 children aged 0-2). We used a blended delivery model (in-person and remote) based on lessons learned from the pilot.

PROTOTYPING

Prototyping is a testing process that uses feedback from the people we support, also known as our clients, to determine the best design improvements to the program before taking it to scale. The prototyping approach allows us to create early samples of a new program or program elements, observe how clients engage with these samples and collect their feedback about the experience. This method allows clients to provide direct input to our program approach and show us how they would engage with new program features, allowing us to adapt to their needs and create a more refined, context-appropriate program.

The team selected two categories of design elements to prototype, each with three key additions to the model (Table 1). During the prototyping period, the IRC monitored client interaction with the new IVR system in real-time to understand whether and how different calls were received. Metrics monitored included but were not limited to call completion rate, length of calls, and requests for call-back. In addition, at the end of the prototyping period, a feedback survey was conducted with caregivers and facilitators. A total of 141 respondents from three unions in the host community (Jaliapalong, Ratnapalong, Holudiapalong) and two camps (Camp 2E and Camp 22) were invited to participate in Key Informant Interviews (KIIs).

PROTOTYPING DESIGN IMPROVEMENTS

System	Client Engagement
Expand the capacity, functionality and control of the IVR system (e.g., more automation, content control)	Improve flexibility of content delivery (e.g., timing of messages, response to client requests)
Improve content customization to be more tailored to age and stage of mother and child	Expand to add in-person support in response to client request
Develop remote monitoring mechanism to observe the quality-of-service delivery	Pilot service delivery by adolescent girls to improve resilience of program

IVR CONTENT CREATION

IRC staff work on recording and uploading IVR messages to the system

Achievements & Findings

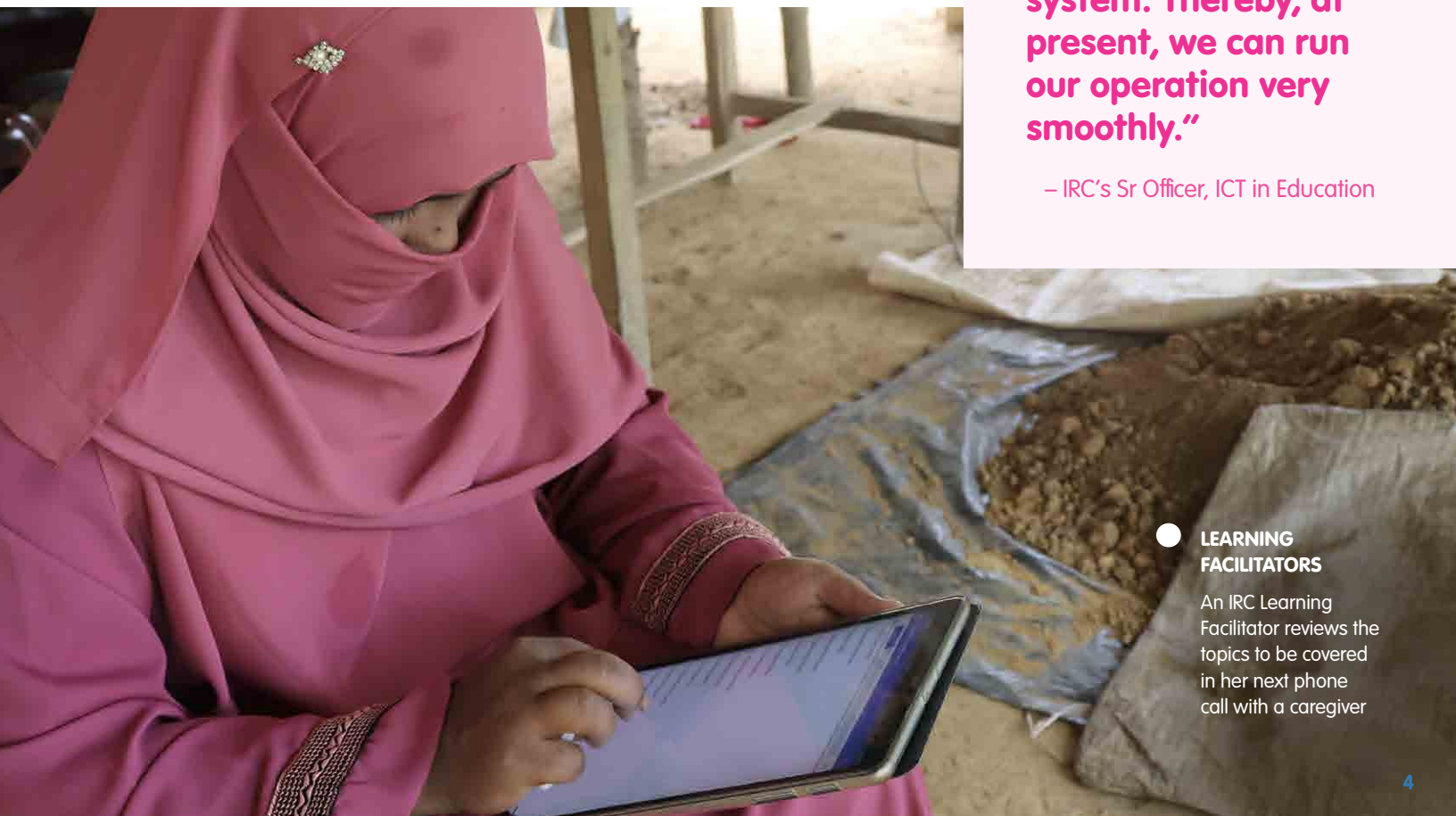
Improved IVR System

During the prototype phase, we made holistic improvements and expansions to the IVR system. It can now create multiple messaging groups organized by the stage of pregnancy or postpartum (child age), as well as categorize clients by community, status and language. Moving participants between categories of age was also simplified, significantly reducing already in-demand staff time and energy. The system can schedule and generate phone calls, quizzes and SMS, as well as build multiple pre-programmed options for sending messages according to language, gender, etc.

Monitoring data is more accessible in the new system and can show the program team real-time call duration information, so they can see which caregivers listened to the whole message and which may need follow-up support if they did not listen to the majority of the message. In addition, the team adopted a new remote phone call monitoring checklist, which has increased confidence in monitoring and better meets the needs of the program. Together, the program team now has a broader command of the IVR system, which is more fit-for-purpose and adaptable.

"I am very pleased to have successfully design and implemented the new IVR system. Previously we were using a static system, where for solving the problems via a 'Dynamic System' was badly needed. With that need, we developed the new system. Thereby, at present, we can run our operation very smoothly."

– IRC's Sr Officer, ICT in Education



LEARNING FACILITATORS

An IRC Learning Facilitator reviews the topics to be covered in her next phone call with a caregiver

Content Enhancements

With new enhancements to the content, clients receive messages specific to their month of pregnancy (3-9 months). Once children are born, messages are sent according to the age of their children (0-24 months). There are unique messages for each month of pregnancy and postpartum. As the new IVR system simplified the process of demographic and participant management, the chance of message alignment errors is significantly reduced. Upon enrollment, caregivers now receive 4-5 unique messages per month tailored to their child's age, with these changing as the child grows.

Furthermore, to also ensure that the new content was locally tailored, we explored what games and activities were common in the Rohingya community itself and designed the new messages around these learnings. We consulted the Rohingya community to learn what were common objects and materials used by children and caretakers during play. For example, we learned that many children gathered nearby leaves or spices, such as turmeric, and used them as paint. Many of these learnings were also shared with clients to facilitate creative solutions and methods in practicing nurturing care.

During the survey process, caregivers shared how happy they are with the inclusion of more play activities in these messages. These additional activities reduced the risk of receiving the same activity multiple times. Clients also noted appreciating the new greeting message, "Hello from the IRC and Play to Learn!"

Below is an example of the content planned across multiple weeks. Sesame Workshop-led Play to Learn audio message content is highlighted in green, while IRC-led audio messages are filled in blue.

"The new content covers more areas regarding child nurturing and parenting, which can help more parents ensure their children's holistic development. This evolution will help reach those parents and their communities who helped us with their constructive feedback from the start."

– IRC Technical Manager of ECD

EXAMPLE OF CONTENT PLAN

	Month 16	Month 17	Month 18	Month 19	Month 20
Week 1	Language: Family members names / show-name-talk	Body parts (learn names)	More difficult finding toy version / gross motor toy	Playing with children	Language activity
Week 2	Avoid physical maltreatment	Complementary feeding	Importance of height and weight measurement	Mental health	Toilet training and handwashing
Week 3	Crayon and paper	Hygiene	Gross motor toys (push and pull along)	Complementary feeding	Avoid physical maltreatment
Week 4	Learning through Play	Avoid physical maltreatment	Equal nurturing of boys and girls	Blocks and container (more difficult)	Learning through Play

IRC-led audio messages

Sesame Workshop-led Play to Learn audio messages

Home Visits

The majority (95%) of the participating parents and caregivers received household visits during our prototyping phase. They found these visits helpful, as poor network connectivity made it challenging for clients to receive and follow IVR messages. They shared that the current frequency of household visits is not sufficient, and parents/ caregivers requested at least two visits per month. These home-visits were designed with the blended model in mind as a two-pronged approach, and the Learning Facilitators would regularly reference messages from the content when appropriate.

HOME VISIT STEPS

- **Greeting and brief catch up**
- **Follow up on IVR**
- **If caregiver does not remember or didn't understand the message: Play IVR message**
- **Demonstrate a play and communication activity**
- **Recap**

Involvement of Adolescent Girls

During the prototyping phase, the IRC also invited adolescent girls living in host communities to work alongside community volunteers delivering home visits. Despite their Interest at the start, after a month-long pilot, the IRC concluded that most participating girls were not enthusiastic about the program. Some volunteers stopped their participation before the pilot ended, and the remaining volunteers were not excited to continue. Participants cited the long distance between home visits, lack of monetary incentives and shyness as reasons why they did not want to remain in the program. In addition, COVID-19 related school closures were lifted during the time that the girls were volunteering which substantially reduced their availability. In the future, it may be worth considering a pilot program that engages adolescent girls in the camps where substantially fewer adolescents have access to schooling (approximately 17%) (2020 Joint Response Plan: Rohingya Humanitarian Crisis, 2020). In camps, home visiting might serve as an opportunity to build confidence and skills to help secure future employment or serve as a pathway back to school for out of school adolescents, but in the host community, it interfered with school.

ADOLESCENT GIRLS AS FACILITATORS

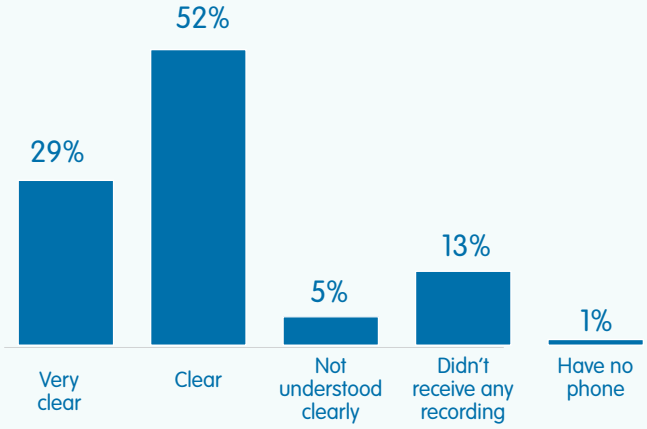
ECD Adolescent girl is explaining about child interaction with books showing picture to the caregiver.

Improved Client Experience

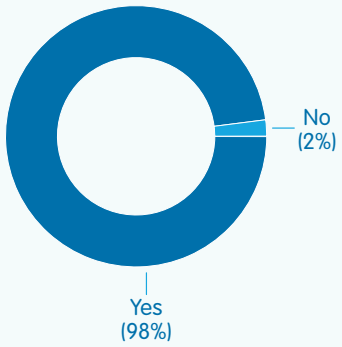
According to parents and caregivers, IVR messages are understandable (83%), activities are clear or very clear (81%), relevant and necessary materials are mentioned (97%) and materials are either available (42%) or possible to collect from their household and nearby areas (34%). However, 13% of caregivers reported they did not receive any IVR calls, which was most likely due to poor network issues. Most importantly, almost all (98%) respondents reported that they have been able to practice those activities with their children on a regular basis.

The following figures highlight key reflections from our survey on the client experience of IVR messages.

Clarity of IVR Activities
(Quality of Instruction/Guidance)

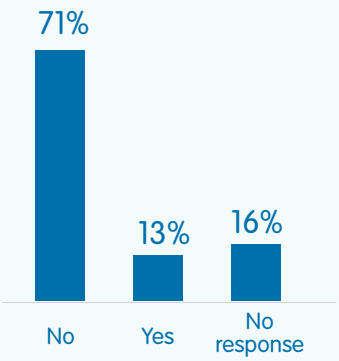


Caregiver responses on whether they are able to practice activities from the IVR messages with their children

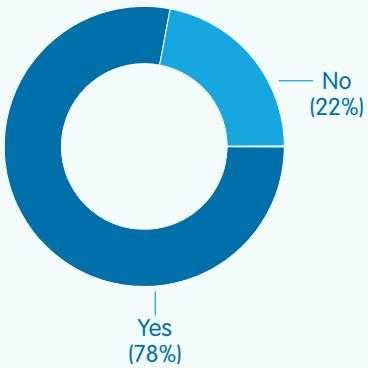


The majority (78%) of parents and caregivers say they need further support from the IRC but feel comfortable (85%) seeking support or contacting the IRC over the phone. They suggest that the IRC can provide play materials, learning materials (papers, pens, pencils), etc. to improve the program. Along with the blended support model (combining IVR and household visits), providing service-related books, engaging male family members even further and creating the opportunity for health checkup services at the household level could further enhance caregiver support in the future.

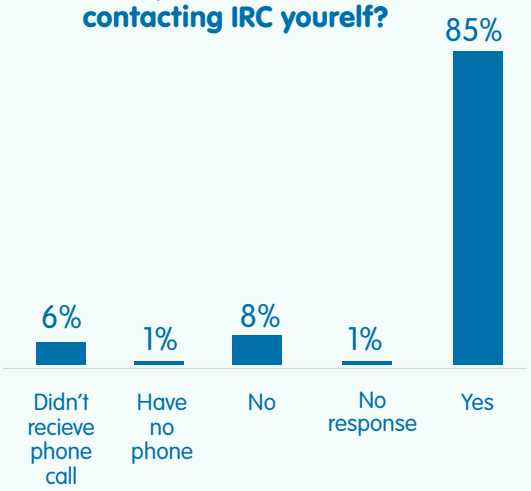
Are monthly visits sufficient for household needs?



Do you need support practicing with children?



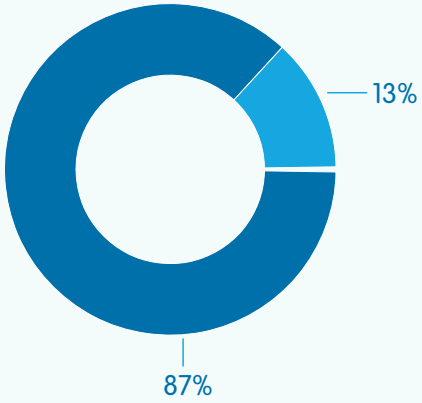
Have you had phone contact with the IRC and are you comfortable contacting IRC yourelf?



According to the Learning Facilitators and adolescent girls, the guidelines for household visits given to them were clear and easy to follow. Among them, 80% think the number of visits is "just right" and 93% think that the 30-minute duration is sufficient. Many Learning Facilitators (LF) and adolescents (87%) found that showing the activities at the household level was the best way to support the clients. Learning Facilitators mentioned that they would be better supported with travel allowance, visibility materials, hard copies of messages and toys to use with the children.

Survey respondents suggested improving the quality services by including awareness sessions for community members who are not part of the intervention right now. They also suggested including more hygiene messages in the content, providing food support for participating families and opportunities for health services at the household level.

87% of facilitators prefer at-home demonstration of activities with caregivers



REMOTE MONITORING

A program assistant listens to a learning facilitator's call with a caregiver and completed a supervision checklist which he will use to offer coaching and mentoring to the learning facilitator

The Way Forward

In the coming months, we plan to take the following steps:

- Investigate why 13% of respondents reported that they did not receive any IVR calls. The team will explore new ways to disseminate pre-recorded audio where network issues prevail.
- Explore increasing the frequency of household visits for those who have network issues or who do not have mobile phones in the household.
- Explore complementary support requested by caregivers and identify what interventions will be feasible within the project scope and available budget. (E.g., Caregivers requested that the IRC share financial support cash transfers, nutritional support, etc. alongside the intervention.)
- Increase support for making play materials using local or household resources, contributing to a larger number of play materials for participating children.
- Consider the feasibility of involving out of school adolescent girls in home visits. Home visits could be altered to become a supportive pathway back to school or into the workforce when of age.
- Consider peer-to-peer mechanisms in the future on content delivery, such as discussion circles with caretakers and participants.

Conclusion

Prototyping is a key opportunity for the IRC to improve our implementation methods, ensure a high-quality program, and reach more clients. Learnings from the prototype phase improved our service delivery by allowing our team to refine the process of IVR delivery and remote monitoring. It also transformed the client experience through more tailored messaging and the addition of home visits, which are currently reaching 2,400 households. We look forward to researching additional opportunities for improvement during the ongoing implementation phase.

The mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. Our vision is to empower those caught in crisis through high impact programs and the sharing of our ideas. Throughout IRC's 84-year history, education programs have been an essential part of the IRC's response in supporting people affected by conflict.

As a core component of our vision, the IRC's integrated early childhood development (ECD) programming ensures that from pregnancy throughout early childhood, children are receiving appropriate healthcare and nutrition, tended to by nurturing and consistent caregivers in a safe and supportive environment, developing essential cognitive, language, motor and social-emotional skills through play and early learning opportunities.

Play to Learn is an innovative program from the LEGO Foundation, Sesame Workshop, BRAC, the International Rescue Committee, and NYU Global TIES for Children that harnesses the power of play to deliver critical early learning opportunities to children and caregivers affected by conflict and crisis. Play to Learn is reaching families affected by the Rohingya and Syrian refugee crises through educational media and direct services in homes, play spaces, health centers, and more to provide the essential building blocks of play-based learning and nurturing care. Ultimately, Play to Learn aims to establish play-based early childhood development as an essential component of humanitarian response for all children and caregivers affected by crisis.

TO LEARN MORE ABOUT PLAY TO LEARN, PLEASE CONTACT:

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