

PASHE ACHHI TELECOMMUNICATION MODEL DURING COVID-19

A PROCESS DOCUMENTATION

This is an excerpt of Chapter 5: The Final Product
(Scripts) for Pashe Achhi Telecommunication

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Chapter Five: The Final Product (Scripts) for Pashe Achhi Telecommunication

Introduction

After the first month of intervention, contents of all the scripts has been slightly modified as decided in the earlier phase. Play Leaders provided feedback from their and community perspectives. Based on their feedback two new *kabbiyas* and Rhymes was incorporated in the learning part. Also added COVID-19 messaging around handwashing techniques, and reinforced the provision of safe water, sanitation and hygienic conditions as preventative measures. In this section we'll describe first round of scripts developed for the multiple target audiences

Section Highlight

- Script 1: Pashe Achhi Telecommunication script for 0-2 age cohort
- Script 2: Pashe Achhi Telecommunication script for 2-6 age cohort
- Script 3: Pashe Achhi Telecommunication script for 3-5 age cohort
- Script 4: Pashe Achhi Telecommunication script for case management_0-18 age cohort
- Script 5: Pashe Achhi Telecommunication script for adolescent girls and boys, parents(Acknowledgement, self-esteem, aspiration)
- Script 6: Pashe Achhi Telecommunication script for 1-3 age cohort

Script 1: Children aged 0-2 years cohort in Rohingya community

Normally, the situation in the Rohingya camps is quite a challenging environment for children to grow up in. That is why, BRAC IED introduced HPL to provide some quality time for children while ensuring the appropriate mental health support by engaging with them through playing. Due to COVID-19 the service had to shut down temporarily. Since mental health of children are very important and complete shutdown of the service might undo all the progress that has been observed, BRAC IED has come up with a new system to continue the service through telecommunication. In this new system the Mother volunteers contact with the mothers of 0-2 children so that they will remember them and will develop an assurance that they care for them. The mothers are taught some techniques such as telling *kabbiyas* and *kissas*, playing with safe household objects etc. to engage with children through the Mother Volunteers, so that the mother can act as the role of Mother Volunteers to the children and ensure the appropriate mental support to the children until the lockdown withdraws.

The whole segment is completed in approximately 20 minutes. In the first 2-3 minutes the Mother Volunteers provide their identity, why they called and very carefully try to ask for the permission to talk with mothers in 0-2. The wordings are chosen very carefully to

assure the mothers that Mother Volunteers are trying to understand about this hard time and want to be a help to the children.

In the next 5-6 minutes, instead of directly going to the main point, the Mother Volunteers ask slightly personal questions with permission, such as –how they are doing, what type of obstacles they are facing than the normal time and let them know that their words are guaranteed to remain within the office so that the parents feel the encouragement to talk freely. When mother talk, the Mother Volunteers listen to them very carefully and use verbal cues such as “yes”, “hmm” etc. to let the mothers know that they are paying attention to their words. Mother Volunteers do not interrupt the mothers while they talk and do not immediately point out wrongdoings (if there are any) as this might discourage mother from opening up. If the Mother Volunteers feel the impression that the mothers are having a bad time with the children or they are angry with their children, the Mother Volunteers try to console the mothers and try to motivate them such as, by saying “how you are tackling this hard situation is praiseworthy” and then give them some tips carefully so that they apply them with their children. At this point, the Mother Volunteers also remind the mothers to take care of the children, keep them clean and exercise at home regularly. The Mother Volunteers remind parents that the children need care and close attention as the lockdown can negatively affect their mental health due to the added environmental stressors. By discussing these ideas and encouraging mothers to apply these techniques to deal with the children, the Mother Volunteers are suggesting the mothers to play the role of Mother Volunteers in their own home.

In the next 7-8 minutes, the Mother Volunteers politely ask the mother what the baby is doing at the moment, how they are reacting as they can't take the baby outside, how the mother is managing taking care of the baby. The Mother Volunteers then suggest playing and engaging with the baby more to tackle these situations and to have a good time. The Mother Volunteers also listen if the mother has anything to add. They ask and try to get the feedback about if the baby is having fun listening to *kabbiyas*. They try to teach them other *kabbiyas* and suggest the mothers and as well as the other family members to recite them making animated gestures such as shaking their hands, head and making other physical movements. By this the babies will be familiar with the *kabbiyas* and recognize it once the HPL service reopens.

If it is for pregnant women, then the Mother Volunteers remind them, it is extremely important to keep up the good health for the baby to remain safe. The Mother Volunteers assure the mothers that their words are extremely safe with them and it will not be disclosed anywhere except for the programme office. They try to convince the mothers about the situation and tell them why physical and mental health is important for the baby. The Mother Volunteers also remind the mother to go to the nearest hospitals whenever danger signs like bleeding, high fever etc. are observed. The Mother Volunteers tell the mothers to ask for help from other family members without hesitation if required. They also tell the mother to be careful with the newborn, to breastfeed properly. Mother Volunteers refer the mothers to Para Counselors if they have lost appetite, do not feel like talking, sleeping or have become reluctant to take care of the babies. After finishing, the

Mother Volunteers promise the mothers to communicate with them the next day and express gratitude for allowing them to talk with patience. However pregnant women were not promise to talk on next day rather suggested to communicate with them if needed. There were another part in the same script for the lactating mothers of children from 1-45 days old. The main focus of the script is to understand if the new mother is coping well, encourage her for self-care, tell her to visit nearby health care centers/ service providers if there is any physical problem arise.

Script 2: Children of 2-6 age cohort in Rohingya community

Similar to the 0-2 cohort session, the entire segment is completed in approximately 15-16 minutes. In the first 2-3 minutes the Play Leaders provide their identity, why they called and very carefully try to ask for the permission to talk with parents and the children.

In the next 5-6 minutes, instead of directly going to the main point the Play Leaders ask slightly general questions with permission such as –how they are doing, what type of obstacles they are facing compared to the normal scenario etc. Play Leaders assure parents of confidentiality so that the parents are encouraged to talk freely. When parents talk, the Play Leaders listen to them very sensibly and say “yes”, “hmm” etc. to make parents feel that their words are being given importance and being heard. Play Leaders do not interrupt the parents while they talk and do not immediately point out wrongdoings (if there are any) as that discourage parents from opening up to them. If the Play Leaders feel the impression that the parents are having a bad time with the children or they are angry with their children, they try to console the parents and try to motivate them such as by saying “how you are tackling this hard situation is praiseworthy” and then give them some tips carefully so that they can apply them with their children. At this point, the Play Leaders also remind the parents to take care of the children, keep them clean and practice some exercise at home regularly. Through this, the Play Leaders emphasize that the children need care and closer attention during this time as the lockdown can negatively affect their mental health. By discussing these ideas and encouraging the parents to apply these tricks to deal with the children, the Play Leaders are supporting the parents to play the role of Play Leaders in their own home. In the next call, Play Leaders ask parents whether they play or tell stories or *kabbiya* to their children or not in home.

In next 2 minutes, the Play Leaders seeks permission to talk with the children along with the parents through loudspeakers. This session is to remind the children that their Play Leaders did not leave, they are maintaining a communication with them so that the Play Leaders don't become strangers to the children once the lockdown is withdrawn and HPL service is reopened.

In the next 6 minutes, the Play Leaders try to engage with the kids by playing *kabbiya* to have a quality time as well as to understand the mental situation of the children and ensure proper development in making communication, learning new words and being able to use sentences. Through *kabbiya*, the Play Leaders try to engage their parents in it so that later the parents can perform something similar with the children. After finishing,

the Play Leaders promise the kids and the parents to communicate with them soon and express gratitude for allowing them to talk with patience.

Script 3: Children of 3-5 years cohort in (mainstream and host community)

As mental health plays a vital role in the growing up process of children, BRAC has introduced *khelar jogot* for a quality time to ensure right mental health support for them by engaging through play. The Play Leaders try to understand the children's developmental stage by learning through play with them and then provide support accordingly. Due to COVID-19 the service had to shut down temporarily. Since mental health of the children is very important and complete shutdown of the service might undo all the progress that has been observed, BRAC, IED has come up with a new system to continue the service through telecommunication. In this new system, the Play Leaders contact with the children so that they can remember the Play Leaders and develop an assurance that the Play Leaders care for them. At the same time, the mothers are taught some techniques to engage with children, so that they can assume the role of Play Leaders in their absence, and ensure the right mental support to the children until the lockdown withdraws.

The whole segment is completed in approximately 16-20 minutes. In the first 2-3 minutes the Play Leaders provide their identity, why they called and very carefully try to ask for the permission to talk with parents and the children. The wordings are chosen very carefully to assure the parents that Play Leaders are trying to understand about this hard time and want to be a help to their children. Play Leaders always use the name of the children and explain in details very politely and calmly if the parents ask any questions.

In the next 5-6 minutes the Play Leaders ask the mothers few important questions like how are they, how are their children's doing, how are they passing their time with their children, how they are tackling this situation etc. While asking these questions the Play Leaders are very gentle towards the mother as of the mothers need an assurance to feel comfortable to answer these without hesitation. The Play Leaders listen to the mothers attentively and make sound like "hmm", "yes", "hu hu" so the mother can feel that they are given proper attention to. The Play Leaders are very careful about responding to the mothers, they try to feel the mothers' situation by wearing their shoes. While responding the Play Leaders encourage them saying such as "how they tackling the situation is praiseworthy" and carefully remind them to take care of their health, to play, exercise with children etc. The Play Leaders remind the mothers that it is a tough time for both the adults and children. So, regardless of the pressure, it is important to try the level best to be patience with the children's and giving them enough attention.

In the next 7-8 minutes the Play Leaders request the parents to talk with the children. The Play Leaders ask normal questions like, "How are you?" and tell them to wash their hands properly, use a napkin before sneezing etc. After that the Play Leaders try to engage with the children through reciting poems to have a quality time as well as to understand the mental situation of the children. Through reciting poems/rhymes the Play Leaders try to keep the continuation of the services from the *khelar jogot* to the children so that when

the service are reopened, they will not have to teach the poems from the beginning. The Play Leaders request to put the phone on loudspeaker so parents can also listen to the poem, and later they can perform something similar with the children. After finishing, the Play Leaders tell the children it was a nice time and remind them that their *khelar shathi* cares about them. Then the Play Leaders promise the children and the parents to communicate with them in next week and express gratitude to the parents for allowing them to talk with patience.

Script 4: Case management of 0-18 years cohort in Rohingya community

The tele-counseling portion of the Pashe Achhi intervention focuses on parents and caregivers. The script has been designed to be a 20-minute conversation broken down into 4 parts – the first two for both parents and other caregivers: ‘Greetings’, ‘What to say during the conversation’; and the next for parents only: ‘Conversation about Family Relationships’, followed by ‘Closing Statements’.

Talking to Parents (Mother or Father) or Caregiver

The first two minutes of the conversation are spent in greeting. The caseworker (CW) greets the parent (mother/father) or caregiver who picks up the phone with the traditional Muslim greeting of ‘Salaam’ and then introduces themselves. They explain the current situation and the purpose of the call. CWs are instructed to take permission from the recipient before beginning the conversation and encouraged to talk to whoever shows interest – be it the mother or the father. If the parents are busy at the time of calling, then an appointment should be taken for when they are available.

If given permission, the CW begins by asking about how the HPL-attende child/children and the rest of the family have been doing during the lockdown. They are instructed to speak in a manner that would make the beneficiaries feel as if they are conversing with a close relative or friend who has called to check up on them. The CW then asks parents to share their thoughts and feelings with them if they would like to. If the parents have any questions, the CW should clarify and explain things to the best of their ability.

The next 6 minutes are spent in conversing with the parent. During the conversation, the CW asks parents a number of questions such as ‘How are you?’, ‘How is (HPL attending child)?’, ‘How are they spending the time during the lockdown?’, ‘In this situation, how are you managing the child and yourself?’, ‘Are you spending time with them and how?’. The CW asks the questions one by one and waits to hear their reply before proceeding to the subsequent questions. There are some things that the caseworkers must keep in mind during the conversation – they should listen attentively and give verbal cues that they are paying attention to what is being said. They should also give the respondent the opportunity to speak without interruptions and judgement so that parents are willing and able to open up to them. It is also important to be empathetic in order to be able to understand their situation.

At any point during the conversation, if the CW feels that the family is going through a difficult time, is worried about their child or is angry with the child, they are instructed to

show sympathy and counsel the parents. For example, they could say “I understand that you are worried about your child.” On the other hand, if the family seems to be doing well, this should also be acknowledged. In this case, the CW could say something like, “You are doing everything so well, it is really praiseworthy!”. Following this, some tips would be given. These include taking care of self (eating and sleeping well, drinking pure water etc.), washing the hands for at least 20 seconds, taking part in activities that they like, spending time playing with the child, practicing breathing exercises etc. To close this part of the conversation, the CW asks the parent or caregiver whether they liked talking to them. They reassure them that it is normal during this difficult time if they are unable to carry on activities like before, but that it is important to come together as a family and try to spend this time well to keep mentally sound.

Meeting with Mothers and Fathers Together

The next portion of the conversation involves talking to parents about family dynamics and relationships. The duration is roughly 8 minutes and the CW talks to both parents together while the phone is on loudspeaker. Here, parents are again reminded of the limitations of the unprecedented situation they are currently facing. As the children are not being able to go to the HPL centre right now, they are unable to spend time playing there and seeing their friends. As such, the child may be feeling agitated or lonely at home. Parents are reminded not to behave roughly with the children. Instead of scolding or hitting them when they misbehave, parents are urged to make them understand the situation nicely. The caseworker inquires whether the parents are giving enough time for their children. In that regard, they are reminded to spend more quality time with their family, talking and telling stories to the children, having meals together etc. Children want love and affection from their parents, so parents are encouraged to be affectionate towards the children regardless of their gender. Another important reminder that the CWs disseminate is that of the role of mothers and fathers in the household. They are reminded that not only the mother, but the father as well plays an important part in the child’s life. Parents are encouraged to divide household tasks between them. The CW tries to make the fathers understand that their partners are already doing many of the household chores. Therefore, if he were to take part in activities such as feeding the child or spending some quality time with them, then both mother and child will be happy, and it will bring peace to family life. The idea is that if the parents remain happy, then the children too would be more likely to remain happy.

Before closing the conversation, parents are reminded of some COVID-19 awareness messages such as washing hands more frequently and maintaining coughing and sneezing etiquette. They are asked about their feelings regarding the entire conversation and reminded once again to spend the time well. Finally, the caseworker thanks the parents for their time and tells them they will call next week.

Script 5: Acknowledgement, self-esteem, and aspirations of adolescent girls and boys

As mental health plays a vital role in the growing up process of adolescents, BRAC has introduced pocket session service to ensure right mental health support for the adolescents by engaging with them through talking. The counsellors try to understand the adolescents' mental situation by talking with them and then provide support accordingly. Due to COVID-19 the service had to shut down temporarily. Since mental health of teenagers is very important and complete shutdown of the service might undo all the progress that has been observed, BRAC has come up with a new system to continue the service through telecommunication. In this new system, the counsellors contact with the adolescents through cellphone and talk with them so that they can ensure the right mental support to the adolescents until the lockdown withdraws.

The whole session requires approximately about 20 minutes. In the first 2 minutes the counsellors say greetings to the adolescents and then give their identity, why they called. In case, parents receive the call then the counsellors tell the parents about this process and answer questions if parents ask any. The counsellors try to explain everything as clearly as possible if the parents have any confusion. The counsellors then ask permission from the parents to talk with their children. If they are not around, then the counsellors ask when they can call so they can call at that time. Upon permission the counsellors request to talk with the adolescents.

After saying greetings, in the next 6 minutes the counsellors ask the adolescents how they are doing, how they are passing their time, what they are going through, how they are dealing with their families. While the adolescents answer these questions, the counsellors very carefully listen, try not to interrupt them and says "hmm", "yes" so the adolescents can feel the counsellors are listening to them. The counsellors don't say anything negative as that can make the adolescents not be comfortable sharing what they are going through. If the counsellors feel that the teenagers are going through a tough time, then they try to console and encourage such as saying the way you are handling your situation in this tough time is praiseworthy etc. The counsellors also give them some tips to take care of themselves such as to sleep enough, eating healthy, pass time with family, do breathing exercise etc.

In the next 8 minutes, the counsellors provide suggestions about anger management. They ask if any harm was caused to the adolescents due to their anger, if anger harmed them physically or mentally. The counsellors listen to the adolescents answer carefully and then give them instructions about how to control these emotions such as regularly doing light exercises, expressing thought to close people, trying to think through before taking an action, taking deep breaths when they are too angry to cool down etc. The counsellor then suggests the adolescents to do something that might calm their nerves such as draw or sketch pictures, learn to sew or origami, reading books, listening to music or to learn something new etc.

Lastly the counsellor tells the adolescents to take care of their selves and to maintain the precautions to be safe. The counsellors promise to check up on them through calls and ask the adolescents to call them if they need to talk or need any suggestions. The counsellors then thank the adolescents for giving their time and sharing their minds and then with goodbye they end the conversation.

Script 6: Pashe Achhi Telecommunication Script for 1-3 age cohort

In a similar way to the 0-2 and 2-6 scripts for Rohingya children based in the camps, BRAC IED has also prepared a telecommunications script to reach out to 1-3 year-old children from the mainstream community who attended the '*Khelar Jogot*' intervention, and their mothers. The script duration is 20 minutes and is divided into two halves – conversation with the mother and conversation with the mother and child together.

In the first 2 minutes, the Play Leaders exchange greetings with the person answering the phone, give their identity and explain the purpose of why they are calling. It is emphasized that during this troubled time, the purpose is to reach out to, listen and provide support to the parents and their children. If the father picks up the phone, the Play Leader exchanges some small greetings and asks for the mother and the child. In case the father is busy or outside the home, they ask to reschedule and end the call. On the other hand, if the mother answers the call, she is greeted similarly and given space to share her sorrows and joys.

It is important to note that the Play Leaders must seek permission before beginning the conversation. They are instructed to speak to whoever is more enthusiastic about talking – the mother or the father. Words are chosen carefully to assure parents and children that they understand the tough situation they are going through and are wanting to help them and be beside them. Play Leaders are instructed to always use the names of the children and to explain in detail, politely and calmly in case the parents have any questions.

In the next 6 minutes, the Play Leaders ask mothers some questions such as how they are doing, how is their child, how are they spending time with their children during this lockdown, how are they handling the situation etc. The questions are not asked all at once, rather, one by one according to the flow of the conversation. During the conversation, Play Leaders are instructed to take care that they listen attentively to the mothers without interrupting them and to provide verbal cues to ensure the mothers that they are paying attention. Furthermore, Play Leaders must remain a neutral, non-judgmental attitude and imagine themselves in the beneficiary's shoes so that they can empathize with their situation.

While speaking to the parents, if there is any indication that they are going through a difficult time with the children or otherwise, the Play Leaders reassure them by saying words of affirmation such as "I understand you are going through a difficult time right now." If they are handling things well, a praiseworthy comment is made such as "It is admirable how you are handling everything so well". Having listened to the mother, the Play Leader then reminds them that it is a universally difficult time for everyone, adults and children alike and gives them some tips to manage the situation including advice on

health, hygiene, spending time with the children, breathing exercises etc. Closing this part of the session, the Play Leader asks the mother to reflect on how she felt speaking to her, and then ends the session by reminding her that even though and has brought many changes to their lifestyle, it is important to spend the time well and take care of their and their family's physical and mental health and that it is important to try and be patient with the children as well.

The next part of the session is between the child and their mother and the Play Leader and lasts around 8 minutes in total. Through reciting rhymes, the Play Leaders try to keep the continuation of the services from the *khelar jogot* to the children. Firstly, the PL asks the mother to sit with the child, greet the child on her behalf, and put the phone on loudspeaker if possible, so the child can hear. In case that is not possible, the Play Leader asks the mother to repeat what she says and conduct the activity with the child following Play Leaders instructions. The mother is asked such things as, how she is managing the child if they become restless, angry or throw a tantrum and explains that it is normal during this time. The Play Leader then provides some tips on how the mother can spend some quality time with their child through storytelling, reciting rhymes or playing games.

The Play Leader then starts a rhyme-session with the mother and child dyad. Two rhymes are included in the script – the first is recited on the first two weeks and the second, for the latter two weeks. The Play Leader recites the entire rhyme first, asking the mother to listen attentively to it, and then, to repeat line by line after her and encourage the child to recite it too. After this, she asks the mother to repeat the rhyme in a fun, enthusiastic manner along with the child and praise the child if they are able to do it. The Play Leader praises the mother for doing a great job and asks her how she felt about the session.

To end the tele-conversation, the Play Leader thanks the mother for her time and asks her to remain safe and well. She reminds them of their session same time next week and also thanks the child affectionately for their participation.

Conclusion

In this chapter, we have described in details, the content of 6 different Pashe Achhi scripts. Apart from these, we did not include the *Ghore Boshe Phonalap* and psychosocial scripts which can be found in chapter 8 and 9 respectively. The scripts were prepared after rigorous trial and error process. Through piloting and incorporating feedback, they were tailored to the target groups, as well as frontline service providers due to being simple and easy to deliver. In the next chapters, we will see how the scripts were accepted in the communities after field implementation.

communication skills (listening, speaking, observing and empathizing) of Play Leaders so that they are able to effectively communicate with children and their caregivers in the future. They would be able to make them feel respected, heard, and nurture positive relationships with them.

Findings from the assessment revealed that the total number of average calls was 20.32%. The Play Leaders' average performance was found to be 22%. Various recommendations have emerged from the research which are being addressed by the respective teams involved.⁴¹

Recommendations

Till now, Pashe Achhi has been successful in continuation of BRAC IED's various ECD services catering to a wide range of beneficiaries. As highlighted in the previous sections, the model has had many strengths in tackling the pandemic situation. Still, there is much more work to be done in terms of further research, piloting and implementation of services beyond the pandemic

1. Already many calls have been assessed, however, in order to continuously improve on the quality, further calls will need to be assessed and the tools would need to be validated along with it. For conducting further studies or periodic assessments, a reliable, valid, and accurate instrument is required. The instrument used for quality assessment had been prepared through a rigorous process already. However, validating this for a more significant sample would enhance its appropriateness further. Thus, the validation of the Pashe Achhi research checklist is highly recommended.
2. In line with that, rigorous research needs to be conducted to understand the effectiveness of the model – through larger scale, low dose quantitative analyses. Monitoring and research data continuously reflects the need for training of frontline workers and in some cases, master trainers. Hence, further research is also suggested for the upcoming training to understand the overall quality of the Pashe Achhi model.
3. In terms of implementation and scale up, BRAC IED plans to expand the services beyond the pandemic and apply it to hard to reach areas such as haors and chors in the mainstream population and remote pockets in camp and host communities. This is because it has been observed that the model can offer low-cost services with maximum benefits and maximum coverage. However, a cost-benefit analysis research is required to confirm the observation.
4. Since the Covid-19 situation is still uncertain, there is the need to further pilot the intervention with new components for the longer term. Additionally, increased pilot studies would reveal the strengths and weaknesses of the model in order to strengthen it as a whole.

⁴¹ New Pashe Achhi Call Assessment