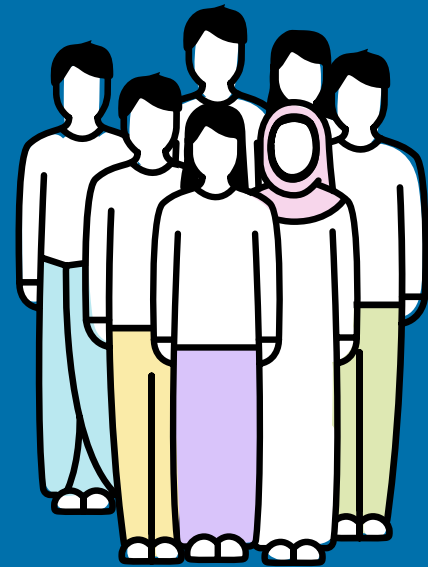


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Caregiver Engagement Strategies:

Real-World Examples from
Play to Learn Programs



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THE PLAY TO LEARN PROJECT

Play to Learn is an innovative humanitarian program from Sesame Workshop, BRAC, and the International Rescue Committee that harnesses the power of play to deliver critical early learning to children and caregivers affected by the Rohingya and Syrian refugee crises. Made possible with the support of the LEGO Foundation, Play to Learn reaches families in their homes, health centers, and play spaces—providing them with the tools needed to foster nurturing care and help children learn and thrive. Partnering with NYU’s Global TIES for Children as an independent evaluator, we are measuring the program’s impact on children’s development and caregivers’ mental health and well-being. By generating tested, scalable, and transportable approaches and educational content, Play to Learn is laying the foundation for transformational change—allowing us to reach generations of children affected by crisis, no matter where they are.

THIS RESOURCE

This resource was created to help curate and synthesize the expertise and insight from practitioners in early childhood development who worked with children and families affected by conflict and crisis under the Play to Learn project from 2018-2024. This resource was developed by Childhood Education International under a consulting agreement with the Play to Learn Project in consultation with Play to Learn partners. This collaborative effort underscores the power of co-creation in addressing the complex challenges of education in emergencies and advancing meaningful change.

The full collection of program resources can be found at the [Play to Learn Resource Hub \(https://sesameworkshop.org/our-work/impact-areas/play-to-learn-resource-hub/\)](https://sesameworkshop.org/our-work/impact-areas/play-to-learn-resource-hub/).

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Caregiver engagement involves reaching out to parents or other people primarily responsible for caring for young children and actively engaging them in their children’s growth and development. For families affected by conflict or crisis, engaging caregivers means supporting them as individuals as well as well as providing the knowledge, skills, and resources to support the development of their young children. Play to Learn worked with caregivers in a variety of circumstances, using and testing different strategies to encourage and support them to fulfill their role as their child’s first champion.

STRATEGY 1:

USE IN-PERSON MEETINGS TO PROMOTE RELATIONSHIPS BETWEEN CAREGIVERS

In-person meetings allow for relationship building between caregivers, which can deepen engagement. However, they require more time and resources to implement and can come with barriers to caregiver participation if transportation and timing are not carefully accounted for during implementation.

EXAMPLE:

Ahlan Simsim Families

In the International Rescue Committee’s (IRC) Ahlan Simsim Families program, small groups of 5-20 caregivers met weekly or bi-weekly for 12 sessions to learn about child development, the importance of learning through play, disability inclusion, positive discipline, psychosocial support, and hygiene. A trained facilitator delivered sessions in common spaces, such as child protection or women’s centers. Ahlan Simsim Families was also implemented remotely over WhatsApp, Zoom, and Skype using a similar format of group-based facilitated sessions for smaller groups of caregivers and in locations or at times when in-person sessions were not possible.



In a qualitative study, caregivers and facilitators gave feedback on their experiences with the program, including the in-person modality.

SUCSESSES

- Sessions were conveniently located in centers or locations that caregivers already attended for other services.
- Caregivers and facilitators liked the opportunity to interact with one another, exchange ideas, and participate in activities.
- In-person sessions were considered more fun and they provided the opportunity to engage more shy caregivers.
- In-person sessions also served as good entry points to build trust with caregivers and introduce

them to our remote or digital programs.

LESSONS LEARNED

- In some locations, transportation issues and lack of time prevented some caregivers from attending in-person programs.
- Financial incentives were a common request for in-person participation but were not provided.
- Flexibility for caregivers to choose in-person or remote programming is important. Hybrid options (with some sessions online and some in-person) can be a way to increase retention.

STRATEGY 2:

USE GENDER-SPECIFIC APPROACHES

Most early childhood development (ECD) programs are focused on female caregivers, yet reaching and engaging fathers can benefit mothers, their children, and their relationship with their spouse. Play to Learn designed one program with and for fathers. An independent impact evaluation showed that this program had positive effects across several outcomes, particularly for families who were more vulnerable. However, the design and piloting process for this program was intensive.

EXAMPLE:

Fathers' Engagement Model

In BRAC's Fathers' Engagement Model, fathers met in small groups once per month and were visited in their homes three times a month by a peer who had been trained and received ongoing supervision. Fathers participated over a period of six months, and they all had a wife and child participating in the original version of the program made for mothers. The curriculum included topics like psychosocial well-being and emotional management for fathers, as well as methods for child stimulation, playful activities, and father-child engagement to enhance ECD.

An impact evaluation of the program conducted by New York University (NYU) Global Ties for Children found many positive impacts on fathers as well as their partners and children.

SUCSESSES

- Positive impacts were found on fathers' capacity to respond to their children's needs and to collaborate with and provide greater physical support to their wives.
- Increase in father-child stimulation and beliefs about fathering.
- Benefits extended beyond fathers to some areas of children's development and reduction in harsh discipline of children, with greater benefits seen in more disadvantaged families.

LESSONS LEARNED

- Participants requested a longer program.
- Weekly sessions conflicted with fathers' work schedules. It was recommended to test other combinations of session frequency, duration, or modality in the future.

"I am more involved with my child; I love my children more and spending more time with them. I also learned how to share the family responsibilities with my wife. I have shared my changes with other males in the community and they are also benefiting from the intervention, (e)specially the training for fathers."

– Rohingya Father



STRATEGY 3:

EXTEND THE OPPORTUNITIES FOR PLAYFUL RELATIONSHIP WITH ECD HOME KITS

Equipping caregivers with play-based materials and training on child development can enable home-based ECD interventions that strengthen the caregiver-child relationship and facilitate learning.

EXAMPLE:

Sesame Workshop Bangladesh's Play at Home: an ECD Home Kit

Sesame Workshop Bangladesh developed and distributed Play at Home: an ECD Home Kit as part of Play to Learn, offering home-based ECD interventions with resources targeting children ages 3-6. This kit helps prepare children for Level-1 Learning Centers, and also focuses on strengthening the capacity of parents and caregivers to support their children's language, cognitive, social, and emotional development.



PHOTO: DHANI CHITRE | SESAME WORKSHOP

PHOTO: THE INTERNATIONAL RESPECT CENTER

STRATEGY 4:

USE AUTOMATED SYSTEMS TO TIME MESSAGES AND REMINDERS

Phone-based interventions can be implemented at large scale with reduced costs but they require careful planning to adjust for cultural and structural factors to ensure maximum impact. Promising ways to improve the program include testing content and calls, conducting in-person outreach, and deploying a tech system that allows for greater tailoring of messaging to participants.

EXAMPLE:

Gindegi Goron

In the IRC's Gindegi Goron program, pre-recorded messages were sent on a weekly basis to pregnant or lactating women, their husbands, and their mothers-in-law. Participants also received quizzes every two weeks and follow-up calls or text messages as needed. Pregnant women received messages for 12 weeks, and lactating women received messages tailored to the age and stage of their child for 24 months. Content focused on health and nutrition topics, early learning and stimulation, play, and maternal physical and mental well-being. The IRC monitored engagement and made modifications to the program throughout the first year of implementation.

In [a report on the pilot phase of Gindegi Goron](#), caregivers were highly satisfied (97 percent) with program content and reported that it had the potential to improve their children's lives in the future (95 percent).

SUCSESSES

- The percentage of mothers who reported playing with their children increased by 25 percent.
- The percentage of mothers who reported bringing their child to health or nutrition services for growth monitoring increased by 17 percent.
- The percentage of mothers who spent time reading to their children increased by 29 percent.
- Following the pilot, Gindegi Goron went through a prototyping phase to improve caregiver engagement.

LESSONS LEARNED

- To mitigate the drop-out of clients, the IRC allowed users to dial-in at a time of their choosing to hear stories and messages that they previously missed.
- Family phones typically remain with the husband, so messages for women had to be timed for when husbands were at home. There was also uncertainty as to whether the appropriate caregiver directly received the message.
- During the pilot phase, 66 percent of pre-recorded calls were answered, and 65 percent of those calls were listened to in full. Engagement rates declined slightly over the course of the pilot.
- The IRC initially enrolled clients via health centers, but outreach beyond health clinics was essential to reach families.

STRATEGY 5:

INTEGRATE ECD MESSAGES IN HEALTH VISITS

Integrating messaging in existing services, such as health visits, has the potential to increase programming impact while streamlining caregiver participation and experiences within an existing service, such as regular child health check-ups. Yet integration requires a thorough understanding of the existing services to plan for the best integration strategies.

EXAMPLE:

ECD integration into health centers

In Jordan, the IRC and the Ministry of Health (MoH) launched an intervention to increase families' access to ECD information and activities through well-child visits made by midwives and nurses. MoH midwife training was expanded to include offering families ECD tips and answering family questions on their children's development. In 10 health centers, trained midwives were also able to refer caregivers to a WhatsApp-based ECD automated messaging service that provided play-based activities for caregivers to do at home with children ages 0-5.



In an implementation study conducted by NYU Global TIES for Children and the IRC, successes and challenges were unpacked to understand why the intervention had lower than expected uptake.

SUCSESSES

- Clinic visits offer an opportunity to provide additional information and services related to parenting but require more time be given to midwives in each wellness visit.
- Information on managing “stubborn” child behavior may be an entry point for play-based or early learning tips.

LESSONS LEARNED

- Midwives described time limitations and competing priorities. While they valued being able to deliver ECD tips, they struggled to find time to use them during short visits with caregivers and children.
- Midwives reported that there were challenges to convince caregivers to adopt ECD practices; cultivating caregiver trust was difficult if their advice conflicted with that of family members.

The implementation study provided rich information into the cultural and structural barriers impeding successful integration in health clinics. This program was further adapted to address challenges and has now trained over 250 midwives and reached over 815,000 children. The Ministry of Health aims to scale up this program to support almost 40 percent of children under age five across the country.

Implementation research provided rich information into the cultural and structural barriers to this approach that can serve as the foundation for future programming. Failure can be a tool for success if resources are allocated to research that can light the path to more effective solutions.



**TO LEARN MORE ABOUT PLAY TO LEARN,
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