



BRAC Humanitarian Play Lab Model: Promoting Healing, Learning, and Development for Displaced Rohingya Children

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# BRAC HUMANITARIAN PLAY LAB MODEL: PROMOTING HEALING, LEARNING, AND DEVELOPMENT FOR DISPLACED ROHINGYA CHILDREN

ERUM MARIAM, JAHANARA AHMAD, AND SARWAT SARAH SARWAR

## ABSTRACT

*In August 2017, almost a million Rohingya people fled to Bangladesh to escape violence and persecution in Myanmar; 55 percent of them were children. BRAC, one of the largest nongovernmental organizations in the world, operates an initiative called the Humanitarian Play Lab model for children ages 0-6 in the Rohingya refugee camps in Bangladesh. The intervention combines play-based learning with psychosocial support from paracounselors to promote positive developmental outcomes for children in crisis settings. Designed using a community-based participatory approach that promotes a sense of pride and belonging among those living in a displaced community, the play model strongly emphasizes the importance indigenous cultural practices play in healing and learning. This field note, in which we describe the key features of the play model, covers the period of implementation from its start in October 2017 up to December 2019. Our intended audience includes policymakers, practitioners, and other advocates for early childhood development and play who are working to promote child development and wellbeing in humanitarian settings. We offer this description as a case study of how providing play-based learning to children in emergency situations may help mitigate the detrimental long-term effects of displacement and trauma.*

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## **BRAC'S HUMANITARIAN PLAY LAB MODEL WITH DISPLACED ROHINGYA CHILDREN**

The duration of population displacements is increasing around the globe: UNHCR (2017) data estimate that protracted refugee situations now last an average of 26 years. At the end of 2018, some 15.9 million refugees across the globe were living in situations of protracted displacement (UNHCR 2018). This means that the short-term responses that dominate humanitarian aid are wildly insufficient. Efforts must focus instead on sustainable solutions that bridge the humanitarian/development divide to fuel long-term recovery. At present, less than 3 percent of the global humanitarian aid budget is dedicated to education, and a mere fraction of that benefits young children (UNESCO 2015).

One of the biggest refugee crises in recent years has been the displacement of the Rohingya people from Myanmar to Bangladesh. The Rohingya, who numbered around one million in Myanmar at the start of 2017, are one of many ethnic minorities in the country. Rohingya Muslims represent the largest percentage of Muslims in Myanmar, the majority of them living in Rakhine State. However, the government of Myanmar, a predominantly Buddhist country, denies the Rohingya citizenship and even excluded them from the country's 2014 census. In the last few years before the current crisis, thousands of Rohingya fled from Myanmar to escape communal violence or alleged abuse at the hands of Myanmar's security forces (BBC 2020).

In August 2017, a widescale exodus took place—almost a million Rohingya fled to Cox's Bazar, Bangladesh, to escape persecution and violence in Myanmar. The vast majority of the displaced Rohingya people currently living in Bangladesh are women and children; more than 40 percent are under age 12 (UNHCR n.d.). Uprooted from their homes, this marginalized population has faced trauma and violence, and many of them are now showing signs of psychological distress.

Since 2015, BRAC, one of the world's largest nongovernmental organizations, has implemented its Play Lab model, an early childhood program that uses a play-based curriculum, in Bangladesh, Uganda, and Tanzania. The Play Lab curriculum integrates learning and developmental outcomes set by the government of each country with play activities that are tailored to the cultural context. Learning through play is the primary goal, as research shows that play-based activities are an optimal way to help children learn, to promote the development of their language, social, and emotional skills, and to foster their creativity and imagination (Hirsh-Pasek and Golinkoff 2008; Pyle and Danniels 2017). The Play Lab model, which

is implemented in community centers and in government primary schools, is designed to ensure that the most vulnerable children and families have access to quality early childhood development services and education. The beneficiaries are children who live in low-income communities. Young women from the community are hired and trained as facilitators, or Play Leaders, of the activities. The design of the spaces where the program is implemented is a key focus of the model. Parents and community members collaborate with the Play Leaders to build toys and decorations using low-cost, recycled materials.

BRAC's Humanitarian Play Lab (HPL) model, a play-based program for children living in emergency settings, has adapted the theoretical underpinnings of the Play Lab model to the humanitarian context of the Rohingya refugee community in Cox's Bazar—currently the largest refugee settlement in the world. The aim of the HPL model is to promote positive developmental outcomes for children in crisis settings and to help them build resilience in order to overcome the trauma they have faced. This model is underpinned by the assumption that using activities taken from their own culture will give children who have been uprooted from their homes a sense of pride and belonging, which in turn will help them heal. This assumption is based on BRAC's observations and experiences of implementing the HPL model in the field. The HPL model integrates playful learning with child protection, psychosocial support, and links to critical services. It incorporates relevant cultural traditions into its work and engages with both the Rohingya and the host communities. The HPL curriculum includes approaches and play activities based on the Rohingya culture, which were drawn from a continuous series of observations, interviews, and focus group discussions with the Rohingya community. Young Rohingya women serve as facilitators: those working with the model for children ages 2-6 are known as Play Leaders, those with the model for children ages 0-2 as Mother Volunteers. The model is implemented in child friendly spaces (CFS) and operates within the Child Protection Sub-Sector.<sup>1</sup>

The HPL model, which is easily adaptable, adopts the best cultural practices of communities living in humanitarian settings. This makes it both accessible and scalable in different environmental and social contexts. The model demonstrates how organizations and stakeholders can work together to ensure that the content

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<sup>1</sup> The Child Protection Sub-Sector is a coordinating body that brings together both national and international agencies to organize activities and interventions related to child-protection issues in the camps. It functions as part of the Protection Sector Working Group. Organizations in the Child Protection Sub-Sector include Save the Children, BRAC, Terre des Hommes, and others, with UNICEF being the lead organization. It aims to prevent and respond to abuse, neglect, exploitation, and violence against Rohingya children and host community children affected by conflict. CFS are one of UNICEF's key child-protection interventions; they provide safe spaces where children in crisis situations can access recreation and learning activities.

is relevant to the cultural context and, in turn, generate a sense of ownership among community members. As of December 2019, BRAC was running 304 CFS in the camps in Cox's Bazar and reaching around 41,000 Rohingya children ages 0-6. Since December 2018, BRAC has been working in partnership with Sesame Workshop, the International Rescue Committee, New York University's Global TIES for Children, and the LEGO Foundation as part of the Play to Learn project to scale-up the model and cocreate additional elements to integrate into the HPL intervention.

This paper proceeds as follows. We first describe BRAC's response during the initial days of the Rohingya crisis. We then describe how the play-based model was developed using Rohingya cultural practices and how the model is differentiated for various age groups. Next, we summarize how BRAC uses paracounselors to integrate psychosocial support into the model, how Rohingya cultural elements are integrated into the design of the spaces where the model is implemented, and how monitoring data are used to improve implementation. We conclude with a short discussion of the challenges we faced, and of lessons learned that other organizations can apply.

## **DEVELOPMENT AND ADAPTATION OF THE MODEL FOR THE ROHINGYA COMMUNITY IN COX'S BAZAR**

### **EARLY DAYS IN THE HUMANITARIAN CAMPS**

Within a couple of weeks of the influx of Rohingya into Bangladesh in mid-September 2017, several BRAC staff members visited Cox's Bazar to observe the situation and assess the ongoing crisis. What they observed was a scene of great confusion. People were clustered on the side of the road, as many of them did not know where to go or what to do. The BRAC staff members spent a few days talking to people from the Rohingya community. Psychologists employed by BRAC shared their observations, which showcased several cases of children with vacant eyes, children who were very violent and aggressive, and others who were extremely quiet and withdrawn. Preliminary observations in the camps noted that the children talked of revenge and violence, and their artwork initially expressed violent themes, including images of guns, bloodshed, and bombs. Providing psychosocial support to children and their families was deemed crucial.

The Child Protection Sub-Sector, which was well organized in the early days of the crisis, provided an easy entry point for BRAC to work with children and implement its play-based model. From the beginning, BRAC had the goal of scalability and replicability in mind. It had a good presence in all sectors across all the camps—education, shelter, health, etc.—which simplified on-the-ground coordination across sectors in the camps and enabled BRAC to scale-up its interventions quickly.

UNICEF provides a standard guideline for CFS (UNICEF 2018), which BRAC adapted to the needs of the Rohingya community. Initial observations showed that, although toys and books were provided, most of the children had no idea what to do with them. Many of the children were withdrawn and would sit in a corner, unable or unwilling to talk or interact. It was clear to BRAC staff members that some elements of psychosocial support and child stimulation would need to be added to the usual CFS practices. When BRAC started to operate its own CFS in 2017, its goals included providing safe spaces for children, nurturing their spontaneity and promoting their holistic development, and giving them a sense of belonging by preserving elements of their culture.

### ADAPTING THE CFS CONCEPT

BRAC was originally running seven CFS in collaboration with UNICEF, which trained the BRAC employees on standard CFS procedures. BRAC added elements of child development, child engagement, and social-emotional learning to the curriculum. Several small CFS were created throughout the camps to enhance access for all the children. Fixed rather than mobile facilities were built to make it easier to keep track of the children attending the CFS, who were required to stay for at least two hours—a child-protection measure. The children were divided into age cohorts of 2-4 years and 4-6 years, again to make it easier to track their attendance. An initial curriculum for the play-based model was developed toward the end of 2017.

Other educational opportunities for children in the camps included learning centers run by UNICEF and other organizations, which provided nonformal basic education. The classes offered included English, math, Burmese, science, and life skills. BRAC's play model was unique in this landscape, in that it provided learning opportunities for children younger than six through play activities rooted in the Rohingya culture.

## INTEGRATING CULTURE WITH PLAY AND DEVELOPING THE CURRICULUM

The learning framework at the heart of the HPL curriculum was developed in conjunction with various international consultants who were experts in curriculum design and play-based pedagogy. It is based on the Early Learning Developmental Standards set by the Bangladesh government, which define developmental outcomes for different age groups (Bhatta et al. 2020). The learning framework focuses on four broad areas of development—physical, social and emotional, language and communication, and cognitive. Each of these developmental domains has defined outcomes for the different age cohorts.

Since 2017, BRAC’s curriculum team has been collecting and documenting elements of the Rohingya culture, including *kabbiyas* (folk rhymes), *kissas* (stories), art motifs, and various physical activities, around which they design the curriculum. Initial surveys and focus group discussions conducted in the camps revealed that traditions and cultural norms such as collectivism, as well as intergenerational practices, stories, and rhymes, play a strong role in the everyday lives of the community members. The following elements of the Rohingya culture emerged through conversations with community members, by playing with children and asking them what they liked, and observing community members’ practices:

- The *kabbiyas* of the Rohingya people, which are often folk rhymes passed on orally from generation to generation, play an essential role in the lives of the children. Chanting the *kabbiyas* brings the children together, and the joy on their faces as they chant is clear to see. Parents and other adults chant the rhymes alongside the children, and the community members describe the effect as cathartic.
- The *kissas* of the Rohingya people root them to their culture, create a feeling of harmony among the children, and forge strong bonds between children and their parents. These stories are often animal fables or folk tales centering on kings and queens, princes and princesses.
- Traditional games and physical activities bring out the children’s spontaneity and joyfulness. The games are usually detailed, each with its own set of rules. Initial observations show that the games are gendered; boys demonstrate skill in activities such as the “Elephant Game,” where they climb on top of each other to form an elephant, and the girls play “*Iching Biching*,” a game with very intricate footwork. However, all the games display a remarkably

wide array of skills, dexterity, and endurance that BRAC had not observed in children in the Bangladeshi community.

- Art is very important to the Rohingya community. Given a piece of paper and some crayons, children as young as two or three years old will sit down and patiently draw patterns that are often complex. Community members report that creating these floral patterns and motifs that are so specific to their culture gives these displaced children the feeling that home is never far away.

Activities that are taken from the Rohingya culture are modified to achieve the outcomes set out in the learning framework, and each activity in each session has associated learning outcomes. A curriculum manual has been developed in which all the steps of the activities are illustrated, which enables the Play Leaders, many of whom have a low literacy level, to understand them easily. The Play Leaders are introduced to the activities through a series of training sessions and field observations. The curriculum team also receives feedback from facilitators, field staff, and consultants who are experts in pedagogy and play-based learning, which leads to further refining of the activities.

In the early days of the model implementation, the two Play Leaders who facilitated each session in the CFS were from the host communities surrounding the camps, including Cox's Bazaar, Teknaf, and Ukhia. That later changed so that one Play Leader came from the host community and the other from the Rohingya community. Then, in 2019, BRAC program staff observed that women from the Rohingya community who were trained in play-based learning and psychosocial support functioned very well as Play Leaders. BRAC thus decided that both Play Leaders would be Rohingya women, which would give the children more positive role models from their own community. It also made it easier to facilitate activities taken from the Rohingya culture.

BRAC also wanted to empower young Rohingya women from the refugee community, and staff members found that engaging them as Play Leaders helped create a sense of ownership of the model among community members. The Play Leaders, who generally have a minimum level of primary or early secondary education, are given an initial five day long basic training, followed by monthly refresher trainings. The content of these training sessions is decided by the curriculum team and tailored to issues the Play Leaders report encountering as they do their job. The Play Leaders are supervised by Project Assistants who give them on-the-spot mentoring and coaching as needed.

## THE HUMANITARIAN PLAY LAB MODEL FOR DIFFERENT AGE GROUPS

The HPL includes a center-based model for children ages 2-6, a home-based model for children ages 2-4, and a home-based group model for children ages 0-2 and their mothers.

### THE CENTER-BASED MODEL FOR CHILDREN AGES 2-6

Two shifts of two-hours each are run in the CFS, also called HPL centers. One focuses on children ages 2-4 and the other on children ages 4-6. The curriculum for the age 4-6 cohort is focused on traditional academic outcomes that are achieved through play-based activities. For example, Burmese alphabets are taught during *kabbiyas* and through art activities; numbers are taught through physical play activities and rhymes; concepts of big-small, tall-short, and patterns are taught through art and physical play, and so on. On average, 40 children per shift are supervised by two Play Leaders. The routine for a shift starts with one 10-minute welcome session, followed by four sessions of 25 minutes each. The sessions focus on *kabbiyas* and *kissas*, physical play activities, free play, and art. The shift concludes with a 10-minute goodbye session. Each activity has specific learning objectives based on the learning framework; hygiene and safety messages and exercises for emotional self-regulation are also included in the HPL curriculum. The HPL centers are informally referred to as *Kelle Peyo Nera*, meaning Happy Play Space—a name given by the Rohingya community

### THE HOME-BASED MODEL FOR CHILDREN AGES 2-4

BRAC also operates a home-based model for the ages 2-4 cohort, which is similar to the center-based model for children ages 2-6. In 2019, BRAC piloted sessions for children ages 2-4 in 50 home-based pockets, a pocket being a predefined catchment area surrounding an HPL center. The aim was to increase the number of children reached. While the curriculum for the home-based model is similar to that used in the HPL centers, the activities have been modified for smaller spaces and fewer children. In the home-based model, one Play Leader supervises 14-15 children.

### THE HOME-BASED GROUP MODEL FOR CHILDREN AGES 0-2 AND THEIR MOTHERS

There also is a home-based group model for children ages 0-2 and their mothers. The informal name for these group sessions is *Ajju Khana*, or Place of Hope, which was chosen by the Rohingya mothers. Introduced in May 2018, this home-

based group model focuses on alleviating symptoms of maternal depression and on teaching the mothers how to interact with and nurture their children. Paracounselors facilitate this model with the help of Mother Volunteers from the Rohingya community. As of December 2019, one thousand home-based pockets were operational.

Group sessions are run out of one mother's home. Research shows that maternal wellbeing is important to children's developmental outcomes, especially young children (Singla, Kumbakumba, and Aboud 2015; Alvarez et al. 2017). Therefore, the age 0-2 group model strongly emphasizes maternal mental health and attachment to their children, and thus helps prevent cases of intergenerational trauma. Sessions are run with 11-14 Rohingya mother-child dyads and meet once a week. The paracounselors conduct one home visit with future mothers in their last trimester of pregnancy to prepare them for the birth and to talk about maternal mental health. When the baby is between 0 and 45 days old, a paracounselor conducts another home visit to check on the mother and give her tips on taking care of her newborn. Mothers and children join the group sessions when the baby is more than 45 days old.

A typical group session has four components. An opening greeting section is followed by a section on maternal mental health. Concepts related to psychosocial support such as positive thinking and anger management are introduced in this session through discussion and activities. This is followed by a section on infant stimulation. Activities introduced in the infant stimulation sessions are designed in consultation with the community and are modified for children of different ages. The last section focuses on concluding the session and saying goodbye. During these sessions, the paracounselors identify mothers who might need additional psychosocial support and then visit them in their homes to provide that support in conjunction with psychologists.

#### PROVIDING PSYCHOSOCIAL SUPPORT THROUGH PARACOUNSELORS

Mental health and psychosocial wellbeing are critical components of the HPL model. Conversations with and observations of Rohingya children have shown that a vast majority of them suffer from severe trauma, stress, anger, etc. Mothers of these children also suffer from trauma, stress, anxiety, depression, etc. The HPL model thus connects beneficiaries to psychosocial counseling through a four-tier referral pathway.

The BRAC paracounselors are an integral part of BRAC's four-tier psychosocial referral pathway and they were instrumental in integrating mental health support into the HPL model. The paracounselors are frontline staff members who are trained to provide psychosocial support to children and their family members under the supervision of psychologists. Each paracounselor is assigned a specific HPL center, where they attend to the mental health needs of the children in attendance. They also conduct home visits in a predefined catchment area surrounding their center and facilitate basic training for the Play Leaders in the skills required to provide psychosocial support, build rapport with beneficiaries, and observe and identify clients.

The paracounselors make a daily report to the psychologists about new cases of children who may be suffering from psychosocial distress. The psychologists then determine if any cases require therapeutic services and guide the paracounselors in deciding what techniques and methods to use next. The psychologists also can refer children to psychiatrists and other experts for further support. The paracounselors are also responsible for referring individuals to other necessary services and groups, such as health-care facilities, BRAC's Human Rights and Legal Service group, the CFS manager, etc.

The paracounselors are young women from the host community who speak a dialect similar to the Rohingya language. BRAC selected women from the host community for a number of reasons: they generally had a higher level of education than Rohingya women, and the organization believed that, to provide adequate psychosocial support, the paracounselors themselves needed to be free of trauma. The Rohingya women had experienced significant trauma, and BRAC felt that it would not be effective to ask them to provide psychosocial support to others while dealing with their own mental health issues. Moreover, because of the cultural stigma surrounding mental health issues in the Rohingya community, BRAC thought it would be easier for Rohingya people to confide in outsiders they did not have to see or interact with regularly.

The referral pathway works as follows:

1. Play Leaders are trained to provide psychosocial support. They deliver programs in the HPL centers and build rapport with children and their families during play sessions. Utilizing their training, Play Leaders identify children who might need psychosocial support and refer them to the paracounselors.

2. Paracounselors conduct routine visits to HPL centers and private homes to provide psychosocial support to those in need. They also advise and support the Play Leaders, provide psychosocial counseling support to children and mothers, and offer parenting sessions to mothers of children ages 0-2. Paracounselors report to assigned counseling psychologists.
3. Counseling psychologists supervise the paracounselors, provide therapeutic support for the more complex cases, and provide training for both Play Leaders and paracounselors.
4. Experts are national and international psychologists and psychotherapists who work in the fields of clinical psychology, counseling psychology, education, maternal wellbeing, child development, play, and child observation. They supervise the psychologists, develop capacity-building initiatives, and create content, frameworks, and evaluation tools for play-based healing and psychosocial wellbeing for use in the HPL model. They also provide support in making clinical assessments of the referred cases and sometimes refer cases for psychiatric treatment.

During regular play sessions in the HPL centers, Play Leaders observe children for signs of withdrawal and aggression. The identified cases are referred to the paracounselors, who provide psychosocial assistance to these children and, if necessary, to their family members through home visits and sessions in the HPL center. The Play Leaders also identify children who have been separated from their parents (they reside in different camps) or are unaccompanied (they crossed the Myanmar-Bangladesh border without a parent or guardian), and refer the list to the paracounselors.

During home visits, the paracounselors identify individuals who display one or more of the following signs:

- Disrupted eating
- Disrupted sleeping
- Withdrawal
- Aggression
- Inability to do their daily activities

- Intrusive thoughts and nightmares
- Suicidal ideation

In 2017 and 2018, paracounselors went door-to-door to provide support, in consultation with psychologists, to anyone they felt needed psychosocial assistance. As their client group became more defined over time, they started to focus more on children and their family members. The paracounselors and psychologists have received extensive training from consultants and experts from various national and international organizations on using psychosocial support skills, such as active listening, displaying empathy, maintaining confidentiality, maintaining an unbiased attitude, and refraining from personal judgment. The psychologists and paracounselors are also trained in different therapeutic techniques that range from play therapy to psychological first aid to recognizing signs of trauma. This training is ongoing.

#### **DESIGNING SPACES WHERE THE MODEL IS IMPLEMENTED BASED ON ROHINGYA CULTURE**

The initial HPL centers built in September-October 2017 were rudimentary—just canvas tents tied to four bamboo posts stuck into the ground. In early 2018, those at risk of damage from landslides or flooding were relocated. The roofs of some centers built on hills were tied down to prevent them from being blown away in strong winds. All the centers were repaired and reinforced with stronger building materials.

Besides making sure the CFS were structurally sound, BRAC began to focus on their design and feel. In June 2018, BRAC organized focus groups, which were facilitated by architects it employed, to discuss the common housing patterns and traditional décor found in the Rohingya culture. Beginning in September 2018, BRAC tested the process of using traditional Rohingya elements to decorate the CFS. Architects and community members worked together to incorporate *shamiyanas*, the traditional tapestries of the Rohingya community, and *alpanas*, or traditional designs painted on walls. This process was refined for implementation on a larger scale in December 2018, when the community designed about 300 CFS with the help of the Play Leaders and managers, following detailed guidelines from the architects. Because physical play is important for the Rohingya children, the architects made sure the play centers had open, unrestricted interiors, as big outdoor play spaces often were not available in the camps.

In late March 2019, BRAC decided that the Rohingya community should take charge of the whole design and building process, with architects on site to observe and guide them. The organization held a workshop for Rohingya children, their families, and community members that included architects who were experts in the community-led participatory design process and in play-space design. Starting in April 2019, under the supervision of these architects, the Rohingya community designed, developed, and implemented its new play spaces. Eighteen indoor play spaces and two outdoor play spaces were constructed and implemented in May and June 2019. The architects took inspiration from traditional Rohingya building practices to create spaces in which the Rohingya people would feel at home.

### **MONITORING AND RESEARCH**

Monitoring data used to assess the day-to-day activities of the HPL implementation began to be collected regularly in late 2018. The data, such as children's attendance records, how facilitators implemented the curriculum, etc., are used to improve the program implementation.

The monitoring tools include observation checklists to measure the quality of interactions between the Play Leaders and the children, the environmental quality, and how faithful the program implementation is to its stated objectives. Monitoring officers collect these data regularly and share them with program staff, who use them to inform program revisions.

BRAC is currently working with consultants and experts to improve the quality of the monitoring data collected. Children, mothers in the age 0-2 home-based model, and program staff such as Play Leaders all have high attendance records—an indication that these participants find value in the program. Focus group discussions with mothers, facilitators, and community members also indicate that the program is having a positive impact. The reasons for this are many. First, BRAC has been able to engage successfully with the community to ensure that the intervention is tailored to their needs and is culturally contextualized. The program provides a stimulating environment for children to engage in play-based learning and receive psychosocial support. The program also provides a safe space for mothers to process and heal from their traumas and learn about child stimulation. The program is also focused on women's empowerment, which it demonstrates by hiring young Rohingya women as facilitators and giving them extensive training to build their capacity. BRAC has worked to identify several globally accepted monitoring and evaluation tools and adapt them to the Rohingya context. A couple of internal research studies carried out by BRAC James P. Grant

School of Public Health, BRAC University and BRAC Institute of Governance and Development, BRAC University in 2019 show the positive impact the HPL intervention is having on children; the studies have not yet been published. Global TIES for Children at New York University will be evaluating the HPL model over the next few years, including a rigorous study of how the play model affects children's developmental outcomes.

### **CONCLUSION: LESSONS LEARNED AND MOVING AHEAD**

The HPL model developed in the Rohingya refugee camps of Bangladesh combines the science of play with psychosocial support. The aim is to build resilience in children who are living in fragile settings and provide them with a safe, nurturing environment where they can engage in age-appropriate, stimulating, culturally relevant activities. The model, which is based on a participatory approach, includes elements of the Rohingya culture, such as play activities. This is done to give the children a sense of belonging; facilitators are chosen from the Rohingya community for the same reason. The spaces where the model is implemented are designed using elements from the Rohingya culture. BRAC staff members hold material development workshops at which facilitators, mothers and other family members, and community members use low-cost recycled materials to create toys and decorations for the centers. This ensures that the intervention is relevant to the refugees' home culture and gives them a sense of ownership.

BRAC's bottom-up approach, which is grounded in a deep understanding of the Rohingya context, was key to the model's development. Because of extensive, detailed planning and strong technical expertise, coupled with being flexible and willing to adapt to changing circumstances in the camps, the organization successfully scaled-up its programs in a short amount of time with only limited resources. The model has been adapted to reflect research results and will continue to be adapted as necessary as BRAC gains a deeper understanding of the Rohingya culture. BRAC is partnering with Sesame Workshop and others to cocreate several new elements that will be integrated into the program in the future, such as storybooks and parenting education. Sesame Workshop is also creating video content for use in the program.

By implementing the HPL model, BRAC has learned several lessons that may be applicable to other organizations. First, any learning intervention for young children in a humanitarian setting should also focus on their psychosocial wellbeing. It is also important to understand the needs of the beneficiaries and to include them in the design of any intervention meant to serve them. It is

important to get started with the implementation of a model without waiting for the perfect design, since the design will change in keeping with the experience of implementing it in the field. BRAC started the HPL model in late 2017, and it has since gone through several major iterations based on observations, feedback, and lessons from on-the-ground experience. In the humanitarian context, it is particularly important to work in any sector that provides an easy entry point—for BRAC’s HPL model, this was the Child Protection Sub-Sector. This experience has also informed BRAC’s implementation of the Play Lab model in noncrisis settings. We have come to realize how crucial providing psychosocial support is when promoting child development and positive parenting in all contexts, not just in conflict and crisis settings. Thus, we have strengthened the mechanisms for providing psychosocial support to children and caregivers in our Play Lab model.

BRAC faced several challenges while implementing the model, including a lack of space in the camps. Here the organization had an advantage because it was working in all sectors and had a presence in the camps since the early days. Another challenge was to focus continuously on disaster preparedness, because the area where the camps are located is prone to heavy rains, floods, and mudslides for several months each year. Many Play Leaders have low literacy levels and little initial capacity to facilitate effectively, thus they need a lot of training and support, and the curriculum must be largely picture based to accommodate their limitations. Although the Rohingya community has many unique play activities, the concept of learning through play was new for many Rohingya adults. BRAC initially faced strong resistance from the community about women working as facilitators, but because the model was developed using a participatory approach, which included consultations and conversations with community members, this resistance was slowly overcome.

Despite the many challenges, this model holds great promise for adaptation to other humanitarian contexts. Engaging in play-based activities with responsive caregivers can help mitigate the long-term detrimental effects displacement and trauma have on children and help them gain the skills they need to thrive. The model provides practitioners and policymakers with a case study of how to design a play-based intervention for young children in a humanitarian setting in cooperation with members of the displaced community. Its principles can be adapted to humanitarian settings around the world.

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