Case Studies on Addressing Early Childhood in Three Host Country Contexts
Bangladesh Case Study

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The following report presents a qualitative case study completed in Bangladesh in late 2019. It reflects a snapshot of information about the refugee experience of early childhood services, based on interviews, focus group discussions, site visits and policy document review. In a qualitative study of this kind, it is not possible to capture every perspective and perception of all stakeholders. The scope of this report was not to provide a comprehensive mapping of all refugee services available or a historical accounting of events that have unfolded over years. The case study investigates individual and group stories and experiences to synthesize common themes with the goal of identifying recommendations to improve the provision of early childhood services for young refugee children and their families.

The Moving Minds Alliance is a funders collaborative and network convened to scale up coverage, quality and financing of support for young children and families affected by crisis and displacement. Drawing from on-the-ground experience and shared learning, Moving Minds seeks to catalyze a new way of responding to crises to address the inter-sectoral needs of the youngest refugees and their families. Learn more: movingmindsalliance.org.

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<tr>
<td>BRAC</td>
<td>Building Resources Across Communities</td>
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<td>BRAC IED</td>
<td>Institute of Education and Development</td>
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<td>CFS</td>
<td>Child Friendly Spaces</td>
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<td>DSS</td>
<td>Department of Social Services</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>ECCD</td>
<td>early childhood care and development</td>
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<td>ELDS</td>
<td>Early Learning and Development Standards</td>
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<tr>
<td>IED</td>
<td>Institute of Education and Development</td>
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<tr>
<td>INGO</td>
<td>international nongovernmental organization</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>ISCG</td>
<td>Inter-Sectoral Coordination Group</td>
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<td>JRP</td>
<td>Joint Response Plan for Rohingya Crisis 2019</td>
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<td>LCFA</td>
<td>Learning Competency Framework and Approaches</td>
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<td>MOWCA</td>
<td>Ministry of Women and Children Affairs</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>RRRC</td>
<td>Refugee Relief and Repatriation Commissioner</td>
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<td>SO</td>
<td>Strategic Objective</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

The early years of a child's life are foundational to that child's healthy physical, emotional, and cognitive development. The developing brain of a young child is particularly sensitive to chronic stress and hardship, which are common features of forced displacement and refugee experiences—meaning that young children are particularly vulnerable during crises that displace people. Globally, the numbers of refugees and asylum seekers have soared in recent years, leaving many receiving, transit, and neighboring countries struggling to respond. How these countries meet the needs of the youngest members of refugee families will have lasting effects on those individuals, their families, and the societies in which they live. As with any large-scale government response, coordination across agencies, accountability for quality and outcomes, and availability of timely and accurate data are essential for meeting the critical needs of young children in crisis. There are worrying signs in many countries that this type of coordinated response is not happening, and instead programs are acting in isolation, at risk of duplicating efforts.¹

The Moving Minds Alliance has commissioned this case study on the refugee response for young children in Bangladesh as part of a series that includes Jordan and Uganda. Bangladesh has a long history of hosting refugees, dating back to the India Partition in 1948 and Burma’s Independence in 1949. East Pakistan was formed through forced population exchanges during the India Partition which displaced 10-12 million people following the end of British colonial rule. East Pakistan achieved its independence from West Pakistan in 1971, and the region known as East Pakistan became Bangladesh. Since 1971, Bangladesh has operated as an independent nation and the tragic history of forced migration is an important element of its national identity. Rohingya refugees from (then) Burma, began arriving in 1978, their displacement prompted by persecution and discrimination (for example, a ban on obtaining citizenship) and military operations against their communities. By early 2017, there were 34,000 registered refugees in two formal camps and more than 100,000 unregistered refugees living in makeshift camps. In August 2017, following a surge of violence between the Arkan Rohingya Salvation Army insurgents and the Myanmar military in Myanmar’s Rakhine State, Bangladesh received a new influx of Rohingya refugees. Within the first 100 days of the violence, more than 600,000 refugees crossed in Bangladesh. The flow of refugees has slowed to only 1,000–2,000 per month and, as of October 2019, the total reached more than 744,000 new refugees, bringing the total to more than 914,000 refugees in Bangladesh’s Cox’s Bazar District, with approximately 18% of refugees under four years old.² Although the refugee population is becoming more settled, interventions support three broad strategic objectives (SOs) of protection, life-saving assistance, and mitigating conflicts between host and refugee populations through social cohesion initiatives. These three objectives aim at immediate imperatives, however, rather than at any transition to more durable solutions.³

As of the writing of this report, the 2020 Joint Response Plan (JRP), the document that articulates response objectives, needs of target communities, priorities by sector, and funding required is being finalized between the Bangladesh government, United Nations (UN) agencies, and implementing partners. Additionally, there are continuous claims and concerns of the Bangladesh government that accommodating and integrating the current refugee population has led to insecurity and inter-communal tensions, which necessitate actions to repatriate the refugees or resettle them to other areas. And on the global stage, Nobel Peace Prize recipient Aung San Suu Kyi is defending Myanmar against allegations of genocide against the Rohingya, stemming from military operations initiated in 2017, in the International Court of Justice in The Hague.

Purpose

This case study aims to answer the following questions:

1) How does the Bangladesh government plan and deliver early childhood services for young refugee children (from pregnancy through six years of age) and their families, and how does this differ from planning and delivery for host populations? Are services for refugee children and families well integrated into the mainstream system? Are there differences in policies or practice between camp settings and host community settings?

2) How do international and humanitarian agencies with an interest in supporting refugee children and families interact with Bangladesh government plans and services?

3) What impact does the above have on access to services for young refugee children and their families living in Bangladesh? What are their experiences in accessing services?

To answer these questions, we collected qualitative data through 18 key informant interviews with representatives of the Bangladesh government, humanitarian agencies, and service providers. We conducted three focus group discussions with women and men separately (all parents or guardians of refugee children under 6 years old), in both older and newer (post-2017 influx) camps, to hear the perspectives of refugee families themselves about the quality and access to early childhood services they have experienced. All focus group participants provided informed consent. Given cultural and political sensitivities, the participants refused to be digitally recorded, so notes were taken manually. We supplemented these data collection methods with a review of relevant policies and agency reports. An analysis matrix was used to disaggregate data by sub-question considering policy, perception, and state of practice across all domains of the globally adopted Nurturing Care Framework for early childhood development (ECD).

Key Findings

Bangladesh has a comprehensive ECD policy, approved in 2013, with supplementary implementation guidelines approved in 2016 by the 15 ministries ultimately responsible for ECD-aged children. The ECD policy and supplementary guidelines are robust documents referencing international standards and articulating ambitious and holistic support for the youngest Bangladesh citizens. The ECD policy and guidelines are not applied to the Rohingya response as they explicitly support Bangladesh citizens only. There is no alternative refugee ECD policy in place.

The Bangladesh government officially leads the Rohingya response, but the lack of political will and the presence of a well-organized UN humanitarian response system enables the government to take a secondary role in understanding, establishing, and responding to needs. The government is not a signatory of the 1951 Refugee Act and refers to the Rohingya as “Forcibly Displaced Myanmar Nationals,” thus restricting or denying rights...
afforded to refugees under international instruments. There are indications that refugees wish to return to Myanmar but only after protection issues have been addressed.

The JRP, coordinated by the Refugee Relief and Repatriation Commissioner (RRRC), UN Agencies, Sector leads, and supported by international and national nongovernmental organization (INGO and NGO) partners, is the guiding document for the Rohingya response. The 2019 JRP articulates SOs for the entire response, the anticipated needs of the refugee and host communities, and potential interventions to meet the needs. Although inclusive of 12 sectors and cross-cutting issues, the JRP lacks a holistic strategy for ECD and interventions are split across several sectors.

INTRODUCTION

In this case study, we investigate the various approaches the Bangladesh government has taken to receiving refugee families with young children and meeting their needs. We review the current policy landscape, including the presence or absence of official ECD policies toward newly arrived families with young children, and the state of practice, focusing on the degree of alignment between policies and what is happening in reality. We review the mechanisms for collaboration between international agencies and the Government of Bangladesh, and perceptions about the effectiveness of that collaboration. We present the impact of these policies and practices on refugee children and their families, as parents and caregivers describe their experiences in their own words. Finally, we identify the challenges and barriers that impede the effective delivery of quality services and make recommendations on how these barriers could be addressed. Although the context is unique given the legal status afforded the majority of refugees, we believe the Rohingya Response in Bangladesh juxtaposed against the ambitious ECD policies and practices of Bangladesh offer lessons for the humanitarian response toward comprehensive, quality ECD services specifically for other countries receiving large numbers of refugees. This contrast is explored throughout the report, and the lessons in particular are discussed in more detail in the recommendations section.

This case study is organized in four sections. The first section will address **how ECD services are planned and delivered for young refugee children and their families**. This section will consider how services for refugees differ in planning and delivery from services for the Bangladeshi population, whether services for refugee families are integrated into the mainstream system, and whether there are differences in policies or practice between camp and host community settings. The second section will address **how humanitarian agencies interact with Bangladesh government plans and services** for young refugee children and their families. This section will explore the Bangladesh government’s perceptions and the international humanitarian agencies’ perceptions of the effectiveness of their collaboration and interactions. The third section will address **the experiences of refugee families themselves** in accessing early childhood services—including the five domains of Nurturing Care—considering systematically how the policies, practices, and stakeholder coordination impact them. The fourth section will propose **recommendations** derived from our findings.

PLANNING AND DELIVERY OF ECD SERVICES FOR YOUNG REFUGEE CHILDREN AND THEIR FAMILIES
Nurturing Care

To frame the analysis, we must first define what we mean by “early childhood services.” For this, we turn to the Nurturing Care Framework, a concept first introduced in the 2016 ECD series published in the Lancet medical journal. Nurturing Care is defined as five interrelated and indivisible elements that young children need to survive, thrive, grow, and develop into healthy, actualized adults. The five components of Nurturing Care are good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (see Figure 1). Since the launch of the framework, the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and leading multilateral donors have adopted Nurturing Care as the global standard for integrated ECD. This framework provides a useful benchmark against which to evaluate the services offered to young refugee children and their families. There is no debate among ECD experts that all children, regardless of refugee status, should be provided quality care and services in the five domains.

Two global resource documents guide us as the study team to apply the Nurturing Care Framework to our research questions: the WHO 2018 report, Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential, and the UNICEF Early Childhood Development in Emergencies Integrated Programme Guide. These two documents align with each other and with the global consensus on the importance of Nurturing Care for young children, including refugees. The WHO Nurturing Care Framework report delineates the laws, policies, services, and interventions that are required for the health, nutrition, responsive caregiving, education, and social protection domains. The UNICEF Integrated Programme Guide presents strategies and sample indicators by domain for early childhood services in emergency settings. Drawing from these documents, the study team investigated a range of services in each domain that are contextually relevant in Bangladesh.

Policy Landscape

The response to the Rohingya refugee crisis is officially led by the Government of Bangladesh, specifically the RRRC, and supported by the UN Resident Coordinator, United Nations High Commissioner for Refugees (UNHCR), and International Organization for Migration (IOM). The response involves a wide range of donors, UN agencies, NGOs and INGOs, and civil society organizations. The JRP has 12 focal areas: Protection; Site Management and Site Development; Food Security; Education; Health; Nutrition; Shelter and Non-Food Items; Water, Sanitation, and Hygiene; Communication and Communities;

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Logistics; Emergency Telecommunications; and Coordination. ECD is not a cross-cutting sector or issue although several key stakeholders noted increasing need for an ECD cross-sectoral coordination group. In the absence of sector-relevant policies, the Inter-Sector Coordination Group (ISCG), predominantly led by UN technical staff, establishes standards and practices drawing from international standards and instruments and adapted for the Rohingya and Bangladesh communities. The JRP articulates the response’s strategic objectives (SOs), indicates a range of interventions, and establishes funding goals to meet those SOs. The 2020 SOs will remain consistent with earlier JRPs and are:

1) **SO1. Collectively deliver protection to refugee women, men, boys, and girls**
   Empower individuals and communities and ensure that all aspects of the response contribute to an enabling environment for the rights and well-being of affected populations.

2) **SO2. Provide life-saving assistance to affected populations**
   Improve quality and rationalize services to ensure equal access for women, men, boys, and girls; mainstream disaster risk reduction; and ensure preparedness for national disaster.

3) **SO3. Foster social cohesion**
   Stabilize and sustain the response in close collaboration with the Government of Bangladesh, by ensuring access to quality services for affected populations including host communities, building resilience and strengthening capacities, and rehabilitating the environment and ecosystems.7

Although ECD is absent as a holistic concept within the JRP, sectors have prioritized a variety of ECD interventions that explicitly and implicitly support the SOs. For example, under SO2 3.6, children under 5, pregnant and lactating women, and other vulnerable groups receive treatment for severe acute malnutrition and moderate acute malnutrition. There have been successes across sectors supporting young children even as gaps in quality programming continue. Significant advances have been made in creating an alternate care system for 1,440 unaccompanied minors and 4,420 families with separated children to ensure children receive continued support from the extended community. Levels 1 and 2 of the education sector’s Learning Competency Framework and Approaches (LCFA) have been endorsed by the government.

Bangladesh has a robust ECD policy that has been showcased in the region, specifically by the Asia-Pacific Regional Network for Early Childhood, as a successful collaboration between government, technical, and implementing organizations. It is ironic that this excellent policy is not applied to the Rohingya response given its clear mandate to reach the most vulnerable children in Bangladesh.

Several implementing agencies and organizations now engaged in the Rohingya response had been engaged in developing the ECD policy and guidelines at different times and in different ways. However, an additional barrier in drawing on that experience to the benefit of the JRP and implementation is the continued divide between development and humanitarian initiatives and staffing even within organizations and national/sub-national networks. Many organizations have parallel staffing and operations structures that divide development and humanitarian teams into parallel programs focused on similar technical challenges but oriented around different contexts, populations, and funding sources. When government systems are similarly divided, there is the potential to have a complete divide in policy, implementation, and coordination thus creating systems where staff are approaching similar

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technical challenges referring to different policies and standards, accessing different technical resources, and creating and supporting different capacity-building schemes. It is likely, in these instances, that staff working in the same organization and technical areas may never collaborate if focused in different operational contexts.

One UN informant noted there is a lack of policies, specific to refugees, governing the response, although the government endorses the JRP and implementing organizations refer to it as a de facto policy. The government does issue directives in reaction to issues that come up and, according to one UN informant, is greatly influenced by “social media, news and propaganda.” A key informant involved in the Rohingya response since before 2017 asserted that, in contrast to their reluctance to host refugees, the government “fears that a child’s death will make the news” and impact their reputation nationally and globally.

With an increased awareness of the impact the influx has had on local communities and economy, there is a corresponding focus on social cohesion and provision of services benefiting host communities. Currently, 25% of total target beneficiaries must be “local people in need.” Given the varying levels of existing and applied policy as well as varying needs, interventions for refugee and host communities are often different, with an explicit attempt to counter negative impacts on a rapidly changed demographic through livelihoods and infrastructure.

Current policies and strategies informing the provision of early childhood services for young refugee children and their Bangladeshi peers

Birth Registration/Birth Certificates

Valid birth registrations or certificates ensure a child is both recognized and protected by governmental systems as well as provide access to services and opportunities, including access to formal education, future livelihood opportunities, and the ability to seek additional identity papers such as passports. As such, birth registration and certificates are a critical part of the safety and security aspect (also called “child protection”) of the Nurturing Care Framework. With support from UNICEF, the Local Government Division of the Government of Bangladesh initiated the Birth and Death Registration Project in 2001 that replaced earlier policies and acts. Under this law, all children born within Bangladesh are to be registered at birth and afforded the rights to a birth certificate from their local government. However, refugees living in registered camps were unable to register new births between 1991 and 2015. In 2015, after a long bureaucratic process, a separate birth registration system was implemented; both UNICEF and UNHCR deemed it appropriate and trustworthy but acknowledged it did not support the needs of refugees living in makeshift camps given their unofficial, and politically sensitive, status in the country. There are accounts that refugees living outside of official camps would register births as Bangladeshi and current concerns that many have sought and received Bangladesh passports due to both false identification at birth and corruption within the government system. Backlash related to these concerns resulted in all birth registrations, for refugee and host communities in Cox’s Bazar District, being halted in August 2017. Following the filing of a petition from a Supreme Court lawyer in Cox’s Bazar, at the time of writing this report, the High Court issued a ruling requiring the government and the Election Commission to explain their actions regarding birth registration in the district within four weeks.⁸

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The suspension of birth registrations caused great discontent in the host communities and added to tensions between the two communities, refugee and host. In the absence of birth registration, children born in clinics or health care centers are provided a discharge certificate. However, the majority of refugee children are born in their homes or shelters and are, therefore, not provided a discharge certificate. The lack of official papers has both immediate and long-term implications. For example, birth certificates are a requirement for enrollment in formal school. Families and the school system will be faced with an entire generation of children lacking requisite papers in the coming years. Both UNHCR and UNICEF continue to advocate for all births to be officially recognized and registered to ensure they are afforded all rights. Essentially zero of newborn refugee children receive birth registrations. Without registration, it is very difficult to document or track the actual refugee birthrate. The UNHCR and the Government of Bangladesh have started a registration process as of 2018 to attempt to provide registration documents to refugees. According to UNHCR, 819,787 refugees have been registered and issued documents since June 2018. However, these attempts to provide official documents are taking place among older refugees, and not at birth.

The government remains interested in population growth within the refugee population. Attempts have been made to collect information from NGOs. NGOs supporting pregnant mothers are allegedly unwilling to share existing data, but it should be noted that the data are incomplete due to high numbers of home births.

**ECCD Policy**

The Comprehensive ECCD Policy, approved in 2013 and supported by 15 ministries, is largely acknowledged, nationally and regionally, as a substantial and ambitious document. The supplementary operational and implementational guidelines were finalized in 2016 and serve children 0–8 years old across multiple domains, including physical and motor, social and emotional, language and communication, and cognitive development. Corresponding Early Learning and Development Standards (ELDS) for Bangladesh were produced by the Ministry of Women and Children Affairs (MOWCA) to articulate age-appropriate benchmarks within each domain and top line guidance on how to support children in reaching those benchmarks. ELDS is not inclusive of all standards and services required to meet the needs of the whole child. The process of developing the standards was collaborative and involved a range of stakeholders within the government and from UN agencies, NGOs, and INGOs.

Examples of interventions that support the policy within various line ministries include the following:

- **Health.** The Ministry of Health agreed in 2013 to include elements of ECD as part of the curriculum in medical colleges and in training for frontline healthcare workers, specifically through the Institute of Child and Mother Health. Parenting education (focused on child development and child rearing) for parents of children aged 0–3 years has been adapted to support health and nutrition objectives in the ECCD policy and is to be supported through community clinics and mass social media campaigns.

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**Education.** Under the Ministry of Primary Education, pre-primary is now mandatory in every primary school. The government is phasing in the two-year policy for pre-primary with technical support from UNICEF and other implementing organizations. The sheer number of additional learning spaces and trained staff has required a staggered and rapid rollout at district and sub-district levels. There are indications that the government clearly understands the benefits of early and holistic interventions for children. "At present pre-primary education programmers will serve children aged 5 to below 6 years all over Bangladesh with priority given to children of poor families, children from disadvantaged communities, children of ethnic minorities, children with various disabilities, and children living in geographically remotes areas. The ultimate target is to cover all the children of 3 to (less than) 6 age group throughout the country." By 2020, there is an expectation that pre-primary will expand to meet the needs of 4-year-olds and include a focus on school-readiness.

The expansion of services to children aged 4 necessitates additional curriculum development; a play-based curriculum is currently being coordinated by the national curriculum textbook office and draws on inputs from various technical organizations and instruments. Beyond the ambitious ECD programming, there are questions about whether the Ministry of Primary and Mass Education has the capacity to implement the comprehensive and holistic education and ECD policies approved recently. There are concerns that actual implementation may fall short on reach and quality, and on suggestions made by technical partners to implement research to determine impact.

MOWCA is the coordinating umbrella ministry for ECD. Although responsible for coordination, MOWCA has no authority over other ministries or financing to support the overarching policy. There are more than 150 organizations supporting the vision of ECD as written in the policy. Programs are implemented across Bangladesh. The Bangladesh ECD Network coordination body created to ensure effective and efficient planning, sharing of relevant information is co-chaired by Building Resources Across Communities (BRAC) Institute of Education and Development (IED) together with government counterparts. The coordination body is not, however, a mechanism to monitor full implementation of the policy.

Unfortunately, this ECD policy is largely irrelevant for the refugee community as partners understand that, although their refugee programs may be responsive to the ECD policy, references to the policy are not sanctioned by MOWCA. This indicates a lack of political will to ensure the comprehensive needs of children, regardless of citizenship, are met. The combined efforts of government technical experts and their civil (non-governmental) counterparts resulted in a strong policy for children, especially more vulnerable children, in Bangladesh; it follows that Rohingya refugee children would greatly benefit from the years of expertise, reflection, and experience that are evident in the policy. Having the sanction of MOWCA to apply this policy to the Rohingya response would give clearer guidance to the humanitarian response organizations and coordination system of the comprehensive needs and appropriate interventions.


14 For additional information, see [http://ecd-bangladesh.net/home/](http://ecd-bangladesh.net/home/).
In Bangladesh, the practice of caring for orphaned children or children surrendered to the state is based on the institutional model. Children are cared for in group home settings. These group homes may not be in the children’s community of origin. Organizations working on child protection issues have advocated for a change in this practice as alternative care, or placing children with foster families and caregivers, has become more globally preferable, but the model remains in place and the de facto standard for Bangladesh.

At the beginning of the 2017 influx, the previous RRRC, together with UN and implementing agencies, quickly identified the need to protect and care for large numbers of unaccompanied minor and separated children. The RRRC agreed with the need to keep Rohingya children within their own community and supported an alternative care model for Rohingya refugees. The model ensured that children were able to stay within the community and live with families who had similar experiences, shared a language and culture, and had access to services provided within camps. The Department of Social Services (DSS) is involved in unaccompanied minor and alternative care for the Rohingya refugees. It is not clear yet how supportive the new RRRC will be but it can be assumed that a growing number of DSS staff are being introduced to alternative systems of supporting children.

Learning Competency Framework and Approaches by UNICEF

Rohingya refugees speak a Rohingya dialect that is similar to the dialect spoken by host communities in Cox’s Bazar. In line with the government’s intention to encourage refugees to either repatriate or resettle elsewhere, the education sector is forbidden to use Bangla as the language of instruction or the Bangladesh curriculum in refugee schools. The refugee response is expected to conduct education programs in Myanmar language (Burmese) and/or English, which are largely unfamiliar languages to the Rohingya and challenge facilitators’ abilities. Myanmar also does not recognize its curriculum if taught in the refugee camps, which means that refugee children do not have a formal curriculum available that will be recognized in their native country. In an attempt to accommodate the educational needs of Rohingya children, UNICEF created the Learning Competency Framework and Approaches (LCFA), which loosely corresponds to the Myanmar and Bangladesh curriculum. Specific considerations pertaining to the application, reach, and impact of the LCFA include the following.

- The LCFA is organized by level. Level 1 is pre-primary, Level 2 is the equivalent to grades 1 and 2, Level 3 is the equivalent to grade 3 and 4, and Level 4 is the equivalent to grade 5. The government has only approved Levels 1 and 2, and as of February 2019, 68% of enrolled students were in Level 1, thus indicating both need and interest in pre-primary.
- Parents are keen to have children participate in formal education or an education that is clearly aligned and connected with formal education to ensure easy (re)integration upon return. UN agencies are advocating for the LCFA to be formally recognized by Myanmar but to no avail. Bangladesh’s stance on refugees accessing formal education negates opportunities in Bangladesh.
- Madrassas offer an Islamic education. Prior to the influx, madrassas and refugee schools competed for students in the two official camps. This tension, caused in part because madrassas are able to mobilize funds and have more rapid start-ups than most implementing organizations, continues across the response. A January 2019
UNICEF study in Camp 27 showed that 59% of children ages 6-14 reported having attended both a learning center and a madrassa at least once in the week prior to data collection. 16% of children reported attending only a madrassa.\textsuperscript{15} There is no mechanism to monitor madrassas in the refugee response, which makes it hard to track enrollment numbers across the camps.

- A number of informal classes are being offered by Rohingya refugees using Myanmar textbooks. This is a response to community concerns that the LCFA content does not enable easy (re)integration into Myanmar schools should refugees return.

**Joint Response Plan for the Rohingya**

The SOs of 2019 will remain same for 2020. Similar to the plan of 2019, the 2020 plan will include the 12 sector priorities as they contribute to the three SOs. The JRP planning process is led by the ISCG with each sector lead tasked with the sector-level plan. Sector leads facilitate collaborative needs assessment, analysis of needs, establishment of sector priorities, and an articulation of relevant interventions to address those priorities. This tends to be a rigorous and inclusive process within the sector; there are few opportunities, if any, to follow a similar process across multiple sectors. As such, although the JRP includes ECD-level interventions, they are not created in collaboration with other actors and sectors. Participating organizations, reportedly, self-censor knowing that the National Task Force and RRRRC will be reading, vetting, and providing final approval of the JRP. An example of this includes supporting the language of instruction policy regardless of what they think is morally responsible. Several key informants noted there had been little progress in terms of putting the policy into practice, monitoring implementation and impact, and ensuring high levels of collaboration across sectors.

In the absence of Bangladesh standards and policies, each sector follows globally established standards that are contextualized to the Rohingya response. Standards and proposed interventions have corresponding monitoring indicators that are aligned with their sector’s established norms. The target age ranges are not consistent across sectors. For example, health has age targets for immunizations, nutrition has age targets for breastfeeding and nutrition/malnutrition distributions and responses. Parenting education has age targets that often correspond with 0–2 years of age, education has age targets for pre-primary levels, and child protection spans the entire age range.

**Recruitment and Hiring of Refugees**

Restrictions by government are in place for hiring staff for the response. New restrictions return organizations to an earlier expectation of having Bangladesh citizens paired with Rohingya refugees in service provisions. Given historic discrimination and limited access to education in Rakhine State, the availability of qualified Rohingya applicants for available positions within organizations is often limited. There is, therefore, considerable competition between organizations seeking qualified staff. Additionally, protection concerns in the camp, notably after organizations depart in the afternoon, and cultural norms compound challenges of recruiting female staff.

Refugees remain reliant on humanitarian assistance. There are accounts of families selling personal items for cash to supplement assistance and seeking other ways to bring in cash. Refugees are not permitted to work within host communities. Informally, they are regularly

hired for daily labor and the informal employment sector at consistently lower rates than Bangladesh workers expect. Competition in the local labor market has led to tensions and conflicts between the two communities.

Extent to which policies related to Nurturing Care are devolved to the sub-national or municipal level

By all accounts, the District Administrator, RRRC, and ISCG in Cox’s Bazar are mandated to make programmatic decisions and are ultimately accountable to affected communities. Local government, specifically the District Administration and relevant line ministries, are accountable for the actualization of government programs in line with policies noted above and are ultimately accountable for welfare of Bangladesh citizens. The RRRC’s office, in Cox’s Bazaar, is the government’s arm in the Rohingya response and has, in theory, authority over the response as well as over engaging with local government to support host communities. According to multiple key informants from the UN and NGO sectors, the previous RRRC was allegedly removed from his position (and demoted within the government system) by Dhaka because he was not pushing the agenda to repatriate refugees to the extent his superiors wanted.

Nurturing Care policies in host communities are organized through the mainline ministries as described above. These ministries interact with each other only in limited fashion outside of the official coordination system led by the MOWCA in Dhaka.

General sources of funding available to implement policies

Similar to other chronic refugee crises, appeals and funding levels against appeals are gradually decreasing. By the close of 2019, the $920.5 million request for 2019 was only 69% funded (across all sectors). Funding requirements and gaps between differences are significant. Child protection, education, and (general) food security were all funded at more than 60%. Nutrition; water, sanitation, and hygiene; and health were all funded below 40% of their required funding. The ability of the sectors to ensure reach and impact against stated SOs and sector priorities corresponds, in large part, to the levels of funding available. The length of most funding under the JRP is short-term, which diminishes the ability of sectors and organizations to plan for more substantial, durable solutions as well as to build and maintain appropriate technical and operational capacities to support programs. The draft 2020 JRP has set the appeal at $877 million. In line with the JRP’s strategic SO3, to improve social cohesion, increased support planned and funding for host community interventions to address basic needs, social cohesion, and livelihoods specifically will be included in the 2020 JRP.

Donors decide what, within the JRP, to fund based on individual proposals from organizations as they align with their own priorities. The NGO Affairs Bureau in the Ministry of Foreign Affairs is the regulatory agency for NGOs receiving foreign funding. All programs, development and humanitarian, and budgets must be processed through this office.

Several key donors have stepped in to provide bilateral funding targeting host communities. The World Bank and Asian Development Bank have allocated significant multi-year grants to improve and expand basic infrastructure within host communities to meet the needs of both host and refugee populations. The World Bank allocated a 3-year grant of $480 million to

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Bangladesh under its Regional Sub-Window for Refugees and Host Communities, and Asian Development Bank allocated $200 million to support basic infrastructure to address immediate needs of displaced persons.

Within the government, an estimated 15% of the national budget specifically targeting children (aged 0–18) goes toward supporting cross-sectoral ECD services.

Regardless of the origin of funds, the existing monitoring and financial tracking systems of government and ISCG do not allow stakeholders to assess holistic needs or impact of ECD interventions across sectors.

INTERNATIONAL AGENCIES’ INTERACTION WITH BANGLADESH GOVERNMENT PLANS AND SERVICES

Mechanisms of Coordination

At the district level, implementing agencies and partners are supported by the ISCG, which is a UN-led coordination system providing high-level support to operations and sector leads. Sectoral coordination meetings are led by technical staff from UN agencies or INGOs; this designation is almost exclusively a reflection of the cluster leads at the global level. Participation in coordination meetings is essential to establishing and maintaining relationships, keeping up to date on data and evolving needs, and establishing an organization’s operational space. Local organizations, often partners of the UN or INGOs, participate but are often at a clear disadvantage given their bandwidth and inability to engage in technical discussions in English. It was noted by several informants that expected levels of participation place an unfair burden and disadvantage on local organizations.

Bangladesh has a unique UN configuration for the Rohingya response. Although refugee responses are UNHCR’s mandate, IOM has carved out space at the political levels in Dhaka and the operations level in Cox’s Bazar as a co-coordinating agency. For the most part, the open agreement and collaboration between UNHCR and IOM are not problematic for the response, although they do add a level of complexity. One exception to this is in the division of camp management responsibilities (UNHCR managing slightly more than half and IOM the other half); their individual relationships with government and their decision-making processes may lead to different levels and types of direct support to refugees.

The default umbrella sector for ECD is Education, as it commonly is in other refugee responses. There is a recognition that a cross-sectoral ECD group would be beneficial to establishing priorities and beginning to bring a more cohesive response together. However, no discernible steps have been taken to support this. Child Protection, Nutrition, Health, and Education sector representatives were all able to immediately articulate ECD-level interventions and the partners supporting interventions and were aware of topline priorities within sectors not their own.

Perceptions of Effectiveness of Coordination

In any refugee crisis situation, international and humanitarian agencies respond with their own skill sets and priorities. The development of the JRP, as noted above, is a robust collaboration between partners and donors based on assessed need, established priorities of entities, and professed expertise and capacity of implementing agencies. There seems to be consensus...
from implementing partners that the JRP, and therefore activities coordinated under the JRP, reflects the priorities of the refugees. Ultimately, it is the donors’ and agencies’ allocation of discretionary funds that determine what is implemented.

Sector-level coordination is reportedly effective, although there is little engagement from relevant line ministries. Direct engagement of government services tends to be a bilateral arrangement with the line ministry and UN agency funding a particular intervention. Some organizations expressed regret that there was little opportunity to collaborate on or learn about sector-specific issues and interventions through coordination meetings; meetings focus on updating others on progress or sharing challenges in implementation. Notable exceptions to that include the collaboration of partners within the education sector to develop the common curriculum supporting the LCFA and to develop standards and training resources to support the alternative care system by child protection partners.

The previous RRRC was, according to a number of informants, supportive and actively engaged in the response. There was appreciation for his continued presence, thoughtfulness, and willingness to coordinate and collaborate. Due to political differences and a reluctance of the RRRC to push repatriation to the detriment of protecting refugees, the previous RRRC was replaced in early November 2019. Organizations expressed a wariness and a “we’ll have to wait and see” attitude to the involvement of the new RRRC.

Discontent over the inability of the system to provide comprehensive oversight during implementation as well as over its limited capacity to conduct impact evaluations that would assist in adapting to evolving or unmet needs was voiced at all levels. Refugees and implementing agencies also noted dissatisfaction with the superficial engagement of refugees in assessment of need and determination of priorities and responses. For the purposes of this study, that dissatisfaction extended to the lack of participation of children in determining needs, an important finding which suggests a potentially large disconnect between services delivered and the greatest needs for support among affected communities.

**REFUGEE EXPERIENCES: IMPACT OF POLICY AND PRACTICE**

**State of Practice**

Extent to which policy is translated into practice

*Figure 2* shows conceptually how enabling policy is translated into Nurturing Care practice—through supportive services, empowered communities, and caregivers’ capabilities—to reach the individual child.

**Good Health**

In the area of good health, we focused on health services related to maternal and newborn health, child and adult mental health.
services (including psycho-social support), vaccinations, and early detection of disabling conditions. Health services are provided through both government and NGO operated facilities. The Ministry of Health has been instrumental in supporting the refugee response in collaboration with humanitarian partners and donors.

- **Community awareness campaigns** using community health workers, many selected from the refugee populations, have resulted in the camp populations being aware of health issues and facilities. Refugee mothers are reportedly well-informed of available resources, know where to seek assistance, and are actively engaged. Parents in host communities are less aware of available shared or new resources.¹⁸

- **Waterborne diseases** continue to be a concern for the population at large, specifically for younger children; 70% of the household water supply tested was found to be contaminated.¹⁹ Mothers in focus group discussions noted regular incidents of acute watery diarrhea, and in a cholera outbreak in late 2019, 700 of the total 1,500 cholera patients were below the age of 5 years old. A new cholera vaccine is being piloted in the refugee camps as of December 2019.

- **Respiratory Infections and skin diseases** are common for younger children, especially in the winter months. Children often sleep on worn mats on the earthen floors and are vulnerable to the cold. There are concerns that the halt in soap distribution in IOM-managed camps, allegedly based on the government’s concern of an over-surplus in the camp and potential of flooding the local market, will lead to increased infections this winter.

- **Initiatives to engage pregnant women in the third trimester** provide continued support to mothers and children. In terms of nutrition, health, and parenting skills. Even though health facilities are decent, the majority of refugee women prefer home births; home births are common in both refugee and host communities unless complications arise. Medical professionals expressed concern that malnutrition of children under age 2 is exacerbated by short gaps between pregnancies; it is the cultural norm for the mother to stop breastfeeding a child when she becomes pregnant again.

- **Door-to-door immunization campaigns** have reached the majority of younger children, although gaps exist. Rohingya refugee children receive a course of six vaccines compared to the course of three that was standard in Rakhine State. There is a continued reliance on door-to-door campaigns and a reluctance to expand existing clinic-based provisions as the government continues to see the Rohingya crisis as a short-term problem.

- **Although improving, mental health and psycho-social support** continues to be a need across all age groups. A key informant noted the specific need of psycho-social support for young children and a corresponding need to ensure parents understood needs and had skills to support the emotional well-being of their children. Most child-specific psycho-social support programs are provided through center-based programming, such as Child-Friendly Spaces (CFS), but there are concerns that facilitators may not fully understand, have the capacities, or create space in daily programs to respond to the needs of ECD-aged children. MOWCA and the DSS are

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engaged in providing trainings and monitoring mental health and psycho-social support programs within camps. Seminars on the impact of gender-based violence are also included in these trainings and although often considered predominantly an issue for older girls and women, the impact of gender-based violence in terms of unwanted pregnancies and “unwanted children” cannot be ignored.

Adequate Nutrition

The outgoing RRRC and UN coordinating offices contend that one of the greatest signs of Bangladesh’s magnanimity toward the Rohingya, and a sign of the response’s success, is that “no one died of hunger” even as local communities and response organizations scrambled to feed and accommodate hundreds of thousands of new refugees in the first weeks and months. According to Médecins Sans Frontières informants, the nutritional status of refugees (in camps) is better than Bangladesh children (10% malnourished in the refugee population compared to 30% malnourished in the host community), especially in some of Cox’s Bazar’s sub-districts that have chronic nutrition challenges. The hospitality and mobilization of host communities, use of PlumpyNut (a ready-to-eat therapeutic food) for young children, and the culture of exclusive breastfeeding of babies all contributed to keeping malnutrition and hunger low. However, health staff expressed concerns that mothers would stop breastfeeding too early if they became pregnant again, mothers expressed concern about the lack of ingredients for weaning a child from breastfeeding, and there was general consensus that the current diet and food distribution lacked nutritional variety. Based on 2019 assessment results, the JRP will increase the food basket distribution from $9 to $13 per household per week and move toward the use of vouchers and provision of more fresh fruit to encourage greater diversity in diet. Inadequate nutrition in the host communities prior to the 2017 influx resulted in a number of cases of rickets, a potentially lifelong physically debilitating disease that is seen in young malnourished children. The same organization attempting to prevent as well as respond to rickets in the host community is engaged in similar work in several refugee camps. Current protocols, used by the World Food Programme in its food distribution program, were developed from that experience, although the current protocol for acute malnutrition is able to reduce rather than prevent rickets. Refugee and host communities indicate an understanding of where to seek help for nutrition, and mothers in the refugee camps are commended by health staff for thoroughly supporting therapy when needed.

Responsive Caregiving

There is little information about responsive parenting practices in refugee homes. What little information there is comes from organizations supporting a parenting education initiative targeting pregnant women in their third trimester until the children are 2 years of age. This initiative focused primarily on health and nutrition. Parenting education was referenced by several implementing organizations and focus group discussion participants as the sole intervention supporting parents’ increased understanding and ability to address needs, mostly health and nutrition, of their young children. In the early stages of the response, UN agencies determined that the UN Educational, Scientific, and Cultural Organization’s (UNESCO’s) regional parenting education resources would be used and have pushed those materials out through partners. Most mothers were aware of, and had participated in, parenting education programs. Although spoken of positively by parents, local implementing agencies raised concerns that they were not empowered to do more than facilitate initial training sessions using a poorly translated resource that has not been adequately contextualized to the refugee population. One child protection expert contends the greatest
gap in the existing program is the lack of emphasis placed on children’s emotional well-being. Although the ELDS, developed by MOWCA, clearly articulates developmental benchmarks and simple suggestions to support a child’s development to reach benchmarks, there is an absence of clear, multi-domain, parent-friendly step-by-step guidance adapted or developed for the response that allows for significant gaps in awareness of specific needs of children who have experienced crises, and skills to meet them. Information collected through the case management system, responsible for identifying and supporting especially vulnerable children, has indicated neglect is a significant problem particularly for younger children who are entirely dependent on caregivers. The case management system is, however, stretched thin with protection staff managing caseloads three times higher than the standard. Due to a lack of data and illustrative examples from parents and children, we are unable to draw conclusions about the level and quality of engagement between caregivers and children in the home and the impact that has across multiple developmental domains.

**Opportunities for Early Learning**

Bangladesh has explicitly forbidden the establishment of formal schools in the refugee camps; the participation of refugees in education programs based in host communities; the use of the Bangladesh formal education curriculum in the Rohingya response, with the exception of the 20 primary (grades 1–5) schools and 4 secondary (grades 6–8) schools in earlier registered camps of Kutapalong and Nayapura; and the use of Bangla as the language of instruction. Prior to the 2017 influx, a number of Rohingya students were able to discreetly leave the camps and attend local schools. Refugees from camps established prior to 2017 raised concerns that earlier access has been significantly curtailed. Refugee fathers gave the example of a refugee girl, born in Bangladesh, who had attended public school, passed final examinations, and been admitted to college. However, when her identity as Rohingya was discovered, due to local restrictions, she was expelled from college. The complexity and political sensitivities of providing primary education is reflected, to some extent, in the provision of ECD-level early learning programs. Early learning programs in the camps vary between implementing organizations and often combine aspects of protection and early learning to accommodate the specific needs of younger children who have experienced crises and continue living in adverse environments. Noteworthy aspects of the programs include the following.

- **Hefajat Khana** or “Safe Place” is the way mothers refer to CFS and other center-based programs that provide daily psycho-social support and learning activities for their children. These programs provide some relief to mothers who would otherwise be balancing domestic and child-rearing responsibilities all day long. They perceive clear benefits for their children but do not always equate psycho-social support and play-based activities with learning. CFS is a standard intervention in early phases of humanitarian crises; the continued presence of CFS in the JRP is predictable and brings in predictable funding. Organizations argue implementing CFS is a “demand of the sector” but have learned that the CFS umbrella accommodates variations in approach. One notable variation is BRAC IED’s Humanitarian Play Lab, an adaptation of the Play Lab BRAC supports in host community schools to support pre-primary classes. In 2019 the Child Protection sector created Guidance on Multi-Purpose Child and Adolescent Centers as an alternative to the narrower and typically ad hoc CFS model. This guidance indicates a much more robust offering to the community and engagement across sectors, but it was not mentioned by any of the informants and the description of Hefajat Khanas was in line with a standard CFS model. Space for
learning and play is extremely limited; the implications for children’s safety and emotional well-being are profound.

- **Representation.** Children need to see themselves in the stories they read and hear. BRAC IED, together Sesame Workshop and the International Rescue Committee are creating a series of storybooks to support early literacy as well as reinforce cultural values. Storylines came out of focus group discussions with refugees, but when staff realized illustrations were not reflective of Rohingya culture, the team was tasked with spending time in the camps drafting reflections of Rohingya attending to daily activities. The depth and quality of work, appreciation for the stories generated in collaboration with refugees, and a sense that the books will contribute to the survival and portion of the best parts of Rohingya culture is tangible.

- **Content.** The stories, games, arts, and language of early learning programs are setting the stage for future learning as well as placing value on a community’s experiences and culture. A government informant who had supported the Rohingya response prior to the 2017 influx derisively referred to ECD teacher resistance to using the Bangladesh anthem and their repeated requests to use Rohingya stories and songs as an indication of their “aggressive mindset.” This comment is illustrative of the negative stereotypes held by Bangladeshi authorities towards the Rohingya that hinder the integration of refugees into host communities. Rohingya mothers continue to want more of their culture’s songs and rhymes. The LCFA is the only standard curriculum for pre-primary but does not extend down to all ages, leaving opportunities for organizations to create and use a variety of content.

- **Language.** Language of instruction has become both a political and a practical challenge. Organizations complain about the practical implications of recruiting and training facilitators to use a language that is not their own, the absence of technical and creative resources in the language of instruction, and the challenges the official language of instruction presents for children. Pre-primary classes are meant to abide by the government’s restriction on using Bangla and are occasionally “policed” by local education authorities. One organization noted it is able to circumvent this by “playing dumb and lacking English skills” even at the level of program director.

- **Transition to formalized or formal or future education** is necessary. There are immediate and long-term implications regarding the ability of children to integrate or reintegrate into accredited education systems in Bangladesh and Myanmar. Mothers interviewed noted this as a priority for their children and want to see clear transitions between ECD programs and formal education. Currently, they only perceive that link within the madrassa system. The sector is advocating for the current system to be recognized by Myanmar so children can reintegrate upon return; however, there has been no commitment to date. An additional concern of parents is the lack of skills training and education for adolescents. Although seemingly not related to ECD, with the current rate of early marriage and expected duration of displacement, the lack of opportunities may impact the ability of young parents to support their families in future. A key informant mentioned the government was attempting to

> “How can you train someone to be a teacher in such a short time?” – key informant
manipulate refugees by offering formal education as a condition of their voluntary resettlement on Bhasanchar Island.\textsuperscript{20}

\textbf{Security and Safety}

There are increasing concerns that the camps are increasingly insecure. The contributing factors include a shift in policy that encourages the recruitment of host community members to act as camp management and security as well as the requirement that all organizations depart the camps no later than 4 pm. Organizations and mothers report an increase in physical and sexual violence after dark. A birth attendant participating in a focus group discussion noted that some of these assaults result in unwanted pregnancies and "unwanted children" whose mothers are less likely to go to a facility for the birth and less likely to appropriately care for the child. Trafficking and child labor were both mentioned as concerns of organizations but were not raised by mothers in focus group discussions. There are additional child protection concerns in regard to the do no harm principle of humanitarian action, namely, a recognition that there is potential to do harm if programs are not well-designed and lack appropriate staff who are well-trained and well-supported. Additionally, both mothers and implementing agencies voiced concerns that children placed in the foster care system were not adequately supported and were being used to manipulate the system. Specifically, key informants and focus group discussions suggested that children in the foster care system were not adequately tracked and monitored, and therefore might not be receiving the services they truly needed. Additionally, sources reported that children in foster care were sometimes sent back and forth between families so that each family could "count" the child and receive financial support for fostering. The lack of frequent, effective monitoring of children in foster care also raised concerns about the potential for child abuse and neglect. No data were available to support these concerns related to children in the foster care system, but the study team heard accounts from a variety of sources. These accounts are made more dire given the current overstretched case management. In addition to the concerns specific to the camp setting, a consistent concern from Dhaka to Cox’s Bazar and from government and implementing organizations is the tension between host and refugee communities. The refugee population grew so quickly that local resources and communities were quickly consumed, and good intentions stretched thin. There are accounts of physical conflict as well as growing unease between the communities.

\textbf{RECOMMENDATIONS}

The unwelcoming attitude of the government of Bangladesh towards the Rohingya (to the extent of refusing to consider them “refugees”) has broadly shaped the response and complicated the extremely challenging situation for the country and the refugees. Three overarching themes emerge from the data in Bangladesh, and offer considerations for other refugee contexts. First, there is a divide on the development and humanitarian teams that are working to address similar technical challenges. This divide creates the potential for misalignment of policy, implementation, and coordination and thus limited collaboration between teams that are working to achieve similar results. Second, the planning process is segregated by sector, with each sector following their protocols. This sector-based planning results in few opportunities to collaborate across multiple sectors and undermines the

potential to pursue integrated implementation of the Nurturing Care Framework. Third, limited consultation from the government of refugee families, including children, about their needs results in dissatisfaction from refugees and implementing agencies in terms of what responses the government is providing and critical needs remaining unmet. Overall, the minimal coordination results in parallel systems being put in place when there could be efficiencies gained through collaboration and coordination.

The study team offers the following recommendations. Recommendations are meant to provide practical steps to improve the analysis of need; support planning, coordination, and implementation of a high-quality cohesive response to meet specific needs of younger children and their caretakers; and strengthen the systems that allow for longer-term and appropriate future programming.

- **Advocate to approve the application of the ECCD policy to the refugee response** for analysis, planning, and accountability purposes. Some key points to advocate for as a starting place include:
  - Collaboration between government and implementing agencies to contextualize the ECCD policy for the emergency and share it with the whole response, including refugee community members.
  - A requirement that government, donors, UN agencies, and implementing organizations use this as a foundation for programmatic and financial decisions and monitoring of programs.
  The channels for advocating for this would be through the UN Strategic Executive Group (the UN Resident Coordinator, UNHCR, and IOM), the ISCG, and high-profile donors, with the MOWCA and other relevant line ministries and government officials.

- **Establish an ECD working group** staffed with a full time ECD technical expert who is able to lead collaborative and coordinated efforts to:
  - **Orient sector leads** to the Nurturing Care Framework, ECD in emergencies priorities, implications for continued short-term visions and planning, impact of ECD on development, and a variety of multi-sectoral, holistic ECD responses.
  - **Collaborate with other sectors** to conduct multi-sectoral ECD assessments to inform planning and prioritizing goals of a robust and cohesive ECD strategy for the 2021 JRP. A longer-term (3–5 years) vision should drive annual objectives and goals.
  - **Collaborate with leads** of financial and programmatic monitoring systems to ensure, by 2021, the ECD working group will be able to access ECD-specific data across sectors and operations.
  - **Link with Myanmar and Bangladesh ECD coordination groups** and create regular channels of communication and sharing.
  - **Approach donors** to support a holistic approach rather than single sector support.

- **Involve community members, specifically mothers and children, in assessments** meant to identify needs of younger children. Identify and use a variety of quantitative and qualitative methods of assessment to ensure depth and breadth of community perspectives and voice. Collaborate with refugees when determining an appropriate response (for both program and distributions).

- **Support a forum for the Government of Bangladesh** to learn of successes and challenges of supporting younger Rohingya refugees, specifically including the
alternative care system and integrated play-based models of early learning that include social-emotional and psycho-social support.

- **Encourage organizations to adapt and contextualize development ECD programs** implemented in other districts in Bangladesh if they are in line with priorities, standards, and values articulated through the ECD working group. BRAC IED’s adaptation of its Play Lab model for the Rohingya response (Humanitarian Play Lab) should help as an example.
WORKS CITED


## ANNEX

Data Sources: Key Informants, Site Visits, and Focus Group Discussions

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