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IMPLEMENTING A HUMANITARIAN NEEDS ASSESSMENT FRAMEWORK FOR EARLY CHILDHOOD DEVELOPMENT: INFORMING INTERVENTION DESIGN FOR DISPLACED ROHINGYA COMMUNITIES IN BANGLADESH

Kim Foulds, Naureen Khan, Sneha Subramanian, and Ashraful Haque

ABSTRACT

Recent literature focused on education in conflict-affected settings firmly establishes the link between early childhood interventions, poverty reduction, and the effects of adverse childhood experiences, particularly for those exposed to violent conflict. A key factor of effective interventions targeting young children and their families, and thus the long-term sustainability of behavior change, is how those interventions are received by local populations. Despite the importance of understanding local perspectives, needs assessments are often deprioritized when the focus is on meeting the immediate need for safety, food, water, and shelter. In the absence of a needs assessment, programming is developed without understanding the key priorities and motivations of the communities served. Given that the average length of protracted refugee situations is now more than 20 years, early childhood development programming designed without local perspectives brings with it the possibility of long-term repercussions, little community buy-in, and, consequently, limited to no impact. Therefore, the long-term costs of not doing needs assessments in humanitarian contexts are likely to far exceed the initial investments in conducting such research. In acknowledgment of these opportunities and constraints, this article presents a framework for conducting a needs assessment

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in a humanitarian setting, along with illustrative findings that underscore the value of seeking greater understanding of a community before designing early childhood development programming. Using a needs assessment to inform the design of an early childhood development intervention for displaced Rohingya communities living in Bangladesh, this article uses the design of that assessment to provide a framework for operationalizing needs assessments in humanitarian settings.

INTRODUCTION

Recent literature firmly establishes the link between early childhood interventions, reduced poverty, and the effects of adverse childhood experiences (Britto et al. 2016; Bouchane et al. 2018; El-Haj et al. 2018; Murphy, Yoshikawa, and Wuermli 2018; Shonkoff et al. 2012; Young 2007; Gertler et al. 2013). While there is ample evidence showing that returns on investments in early childhood development (ECD) programs exceed those associated with other educational investments (Richter et al. 2016; Young 2007; Gertler et al. 2013), there is a dearth of implementation studies and high-quality evidence to inform interventions in conflict-ridden and emergency contexts (Murphy et al. 2018).

A key factor of effective interventions targeting young children and their families, and thus the long-term sustainability of behavior change, is how those interventions are received by local populations (Dionne 2012). Education interventions often sit at a crossroads between the international donors who drive global priorities and the needs of local communities (Jeffrey and Jeffrey 1998; Dionne 2012; Foulds 2016). Despite the significance of these intersecting perspectives, there is ongoing concern that local attitudes and preferences may be inadequately researched and considered when implementing interventions that are designed and/or supported by external actors (Mohanty 2003; Benavot and Braslavsky 2007; Dionne 2012; Foulds 2013).

These gaps in reciprocal understanding about the nurturing care and education of young children are even more pronounced in humanitarian settings, where the priority is on meeting the immediate need for safety, food, water, and shelter. Recent data on humanitarian funding for education indicates that only 2.25 percent of humanitarian aid finances education, and just a fraction of that goes to ECD (UNOCHA 2019). Moreover, that 2.25 percent met only 59 percent of all education funding requirements.

Of the US\$17.45 billion funded, US \$392 million went to education.

More broadly, development aid to ECD increased between 2002 and 2016, from 1.7 percent to 3.8 percent. However, the majority of all ECD funding went to health and nutrition interventions; only 1 percent went to preprimary education, a decline in the relative share of funding (Zubairi and Rose 2018). When funds are limited, funders and/or grantees tend to be less willing to carry out needs assessments and more likely to spend scarce resources on visible delivery services.

In the absence of funding or the time to conduct a needs assessment that collects primary data from target communities, programming is likely to be developed without understanding the key priorities and motivations of the communities served. Given that the average length of protracted refugee situations is now an estimated 26 years (UNHCR 2017), we argue that programming designed without the input of local perspectives could have long-term repercussions, little community buy-in, and, consequently, limited to no impact. Therefore, the long-term costs of not doing needs assessments in humanitarian contexts likely far exceed the initial investment in conducting such research.

In acknowledgment of these opportunities and constraints, this article presents a framework for conducting a needs assessment in emergency situations and illustrative findings from a study conducted with displaced Rohingya families. Both the framework and the findings underscore the value of conducting such research in a humanitarian setting before designing an intervention. While the needs assessment described here was used to develop a set of interventions to facilitate play-based learning for children affected by crisis and displacement and was specifically tailored to the local context, the framework can be adapted to a variety of humanitarian settings and curricular areas.

STEPS FOR IMPLEMENTING THE NEEDS ASSESSMENT FRAMEWORK

An operational framework is required to implement an effective needs assessment, as it ensures that the research will be aligned with programmatic needs and existing knowledge gaps. The framework must include a focus on ethics approval and the piloting of measures to ensure that the instruments reflect the targeted communities. While there is a standard definition of a general needs assessment,

there is not a standardized process to conduct one.² Thus, we adopted the following process:

- 1. Develop research questions and supporting survey tools to address knowledge gaps, in collaboration with project partners
- 2. Identify an in-country research partner with strong ties to the target communities
 - a. Work with research partner to refine instruments and develop sampling
 - b. Secure ethics approval of research design through Institutional Review Board
 - c. Pilot and finalize instruments in keeping with pilot findings
- 3. Implement a full-scale needs assessment
 - a. Analyze data in keeping with research plan and develop report narrative
 - a. Present findings to project partners to inform development of intervention plan

The framework provided here supports a rigorous research design and the application of that design. This framework is supported by the principle that, the more rigorous the needs assessment, the more reliable the data. While a rapid response is the top priority in meeting the immediate needs of displaced populations, taking a rigorous approach to designing and implementing a needs assessment ensures that the time and funding allocated will provide a greater return on investment over the lifetime of the intervention. To support the application of this framework, the following sections of this article detail these steps and their operationalization. The next section provides background on the recent wave of displacement among the Rohingya, followed by a section detailing the steps of the needs assessment outlined above, then the illustrative findings, and, finally, a conclusion that reinforces the value of this approach in a humanitarian setting.

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A needs assessment is defined as a data-collection exercise, usually conducted at a single point in time, to gain an understanding of the protection issues, availability of resources, sources of problems, and their impact on the affected population (Project Information Management 2017; UNHCR 2017).

BACKGROUND ON RECENT DISPLACEMENT AMONG THE ROHINGYA

Before August 2017, the majority of the estimated one million Rohingya in Myanmar resided in Rakhine State (Figure 1), where they accounted for nearly one-third of the population (Albert and Maizland 2020). In Myanmar, the Rohingya have been subjected to state-sponsored religious and ethnic persecution, physical and sexual abuse, and forced labor (Kingston 2015). Seeking refuge after fleeing a campaign of physical violence and terror sparked by the Myanmar military's launch of "clearance operations" against the Rohingya people, the 2017 exodus of Rohingya from Myanmar unfolded as one of the fastest-growing refugee crises in history. An estimated 641,000 Rohingya refugees fled into Bangladesh in August and September 2017 alone, adding to the 278,000 Rohingya refugees already living in Cox's Bazar who were part of the two previous waves of refugees who had fled Rakhine State since 1978 (Médecins Sans Frontières 2018; UNDP 2019). As of April 2019, there were 908,878 Rohingya in need of assistance in Bangladesh (UNICEF 2019).



Figure 1: Map of Bangladesh and Myanmar

Source: Asrar (2017)

Bangladesh has denied the Rohingya formal legal status, so they are not legally recognized as refugees and do not have access to the full spectrum of services and benefits available to refugees (Merritt 2017; UNDP 2019). Though the UN

system has been able to mobilize humanitarian aid, the Rohingya have no formal protection under any state or international organization and thus are in a "state of acute vulnerability" (Médecins Sans Frontières 2018).

The challenges of displacement the Rohingya children face are extensive. Only 43 percent of girls and boys ages 3-5 reported attending a learning center since arriving in Bangladesh (Education Cluster 2018). A recent assessment of the mental health and psychosocial needs of displaced Rohingya living in Cox's Bazar found that 30 percent to 40 percent of Rohingya children frequently experience difficulty sleeping, feelings of sadness and tension, and somatic complaints such as headaches, sore muscles, and back pain (International Organization for Migration 2018).³

While there are data available that detail their challenges in accessing education services, Rohingya communities are underresearched, particularly around their education-specific needs (Education Cluster 2018; IPA 2018; Merritt 2017). A 2018 study of Rohingya caregivers found that most parents want their children to receive the equivalent of a grade 10 education or to become *Qur'an-e-Hafiz*—which means they have memorized the entire Qur'an (IPA 2018).

METHODOLOGY

In Collaboration with Project Partners, Develop Research Questions and Supporting Survey Tools to Address Knowledge Gaps

An effective needs assessment fills a gap in the existing knowledge base for the target communities. This supports the funding organization's immediate programmatic needs and the work of other organizations providing programming to the same communities. The gap in the literature around Rohingya communities is extensive and, given the aforementioned limits on conducting needs assessments in humanitarian settings, our research set out to conduct a needs assessment that would inform the design and implementation of an early childhood education intervention targeting Rohingya children and their families. We anticipated that it would fill current gaps in understanding and support the creation of an enhanced knowledge base specific to the ECD needs of the Rohingya communities in Cox's Bazar.

³ For the 2018 International Organization for Migration study (n=327), children were respondents 7-16 years old, youth were 17-25 years old, and adults were 30-55 years old. Somatic symptom disorder is characterized by an extreme focus on physical symptoms, such as pain or fatigue, that causes major emotional distress and problems functioning. Those experiencing somatic symptom disorder may experience significant emotional and physical distress (Mayo Clinic n.d.).

Aware of the importance of considering the needs and perspectives of the target communities in an intervention design, our research focused on collecting data in the communities surrounding the Rohingya camp in Cox's Bazar, and in the camp itself. The following research questions led the design and sampling of this assessment:

- What are Rohingya and host community caregivers' educational priorities for their children 3-6 years old?
- What are the educational priorities for children 3-6 years old among the practitioners serving children in displaced Rohingya communities and the host community?
- What are the parenting needs of Rohingya and host community caregivers of children 3-6 years old?
- What is the perception of the value of play in children's development among Rohingya and host community caregivers and practitioners?
- What are the existing play habits of displaced Rohingya and host community children and their families?
- What roles do song, storytelling, and dance play in these families' lives?
- What professional needs and challenges face the people working directly with children in displaced Rohingya communities and the host community?

In addition to asking questions to promote better understanding of the educational priorities for young Rohingya children, the study focused on play norms and cultural expression. Research has shown that playful learning helps foster young children's development and lays the foundation for them to become creative, engaged, lifelong learners—which identifies play as an integral component of ECD (Brooker and Woodhead 2013; Kelly-Vance and Ryalls 2008).

Guided by our questions and using previous needs assessments conducted by Sesame Workshop to inform intervention programming (Foulds and Bucuvalas 2019; Kohn et al. 2020), Sesame Workshop drafted the assessment instruments in collaboration with BRAC, LEGO Foundation, and New York University's Global

TIES for Children.⁴ These project partners provided feedback so we could incorporate on-the-ground experience and refine our questions to ensure collaborative alignment.

For this study, we applied a mixed methods design that incorporated both qualitative and quantitative data-collection methods. Data-collection instruments included a demographic questionnaire and interview protocols for both caregivers of children 3-6 years old and practitioners working with young children. Interview protocols included closed- and open-ended questions that were analyzed using quantitative and qualitative methods. Most questions were open-ended, and scale/ranking questions were added to inform our analysis.

IDENTIFY AN IN-COUNTRY RESEARCH PARTNER WITH STRONG TIES TO TARGET COMMUNITIES

Community support and buy-in are key to the development of research instruments and the quality of the data collected. A research partner who has an existing relationship with the target community can provide important insights to inform the research design. Furthermore, due to these existing relationships with the community, respondents will be more likely to support the research during data collection, thus improving the quality of the responses provided.

Innovations for Poverty Action (IPA), in partnership with Yale University, is currently conducting the Cox's Bazar Longitudinal Cohort Study, which is the largest population-based cohort study to date of families in refugee camps.⁵ Through this study, which started in 2019 with a sample of 5,000 Rohingya and host community households, IPA has well-established ties and access to displaced Rohingya communities in Cox's Bazar.⁶

While needs assessments are not the primary focus of IPA, Sesame Workshop's interest in developing an ECD curriculum framework for Rohingya refugees living in Cox's Bazar through the rigorous testing of video and print content was appealing to the organization. Programming designed with the local perspective in mind could bring a host of benefits to an incredibly vulnerable population. IPA was responsible for managing the research process, including translation of instruments, enumerator recruitment and training, data collection and translation, and report write-up.

⁴ Sesame Workshop is the nonprofit behind Sesame Street. The lead author works at Sesame Workshop.

⁵ The principal investigator is Professor Mushfiq Mobarak, Department of Economics, Yale University. Three of the authors worked at IPA at the time of the study; one has since left.

⁶ For evidence of this, please see IPA (2018) and Khan (2019).

REFINE INSTRUMENTS AND DEVELOP SAMPLING PLAN

Relying on their understanding of the target community and experience conducting research with Rohingya families in Cox's Bazar, Sesame Workshop shared its draft instruments with IPA for a review and refinement that would enhance the final set of pilot instruments.

Guided by Sesame Workshop's interest in a diverse sample, IPA developed a sampling plan that used 3 out of 34 Rohingya camps for the survey. IPA first stratified the camps across the Ukhia and Teknaf *upazilas* into three groups based on size and location, then randomly selected one camp from each group.⁷ The host community sites included respondents from neighboring villages. Figure 2 provides a spatial context for the sampling sites. The green markings represent camp sampling sites, while the red markings represent host community sampling sites.

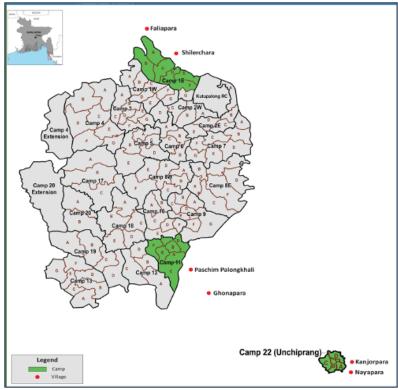


Figure 2: Map of Sampling Sites

Source: IPA (2019)

⁷ Upazilas are administrative regions in Bangladesh.

SECURE INSTITUTIONAL REVIEW BOARD APPROVAL AND CONDUCT ENUMERATOR TRAINING

As with any human-subject research, securing Institutional Review Board (IRB) approval and training enumerators ensures that every effort is being made to prevent the research from doing harm. These steps are especially important in humanitarian settings, particularly when working with a community like the Rohingya, who have few national and international protections in place.

With the instruments developed and the sampling plan finalized, and in keeping with their internal process, IPA secured IRB approval for the project and ensured that adequate information about the survey procedure was provided to the participants.⁸

IPA translated both surveys from English into Bangla and conducted an enumerator training. The enumerators, hired locally from the Chittagong and Cox's Bazar districts, interviewed the Rohingya community in the Rohingya language.

PILOT AND FINALIZE INSTRUMENTS

Piloting instruments to make sure that respondents understand the questions and that the enumerators are explaining the study adequately ensures that the target communities are directly represented in the research design. IPA piloted all the instruments with 24 respondents, 16 caregivers, and 8 practitioners. This exercise provided valuable feedback on the structure of the questionnaire, on general issues related to the question format, and on the respondents' level of comprehension. IPA incorporated all feedback into the final assessment design.

Based on data on the Rohingya language collected from local enumerators during the pilot process for this study, IPA provided a list of Rohingya words that differ from the Cox's Bazar local dialect to help the enumerators when conducting their interviews.

⁸ Reflecting its commitment to conduct high-quality, ethical research, IPA founded the IPA IRB in 2007. IPA's IRB enables it to consider ethical issues across all IPA projects, and to ensure respect for and protection of the human subjects participating in IPA research. The time taken to receive IPA IRB approval depends on the type of research, the level of risk to participants, and on-time submission of all documents requiring review. We did not face any significant time lag from the IPA IRB process while setting up for this project.

IMPLEMENT A FULL-SCALE NEEDS ASSESSMENT AND ANALYZE DATA IN KEEPING WITH THE RESEARCH PLAN

During the data-collection process, female enumerators interviewed female caregivers and male enumerators interviewed male caregivers, but enumerators were not matched with practitioners based on gender. IPA administered interviews using CAPI devices and recorded all of them on password-protected tablets.⁹ Interviews with caregivers averaged 64 minutes, those with practitioners averaged 55 minutes.

IPA first transcribed the interviews from audio to text. To ensure quality, they re-transcribed 10 percent of all interviews and compared the two versions to ensure that the transcription was consistent. The audio was also transcribed into Bangla on handwritten documents. IPA then translated the handwritten documents from Bangla into English, and again re-transcribed 10 percent of the interviews. Following the coding and data analysis, IPA shared the findings with Sesame Workshop. The following section provides an illustrative sample of those findings.

ADDRESSING THE CHALLENGES WE FACED

We faced a number of challenges in designing and implementing this framework.

Collaboration across multiple partners: We wanted to ensure that all partners had the opportunity to inform and review the research instruments and sampling plans. We knew that representing the needs and perspectives of multiple partners could pose a number of challenges. To address this, we provided consistent communication and biweekly updates via working group conference calls and follow-up email discussions. We also used collaborative software when designing our instruments.

Permission to access camps: In humanitarian contexts, gaining access to displaced populations is typically a challenge, due to concerns for their safety. To get permission to administer the surveys for the needs assessment, IPA submitted information about the research and its usefulness for the refugees to the relevant local authorities. Clear communication in simple terms and consistent follow-ups helped reduce the time it took to get authorization to work in the camps.

⁹ CAPI stands for computer-assisted personal interviewing.

Instrument structure: The instruments we used included a mix of open-ended and closed questions, which are analytically different but both important when collecting a range of data. While some responses were identified in open-ended questions, others were selected only when posed directly to respondents. This raised concerns about social desirability bias. When conducting research to inform intervention design, it is important to address social desirability bias to ensure that the needs assessment findings accurately reveal existing perceptions, values, and behaviors so that the intervention design is not guided by skewed results. Our comprehensive coding scheme helped alleviate the impact of this analytical difference, and relevant sections were amply highlighted when we presented the results. For example, in the section on caregivers' perceptions of the role of play in children's learning, findings from a Likert scale questionnaire indicate that the majority of caregivers strongly agreed that play is important in children's learning. With open-ended questions, however, few caregivers talked about the role of play in learning. This discrepancy suggests that social desirability bias may have played a role in caregivers' responses when statements were posed to them directly. Without a comprehensive coding scheme, such bias could inaccurately depict a stronger understanding of the role of play in children's learning than actually occurs in the communities.

Interview structure: While our original design included individual interviews with caregivers and practitioners, we learned that it is common in this context for people to do things together. It would have been difficult for us to collect data through individual interviews, as the process might have been considered suspicious if enumerators had insisted that only one person be present. To account for this, enumerators focused on asking questions of the primary respondent, in the presence of a group. Because an individual's responses may differ between an individual and a group setting, social desirability bias could alter a participant's responses if there is a higher likelihood that others will hear and repeat those responses.

NEEDS ASSESSMENTS DATA: SELECT SAMPLE DEMOGRAPHICS

Of the 321 respondents who participated in this study, 238 were caregivers and 83 were practitioners (Figure 3). The practitioners represented many local and international organizations.

Figure 3: Respondent Sample Breakdown

n=321	Camp	Host Community
Caregiver	160 (81% women)	78 (85% women)
Practitioner	53 (68% women)	30 (67% women)
Total	213	108

Source: IPA (2019)

Among the caregiver respondents, 83 percent were married women with an average age of 31. Their education levels were limited; 41 percent had attended a madrassa, and 31 percent had completed some primary school as their highest level of schooling.

The caregivers in this study had an average of four children under eighteen, with an average age of seven. Though all the parents and other caregivers recruited had children ages 3-6, IPA randomly selected one of their children in this age range and asked questions about the "target child" during the interviews. While the sample of the selected children focused on those ages 3-6, the sample skewed to children ages 5-6.

Most practitioners were women (67%) and their average age was 24. Nearly half of the practitioners had a university or postgraduate degree and another 39 percent had completed secondary school. Thirty-one percent of practitioners were Rohingya; 64 percent of them served Rohingya refugee communities, and one-third served the host community.

The majority of the practitioners served a wide range of grades, from kindergarten to grade 6 or higher, 74 percent worked as teachers, and most were fairly new to their current position, 53 percent having worked there less than a year.

SELECT NEEDS ASSESSMENT FINDINGS: EDUCATIONAL PRIORITIES FOR CAREGIVERS AND PRACTITIONERS

In both the camps and the host communities, parents' perceptions of the importance of education for their children and their community emerged when respondents were asked to put a relative value on education as one option among five social interventions, which enumerators ascertained by reading them the following script:

Now, I would like to ask you your opinion on programs in this area. People have said they would like programs to improve their lives here in this area. Some programs that could improve

life would be: improved access to clean water, hygiene, sanitation services; increased maternal health services; increased domestic violence support programming; better education programs; and increased economic opportunity. Thinking about families who live nearby and what is most important to them, how would you rank these five programs? There is no right or wrong answer; I just want to know what you think.¹⁰

The responses showed that caregivers and practitioners were in agreement that the most important intervention was to provide better education programming (Figure 4). The intervention all caregivers and practitioners in the camps ranked second most important was improved access to clean water and hygienic sanitation services—a finding aligned with earlier work that explored knowledge, attitudes, and behaviors around health and hygiene (IPA 2018).

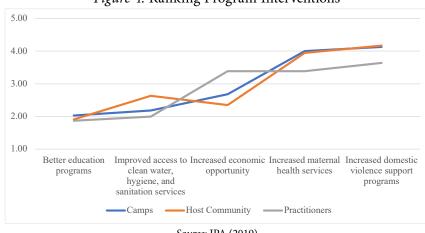


Figure 4: Ranking Program Interventions

Source: IPA (2019)

To better understand respondents' priorities for children's development, enumerators read them the following script:

Now, thinking more specifically about children who live nearby and what is most important for them and their development, how would you rank these priorities? Academic and professional success; positive health and wellbeing; social skills; joy and

¹⁰ This question was adapted from Dionne's 2012 work on rural Malawians' prioritization of public policy interventions.

happiness; healthy relationship with family; ability to cope with difficult situations.¹¹

Based on mean scores, children's academic and professional success was the clear priority for all respondents (Figure 5).

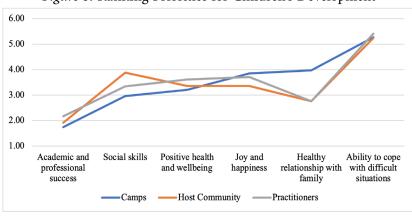


Figure 5: Ranking Priorities for Children's Development

Source: IPA (2019)

Social concepts were also a priority for all respondents, including healthy relationships with family, social skills, and good health and wellbeing. Despite the high prevalence of children and adults who self-reported feelings of sadness, anxiety, fear, and grief, the ability to cope with difficult situations was the lowest priority among all groups.

SELECT NEEDS ASSESSMENT FINDINGS: CAREGIVERS' AND PRACTITIONERS' EDUCATIONAL CONTENT PRIORITIES FOR ROHINGYA CHILDREN

When exploring what caregivers and practitioners prioritized for children in terms of education and academic success, respondents' priorities showed greater variability. When caregivers in the camps were asked to identify the most important things children should learn in school to prepare them for the future, 73 percent named Islamic education. Practitioners in the camps focused on general education (68%), learning English (24%), and learning Burmese (16%).

The importance of Islamic education for the families of young children also revealed itself when cultural transmission and social etiquette were discussed

 $^{11\,}$ $\,$ This question was also adapted from Dionne's 2012 work on rural Malawians' prioritization of public policy interventions.

with caregivers. When asked to describe their culture and how they teach their children about it, caregivers focused on teaching about religious culture, norms, and values, as well as social etiquette and rules to live by. When asked to discuss the particulars of Rohingya social etiquette and rules, religion was clearly cited as a driving force in the cultural fabric of Rohingya norms. Girls had to follow additional social norms, including rules for going out of the house and for interacting with people outside the immediate family, and *purdah*.¹²

Because cultural norms are often transmitted through art, during the interviews respondents also shared stories, legends, poems, and songs commonly used in their communities. These too underscored the importance of Islam, as 76 percent of all caregivers mentioned reciting poems and singing to their children at home, including *ghazals*, *surahs*, and *qawwali*.¹³

CONCLUSION

While funders often do not prioritize early childhood education in emergency settings, the returns on investment for ECD interventions are well-established across the globe. Because funding is limited, the evidence supporting effective implementation is also limited. One key facet of designing an effective ECD intervention is to first conduct a needs assessment. This can be challenging in a humanitarian crisis, when the focus is on providing for immediate needs. However, the framework and illustrative findings presented here demonstrate the inherent value of conducting a humanitarian needs assessments to inform the design of ECD interventions, which can be relevant, respectful, supportive, representative, and, most importantly, effective (Bouchane et al. 2018). While conducting a needs assessment in a humanitarian context may delay implementation and add to program costs, the need for such informed intervention design is growing, given the increasing length of population displacements and the likely need for long-term service provision.

Using a rigorous needs assessment design, as detailed in the framework provided here, gives implementers the opportunity to systematically collect essential data and insights to inform the design of effective, sustainable, localized ECD interventions. As shown in this article, without implementing this approach, we

¹² Purdah is the practice of requiring girls and women to remain within the family home until marriage once menstruation has started.

¹³ Ghazal is a poem, often about both the pain of loss or separation and the beauty of love despite that pain; surah is a chapter of the Qur'an; qawwali is a type of Sufi devotional music.

would not have known how Rohingya caregivers prioritize children's development priorities, particularly the relatively low priority they put on children's ability to cope with difficult situations. This indicates a clear opportunity for an adult-facing intervention to support caregivers' understanding of the link between resilience, mitigation of adverse childhood experiences, and children's healthy long-term development.

Early childhood education in humanitarian contexts is often not prioritized by humanitarian donors, as it is not seen as a lifesaving need, in contrast to health, food, water, and sanitation. The illustrative findings presented here showcase the priority Rohingya caregivers place on educational access for their young children, which demonstrates the importance of funding early education opportunities in such contexts. A needs assessment further identifies what existing norms those opportunities should consider. Using the people's existing educational priorities and motivations as a springboard to ensure community buy-in and the adoption of new educational concepts is critically important for long-term success. Because both positive and negative experiences in early childhood influence the formation of critical pathways and processes, ensuring that children and their parents feel listened to and represented in an intervention is fundamental to children's long-term cognitive, social, emotional, and physical development.

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