Delivering Quality Research in Culturally Dynamic, Conflict-Affected Contexts: Lessons From Large-Scale Pilot Research in Cox’s Bazar

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Credit: BRAC

Introduction

NYU Global TIES for Children (NYU-TIES), has been working with partners since 2019 to pilot multiple data collection tools being considered for use in several large-scale research studies with the Rohingya in Cox’s Bazar, Bangladesh. In this brief, we outline the process and strategies used throughout to provide context and a path forward for future researchers to deliver quality research in this, and other, complex research environments with the ultimate goal of informing the types, design, and delivery of services to support families and foster resilience in these contexts for generations to come.

We review the process we pursued to collect necessary pilot data and highlight three core approaches deployed as part of these intensive preparations. The brief outlines what we believe to be critical strategies in delivering quality research:

1. Invest in a large, multi-phase, and multi-method pilot study which aims to inform measures and enhance understandings of the contexts of child development among communities such as the Rohingya in Cox’s Bazar.
3. Prioritize the needs of the community by working with partners with intimate knowledge of the context and ties to the community at all stages of the research process, such as community-based organizations and consultants.
These approaches allowed us to push the boundaries of what we know about early childhood development in populations historically underrepresented in the research literature, enabling this work to inform policies, programs, and future research.

**Background**

This research was undertaken as a core component of Play to Learn (PtL), a trailblazing program from Sesame Workshop, BRAC, the International Rescue Committee (IRC), NYU-TIES, and the LEGO Foundation that is harnessing the power of learning through play to deliver hope and opportunity to a generation of children affected by crisis. The PtL program launched about two years after the influx of over 740,000 Rohingya fleeing Myanmar into Cox’s Bazar, and project partners aim to implement and study a number of early childhood development (ECD) programs in the Cox’s Bazar camps in Bangladesh that target both children and caregivers. NYU-TIES was engaged to both evaluate some of these interventions and to investigate, longitudinally, the potential lifespan developmental implications of being conceived, gestated, born, and raised in contexts of war and displacement.

Research preparations during the project’s inception period focused on getting to know the context, history, and population of the Rohingya in Cox’s Bazar², including the research environment in which we would be operating. This was to ensure that final research instruments were appropriately adapted to the culture and context and, as such, would result in both valid and reliable findings as well as to ensure that our work was generative, producing new and usable research, rather than reproductive.

Based on scoping exercises, we entered our pre-pilot and pilot phase trying to balance two competing concerns:

On the one hand, very little research exists about the Rohingya living in Cox’s Bazar on the range of cultural and contextual factors that are critical to understanding human development generally, and early childhood development specifically. For example, it is crucial for the research team to understand dynamics such as gender roles, daily routines, child socialization goals, mental health, coming of age, and social networks among the population to better adapt research designs and data collection strategies and interpret and situate any findings. We also need to understand how these concepts, as well as the broader Rohingya culture, identity, norms, and mores, may have evolved for the Rohingya since leaving Myanmar. Similarly, there is very little research available on ECD-specific constructs or measures with this population (we could find no peer-reviewed literature on these topics). We therefore also needed to develop a better understanding of several core ECD constructs critical to the project’s theory of change (ToC) through our pilot. These included: how play manifests in this context, caregivers’ perceptions of play, and the role of play in development in this context. These gaps necessitated even more preparatory research than we might expect with a more heavily-researched population. On the other hand, the Rohingya in Cox’s Bazar are living under highly stressful, resource-scarce conditions which makes participation in studies a greater burden and challenge than it may be in other environments.

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¹ See UNOCHA, https://www.unocha.org/rohingya-refugee-crisis
Relatedly, because of the limited research with this population, it is often unclear what the benefits, incentives, or larger implications of participation may be, should they choose to participate in studies. This is particularly true when testing new theories or hypotheses – as this project aims to – that may not bear fruit for generations to come. All of these factors make research – especially the prospect of even more preparatory research than is often required for impact evaluations or longitudinal studies – daunting for both researchers and research participants alike.

These dilemmas are further complicated by the inherent communication barriers that result from the complex linguistic ecosystem that exists in the camps. To do any research adequately, we simultaneously had to contend with the translation complexities of the context and develop strategies to navigate them.

Given these realities, our pilot research was designed to do more than a standard measurement pilot might. Rather than simply focusing on how to adapt and/or validate a range of measures for use in the main studies, we also needed the pilot to generate sufficient data for us to develop both the cultural and linguistic understandings that are so crucial to meaningful research. And we needed to conduct pilot research in a way that was also meaningful for participants.

Rohingya is an Indo-Aryan language, which is 70-90% mutually-intelligible with Chittagonian, a Bangla dialect spoken in the southern parts of Bangladesh, including the Cox’s Bazar region. Despite the overlap with Chittagonian, there are many words, phrases, and tonalities, particularly in technical and medical fields, that bear little similarity. At the spoken level alone, there are multiple points at which important information can literally be ‘lost in translation’. To additionally complicate matters, Chittagonian can be written using Bangla script (though it lacks a formalized grammar and writing system) while the formal written language that the Rohingya learned in school in Myanmar uses the Burmese script, a Sino-Tibetan language with no linguistic connection to Rohingya.
Research Process

To achieve our piloting goals, we needed a multi-method, multi-partner, multi-phased approach to the research.

A Multi-Methods Approach

We selected a wide range of data collection strategies to achieve our ambitions. These included more conventional surveys and assessments that we would need in order to test primary outcomes of the main studies, as well as several observational tools, qualitative interviewing techniques, and free-listing activities to build a more robust picture of the unique cultural and linguistic dynamics of the Rohingya living in the Cox's Bazar camps. Each tool or protocol had a specific primary purpose, but they were also selected and designed to complement and triangulate each other.

A Key Ingredient – Establishing Local Partnerships

To be able to deliver all the planned data collection we needed strong local research partners independent from the project implementing partners. These local research partners provided the range of skill sets and relationships needed for the diverse measures, to meet the linguistic and logistical challenges of this research, and to ensure higher levels of trust and engagement from research participants.

From the beginning of our project, we have worked closely with the BRAC Institute of Educational Development (BRAC - IED). While NYU is the external research partner for some of BRAC IED’s interventions in the camps, BRAC IED’s extensive experience in implementation and research, from the very beginning of the influx, provided us with the

Multiple methods were used in the pilot to better inform our work moving forward, including:

Semi-structured interviews
Semi-structured interviews were used to fill gaps in understanding the wider cultural context of the community, particularly with regards to Rohingya norms around gender, culture, and society, as well as behavioral attributes of discipline, care and affection, perceptions of parenting, child development, and play. Interviews were conducted in Rohingya/Chittagonian Bangla with caregivers (N=26), pregnant women (N=46), husbands of pregnant women (N=13), fathers (N=25), and adolescents (N=15).

Direct observations
Observations using a child point-of-view (POV) tool (N=60), were used to record children’s experiences from their “point of view” to further understand different ways children play and engage with their environment, how this socialization is affected by objects and locations, and whether socialization is different due to exposure in the Humanitarian Play Lab (HPL) program. A direct classroom observation was also tested, and interrater reliability was established with enumerators, to better understand the quality of classroom dynamics and facilitator-child interactors, but piloting was not completed. There are upcoming plans to begin caregiver-child interaction observations, with the goal to understand the nature and quality of caregiver and child interactions to capture opportunities for early playful learning.

Free-listing and key informant interviews
We used a multi-stage, scaffolded process to identify local idioms to describe common mental health problems within the camps and cultural and social expectations around functioning and caregiving. This process consisted of free-listing (N=108) with community members, key informant interviews (N=29) with participants identified through free-listing as having expertise in the topics, and 300 “case/non-case confirmations”, to derive locally constructed measures that capture mental health, functioning, and caregiving constructs. This methodology is commonly used by Global Mental Health experts.
Surveys
Surveys for mothers of children two to four years old (N=322), pregnant women in three groups (under 15 years old, 15-19 years old, over 19 years old) (expected N=300), and mothers and fathers of children zero to two years old (currently in development) were used to test a range of measures related to camp environment, mental health and well-being, child socialization, infant and toddler temperament and behavior, and caregiving. These surveys are used to quantitatively capture constructs to be used in our impact evaluation and longitudinal study.

Child Direct Assessments
Direct assessments of children (N=650), spanning the ages of children targeted by original program interventions3 (ages zero to four), were used to understand how existing ECD data collection tools might work or, in the case of IDELA, could be adapted to capture the constructs they were designed to capture within this population. The Bayley Scales of Infant and Toddler Development (Bayley-4) were used for the age range of zero to three, and the International Development and Learning Assessment (IDELA) was originally used for ages three-and-a-half to six, and then expanded to for the full three to six age range, with an added tasks to assess executive functioning.

Biomarkers Data Collection
Physiological data about heart rate variability, skin conductance, blood-oxygen level, and a variety of specimens to assay for immunological, endocrine, and metabolic biomarkers, is planned to be collected as part of our upcoming longitudinal study in order to further understand how the stresses of war and displacement get under the skin and influence lifelong and intergenerational health and well-being. Full piloting for these measures is pending, but focus group discussions were conducted with Rohingya women, men, and community leaders about the feasibility and acceptability of a range of biomedical measures and assessments as part of a pre-pilot exercise.

The first data collection partner we engaged was the Bangladesh office of Innovations for Poverty Action (IPA), a global research organization known for their capacity to run large randomized controlled trials (RCTs) and longitudinal studies, including one in Cox’s Bazar - the Cox’s Bazar Panel Study. IPA was our lead partner for the survey work and they contributed to the design and administration of qualitative interviews with caregivers and the child point of view observational data collection portions of our pilot. They recruited and managed the majority of enumerators for all other tools, as well as managed the majority of translation needs.

To complement IPA’s expertise, we engaged icddr,b – the International Center for Diarrheal Disease Research, Bangladesh - an international health research institute based in Dhaka, Bangladesh. They have deep expertise in child direct assessments (CDA), caregiver-child interaction observations, and neurobiological measures. They are supporting a range of our activities, including research design; instrument and protocol adaptations; enumerator training and supervision; and collection, transportation, storage, and assaying of biological specimens.

Alongside IPA Bangladesh and icddr,b, we partnered with the Humanitarian Assistance Program (HAP), a community-based social enterprise working directly in the camps. HAP supported data collection through free-listing, key informant interviews, and case-identification activities to derive local measures of mental health, functioning, and child socialization.

In addition to these in-country institutional partners, we recruited two multilingual consultants to work directly with NYU-TIES.

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3 Intervention plans for this project have subsequently been revised to account for the effects of the COVID-19 pandemic on both the project timeline and the implementation realities and possibilities of the context.
Both speak English and Bangla, both understand Chittagonian and Rohingya, and both had been working in the camps for a number of years already. The first is an international development expert with expertise in areas of gender and education as well as quantitative and qualitative research methods; we worked extensively with her to develop translation protocols across all phases of piloting activities, to train enumerators on qualitative instruments, and to support data analysis. The second is a socio-linguist, who also speaks Chittagonian and has studied Rohingya culture and language extensively; he has supported the refinement of these procedures and ongoing processes of data analysis. These consultants have an intimate understanding of both the linguistic and cultural contexts in the camps which has allowed us to ensure that our research is contextualized at all levels. It is important to note that researchers who are fluent in all involved languages (English, Bangla, Chittagonian, and Rohingya) are extremely rare; thus all procedures need to be able to work without these individuals, which was part of the challenge of developing the protocols.

Though the number of partners generated extra complexity for the overall management and coordination needs of field activities, it also ensured that we had the right set of skills and experience involved in the research to feel confident in our ability to effectively complete data collection and analysis. It is worth acknowledging that coordination complexities were compounded by COVID-19 travel restrictions, which prevented NYU-TIES staff from traveling to Bangladesh for most of 2020 and all of 2021. However, the benefit of these challenges has been the collective learning of managing complex research studies in unique environments remotely.

**Pilot Process - The Importance of Translation and Iteration**

Once the range of measures and methods were identified and the partners assembled, piloting began in early 2020, albeit in fits and starts due to COVID-19 lockdowns and camp closures. Our piloting process for all tools followed roughly the same sequence of steps, though our approach had to be adjusted slightly to fit the particular needs of each method and to account for the particular skills of each partner. At every stage, we exerted significant effort to get the translation right, given how important it was to ensure that the right meaning was being conveyed at all times in every direction – not just in how the questions were phrased to participants, but also in how the responses were recorded and interpreted by analysts.

To begin with, we pre-piloted each tool, either talking with enumerators about the feasibility of administration as a first step or discussing our intentions directly with community members to ascertain whether particular data collection strategies (for instance, biomedical sampling instruments) would be well received. Pre-piloting results contributed to the final drafting of piloting tools which we developed first as English-language protocols. All of these research protocols then went through multiple stages of reviews and revisions before they ever went to field. This process began with the research team members collectively identifying words or topics that had already been, or were likely to be, difficult to understand and translate, both linguistically and culturally.

For data collected with IPA enumerators, a team of Bangla-English translators then drafted Bangla-language tools which were reviewed by Bangla-English-Chittagonian/Rohingya speaking team members. Alongside the formal Bangla we inserted Rohingya translations in brackets for any core concepts that were important to standardize but tricky to translate, a common solution when working in dialects. Tools administered in collaboration with HAP were translated directly from English to Rohingya, written using English script. In all cases, finding the most appropriate words for
some translations often required extensive rounds of clarifications. For example, items on mental health or questions about community or neighbors often needed additional clarification as these words may have different meanings to different participants due to linguistic, cultural, or other differences.

Enumerators were then trained on the translated protocols and explicitly engaged in additional rounds of feedback about any words, phrases, or sections of the protocols that might prove difficult during data collection. If issues flagged by the enumerators were significant enough, the tools were reworked and training extended, as necessary. Protocols were only used in the field to test the feasibility of their administration and the quality of data after satisfactory completion of these refinement efforts.

Under ideal conditions, we would have fielded our instruments and protocols sequentially and iteratively. For instance, for very unfamiliar concepts such as agency, mobility, and social networks and support, initial qualitative explorations can be used to subsequently inform survey design.
Unfortunately, COVID-19 camp closures and restrictions compressed data collection timelines meaning that we had to implement many activities concurrently and, in some cases, with limited opportunity to cross-fertilize. We did, however, iterate for each of the instruments. For example, we often paused data collection after the first day or two of field testing in order to critically examine the data as it was coming in and to hear from enumerators what was working, what was proving challenging, and what could be adjusted or improved to resolve challenges. With a modified instrument, a subsequent small sample would be assessed, we would pause for critical examination and consultation, we would address challenges, and then we would return to the field for another small sample assessment. These ‘mini-pilots’ were conducted iteratively until we were satisfied with the quality of the data.

Diagram 2: Example of instrument testing and iteration process

For the majority of open-ended data collection methods (e.g. open-ended questions in quantitative instruments or qualitative interviews, etc.), interactions were audio-recorded, with enumerators taking notes in their language of preference. Recordings were then transcribed from audio to text, verbatim (i.e. transcribers did not choose which audio sections were meaningful and exclude other sections, or skip repetitive probing where seemingly no additional information was provided). This process worked best when enumerators were able to transcribe their own interviews, drawing on their field notes as needed. Transcription was a very lengthy endeavor with a single two-hour interview sometimes taking as much as several days to transcribe, resulting in 100+ pages of transcription. With enumerators employed by IPA, we underwent a process of learning to use a speech-to-text app to improve efficiency of the transcriptions; which worked very well for certain enumerators and was challenging for others, depending on particular dialects and comfort with technology. While lengthy, it ensured that researchers were able to understand the entirety of an interaction and the full picture of a participant’s response when doing their analysis. The depth of understanding gained as a result was imperative to our goals to ensure that research participants’ voices were accurately represented throughout the research process.

Once transcriptions were complete they were translated by a separate team of translators. Though data was always collected in Chittagonian/Rohingya, recordings collected by IPA enumerators were translated into Bangla before being translated again into English.
Recordings collected by HAP were primarily transcribed and analyzed in Rohingya, with some translation into English to support in-depth analysis and monitor ongoing work. In both cases, analysis was then done by two teams – one team analyzing English transcripts and one team either analyzing the original Rohingya or the first Bangla translations. The different language analysis teams would then meet to discuss emerging findings and explore, methodologically, any discrepancies resulting from the translation-influenced analyses.

Ultimately, findings from the analysis of both the dual-track, parallel language transcriptions and the quantitative data using advanced statistical methods further contributed to tool refinement and selection. Additionally, they helped to deepen our understanding of the wider culture and context in which child development is occurring in this population.

Critical drivers to achieve pilot goals

Our piloting activities for PtL have been extensive. What we have done far surpasses what we had originally anticipated as we have adapted and expanded our plans to sufficiently account for how little has been published and is known to outside researchers about the unique cultural and linguistic realities of the Rohingya in Cox’s Bazar as well as due to the challenges faced by the pandemic. To properly prepare for the planned impact evaluation and longitudinal study, our piloting had to be big in both scope and scale, it had to invest heavily in translation strategies, and we had to work closely with local partners, particularly in the camps.

Though, at the time of writing, our pilot activities are still ongoing, we have already collected data from over 741 adult, 15 adolescent, and 710 child (under five years old) participants spanning nine discrete data collection tools. This is the size of some full study samples alone. The breadth of methods and size of samples in the pilot has several analytic and logistical advantages that were critical to achieving our goals.

To start with, for quantitative tools such as surveys and child direct assessments, our final cohesive and complete quantitative data sets are large enough to run advanced psychometrics. This allows us to test how strongly individual items or survey questions are measuring the particular construct they are designed to capture, which in turn allows us to select the best items to achieve measurement aims while keeping surveys as concise as possible. Ultimately, this makes it easier for participants to interact with our research as we can measure what we need without asking for too much of their time, and we can collect more data in a shorter period of time.

Across methods, the range of instruments also permits us to observe and test how findings across data sources either contradict or reinforce each other. This helps to triangulate or challenge findings and better understand the complexity of the environment. Such findings, importantly, also inform
our study design, helping us to see unexpected correlations and connections between factors that we would not be able to identify with fewer data sources.

A pilot of this size is also a good test of the field work capacity of the research partner and generates invaluable learning about logistics and how to appropriately plan for the actual study. This can help avoid major operational surprises once recruitment for a large-scale study begins. For instance, the difficult terrain and various restrictions in accessing the camps required us to rethink how many households one enumerator team could visit in one day. While in other low-and-middle-income-country (LMIC) contexts enumerators can typically assess three children in a single working day, in this context they were only reliably able to assess one research participant. We therefore had to revise our daily expectations and plan to increase the number of enumerators in order to conduct baseline within a reasonable timeframe. This, in turn, affected training needs, budgets, and timelines - all of which are important to be able to account for ahead of time.

In addition to the analytic and logistical advantages to a pilot of this scale, this volume of data will also permit future secondary and exploratory analyses to further our scientific understanding for many years to come. An additional advantage, as we learned unexpectedly due to COVID-19 project delays, is that this large volume of data can provide a source of meaningful analysis should anything happen or change with regards to the main study.

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**Investment in Translation Process**

Getting our measures right also meant getting the translation right. This is, in part, because language and culture are intrinsically interrelated and our piloting goals included developing and adapting culturally-relevant and linguistically-meaningful data collection tools. The concepts we use in our ToCs, the questions we ask, and the scales we use to measure and assess these concepts generally rely on decades of work done with WEIRD populations, which is particularly problematic when applied to indigenous populations like the Rohingya.

Though the challenges of translation, interview administration, and transcription - especially across language families, but also within dialects - are well documented, guidance on how to overcome them remains limited. Even conventional ‘best practices’ such as translation-back-translation have been critiqued as inadequate and insufficient. It was therefore imperative that we invest heavily in the translation process.

In the camps, the complexity of the linguistic ecosystem and the frequency with which meaning was being translated across languages also created compounding opportunities at which both the literal and cultural meaning of constructs could be mistranslated, mistranscribed, or misunderstood. Our strategy to mitigate these risks was to invest heavily in the translations and to work diligently to ensure that the Rohingya terminology for the constructs was correct. For example, being able to capture local idioms of distress alongside internationally recognized measures gives us confidence that our measures are indeed measuring the constructs of interest (e.g., depressive symptoms).
Conducting the analyses of the key informant interviews in Rohingya has enabled us to better understand local problems, priorities, and needs from the local population’s perspective - using the language they themselves would use. These efforts to mitigate translation risks have benefited the research in two significant and interrelated ways:

1) We are confident that our data are rich, and the insights we have gained are profound and;
2) We believe we are better able to measure and address priority issues affecting the local population.

Working with Local Partners

This link to the local population is not possible without community-based partners, such as HAP. While it has become common practice to engage some of the bigger country-based research firms as we did, there is a limit to how close to the community larger organizations can truly be on their own. In making this point, we do not want to understate the huge advantages of these partnerships; working with a large and experienced research partner, like IPA, was critical for our work for many reasons: they have a sophisticated and tested infrastructure that can manage the scale and flexibility we needed as we iterated different approaches during the pilot; they can employ many people with different networks in the communities that made our work possible; etc. However, our relationship with HAP provided some of the most critical insights in both our efforts to develop locally-derived constructs and our efforts to translate and adapt existing measures. It also ensured greater alignment with our aspirational principle to engage research participants and their communities in all stages of the research.

While these benefits certainly outweigh any challenges in partnering with community-based organizations (CBOs), challenges do exist. Chief among them is the fact that small organizations often lack the robust infrastructure that makes it easier to manage the bureaucratic burden of contractual, financial, and personnel related needs of partnering with a research center at a well-resourced and established university such as NYU. Given that staff are often based near or in the camps, they are also limited by many of the contextual constraints that capital-city offices can mitigate, such as limited connectivity or reliable working conditions.

In addition, the staff of local CBOs are often navigating unique personal safety and security risks by virtue of being associated with international partners, which is a factor that larger partners, such as NYU-TIES, can often fail to account for or be set-up to address. Partnerships with CBOs like HAP allow for research that is more participatory, co-constructed, and culturally grounded. This is not only the right thing to do, as it gives research participants agency and power to determine their needs and influence the direction of research to be useful to their communities; it is also the smart thing to do, scientifically, as it enhances the depth and validity of the data we collect to be truly reflective of their lived experiences.
Conclusion

We invested so heavily in this pilot for one simple reason: all of our contributions to the PtL project hinge on the quality of the research and the research is only as good as the measures are valid. To ensure our measures are valid, we must leverage expertise from a range of disciplines and fields of study, ensure high quality translations and transcriptions, collect a large amount of data, ensure rapid turnaround on analyses, and coordinate between the pieces to paint a comprehensive picture of the lives of research participants.

In doing so, it is critical to recognize the inevitable barriers presented by inherent asymmetric power relationships that emerge from global social and health science research endeavors. In accounting for this, our experience has been that in order to conduct the very best science we can and to make the time and effort of participants count, we need to ensure that 1) the science reflects the needs, desires, and interests of participants and what their research priorities are, and 2) our findings are unbiased and reflective of participants’ realities and lived experiences. We argue that intensive piloting, investments in high quality translations, and working with CBOs that engage staff from the local community are high-return investments to make headway toward these goals and to further advance the fields of global development, social, and health science research.

While we recognize that not every researcher will have the resources (financial, time, human) to replicate the process we lay out in this brief, it is our hope that documenting what we see as best practices in these areas will aid future research endeavors with this community and others.

We also acknowledge that we had the privilege of iterating and adapting as we went, led often by the participation and insights of our local partners. This is often not possible with donor-funded projects in which the research has already been defined before the funding is secured. The PtL project was unique in how it was awarded, in that the research, in particular, was not completely defined at the outset, beyond a focus on early childhood development and a set of guiding research questions. This gave us flexibility to determine needs as we continued learning over the course of implementation. We have also been very fortunate with our partner, Sesame Workshop, and our funder, LEGO Foundation, for granting us the time and resources to engage in this process and encourage other funders to take a similarly-adaptable approach. It is our hope that the resources we produce and disseminate as global public goods as a result of this project will be useful for future researchers wanting to do developmental research in this and other complex contexts.

We conclude with a cautionary note: The safety of research participants and refugee research partners is paramount. This may impose restrictions on what can be publicly communicated and disseminated about the work. Their status as refugees makes them extremely vulnerable with regards to the host country’s enforcement of laws and regulations. While our colleagues from HAP are in a unique position to do rich and meaningful research, revealing norms and practices that sometimes are strictly prohibited by the host country’s laws and regulations, publishing such findings without extra caution could put them, and research participants at significant peril. Extra caution may be required to ensure not only the privacy and anonymity of research participants, but also of our partners. This is another reason why it is so incredibly important to work closely with research participants and partners on debriefing findings and co-creating the narrative to be shared with the world. This is not to say that we should be censoring certain findings, or misrepresenting the results, but rather choosing words carefully and in conversation with the people whose lives they will directly influence.
References


NYU Global TIES for Children

NYU Global TIES for Children is an international research center which works towards a world where all children have equitable access at scale to opportunities that allow them to thrive, in an ecosystem where caregivers and teachers have the resources they need to support them. Our mission is to support this vision by contributing to a robust and culturally-grounded science for program and policy action that promotes children’s holistic learning and development in Low-and-Middle-Income Countries and Conflict Affected Contexts.

Play to Learn

Play to Learn is an innovative program from the LEGO Foundation, Sesame Workshop, BRAC, the International Rescue Committee, and NYU Global TIES for Children that harnesses the power of play to deliver critical early learning opportunities to children and caregivers affected by conflict and crisis. Play to Learn is reaching families affected by the Rohingya and Syrian refugee crises through educational media and direct services in homes, play spaces, health centers, and more to provide the essential building blocks of play-based learning and nurturing care. Ultimately, Play to Learn aims to establish play-based early childhood development as an essential component of humanitarian response for all children and caregivers affected by crisis.

To learn more about our Play to Learn research contact global.ties@nyu.edu