In 2017, Action Against Hunger (ACF) began implementing Baby Friendly Space (BFS) programs in Cox's Bazar refugee camps for pregnant and lactating Rohingya mothers of children under the age of two. The BFS program is intended to provide psychosocial support that focuses on maternal mental health, child care practices, and child health in order to strengthen the mother-child relationship. BFS programs are linked to ACF’s Integrated Nutrition Centers which serve undernourished children.

With funding from USAID’s HEARD Project, ACF undertook a research initiative in Cox's Bazar to improve and evaluate the effectiveness of the BFS program. The following Most Significant Change (MSC) workshop was adopted as part of the project in order to learn about the program's outcomes and considerable stakeholder improvements.
The Most Significant Change (MSC) technique is a type of participatory monitoring and evaluation (M&E) approach (Davies & Dart, 2005). The MSC entails the gathering and selection of change narratives created by program or project stakeholders. It is a collaborative process that incorporates stakeholders in the discussion, analysis, and documenting of changes. To conduct this assessment, one workshop was held with BFS service providers including psychosocial workers (PSW) and psychologists. The purpose of the workshop was to learn about BFS activities in the Rohingya community, as well as the most noteworthy changes and impacts on beneficiaries, particularly mothers, children, fathers, community members, and program staffs.

During the workshop, BFS service providers shared their thoughts, experiences and feelings through different case studies, group activities, and presentations on most significance changes observed in Rohingya beneficiaries.

The MSC workshop aimed to conduct the following thematic questions:

1. What are the most significant changes among mothers and children who received BFS services?
2. What are the most significant changes among fathers whose wives and children received BFS services?
3. What have been the most significant changes in the Rohingya community as a result of Rohingya mothers?

**Session 1: The** positive changes observed among mothers, what the mothers have reported about their MSC after receiving BFS services, the changes that BFS providers expect to happen among mothers.

**Session 2: The** MSC observed among children's physical, mental, emotional, and spiritual health and development

**Session 3: The** MSC observed among fathers, the MSC that BFS provider expected to happen among fathers

**Session 4: The** MSC that BFS providers have observed among community people, the MSC that BFS providers expect to happen among community people,

**Session 5: The** positive changes reported by BFS providers on their professional life, the MSC after receiving training, the MSC that BFS providers expected for professional development.
KEY FINDINGS FROM THE MSC WORKSHOP

MSC among mothers

- After receiving counseling, mothers reported being able to breastfeed their children.
- After having a breathing session, mothers could better manage their stress.
- Mothers are now more knowledgeable and conscious of care practices.

MSC among children

- While playing at the BFS center, many children experienced happiness and amusement. They could show their joy and become cheerful.
- Children are capable of independent thought and play.

MSC among fathers

- It was not common for fathers to attend but after attending some sessions, their misperceptions regarding BFS and MHPSS activities decreased.
- Their attitudes are changing and give more importance to women and wives, reducing unfavorable thoughts and views.
- Some fathers have developed a greater sense of responsibility for their children.

MSC among community people

- The community’s view of women is gradually changing.
- Previously, it was believed that BFS sessions with women imparted harmful information. However, this perception is changing day by day.
- Reduced misconceptions and superstitions on mental health.

MSC among BFS service providers

- They have improved their capacities to manage stress, anger, and professional behavior.
- Increased awareness on self-care and personal wellbeing.
- They have developed skills to interact with beneficiaries, building rapport with them, ultimately ensuring optimal care practices.

“Our kids are attracted to brand new toys. There are many toys in your center. Our children actually play with them here with joy. Our children do not even want to go when it is time to go. We do not have these toys in our house.”

(Rohingya mother’s quote from a BFS worker)

“When one father came to our center he was very annoying with the BFS activity. But gradually when he was involved in different sessions, it was very informative for him then. He provided very positive feedback on our activity.”

(Psychosocial worker)

“Our work focused on mental wellbeing. However, we all experience a great deal of stress in our professional and personal lives. I believe that having started this career, I can now manage my stress effectively.”

(Psychologist)
Changes in perception of breastfeeding & childcare by mothers

Shapla Begum (Pseudonym) used to live under family pressure. In various ways, family members used to abuse her mentally. As a result, she was unable to devote sufficient time to her children and to complete all of the household duties properly. Due to emotional distress, she faced some breastfeeding issues related to insufficient milk supply. She worried a lot about this. Her little children became malnourished. After getting family awareness sessions from Shantikhana (BFS center), her mental stress reduced a lot. She understood the benefits of breastfeeding and she could again breastfeed her child optimally.

Changes in misconceptions among BFS workers

One psychosocial worker reported: “working at MHPSS has profoundly altered me. I have improved both physically and psychologically. Working in this division has provided me with a solid understanding of maternal mental health. This allows me to easily manage my anger, stress and tension. I had a lot of misconceptions regarding the Rohingya population before joining the BFS center. Prior to working with the Rohingya population, I had little experience with humanitarian response. After rendering my services, I have witnessed a number of noteworthy transformations among mothers and children. Working with this community is a great achievement for me. In addition, I can also care for my own family, relatives, and neighbors.

Contributors

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Positive development among fathers

Rafiq (Pseudonym) had previously prohibited his wife and children from visiting the nutrition center. He had a very negative attitude about the BFS center. He previously stated that all women and children should be banned from these places. In addition, he used to abuse his wife severely. His two children developed severe acute malnutrition. A nutrition volunteer attempted to persuade him to enable his wife and children to get services at their center.

In addition, BFS personnel visited his residence to provide individual counseling and awareness session. After attending multiple sessions, his mindset and perceptions improved. He thereafter permitted his wife and children to get services at their center. As a result, his children are currently cured from malnutrition.

Transformation to a meaningful and happy life by PSWs

Rahima (Pseudonym) a baby girl always became afraid to enter to the BFS center. She always hid and looked at BFS play room from a distance. Then one psychosocial worker (PSW) brought her to a BFS center and engaged in a play session. Later, the PSW spoke to her gently, and then her mind changed gradually. After that, she always entered the center with a smile and a confident manner. She frequently played with other children, and her physical health improved progressively. She progressed from Severe Acute Malnutrition (SAM) to Moderate Acute Malnutrition (MAM) and malnutrition-free.