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# Reach Up and Learn

Promoting the Continuous Quality Improvement (CQI) of Community Health Volunteers (CHVs) in Jordan during COVID-19

## Introduction

In 2016, the International Rescue Committee (IRC) began piloting Reach Up and Learn (RUL), a home visiting program that supports children and caregivers affected by the Syrian refugee crisis in Jordan, Lebanon, and Syria. Based on Jamaica's Early Childhood Home Visiting Intervention, the structured RUL curriculum lays out weekly and bi-weekly visits for caregivers with children between the ages of 0-3. In addition to supporting caregivers and their children, RUL also uses a variety of approaches that include supportive supervision, coaching sessions, and peer learning to support community health volunteers (CHVs) in refining their skills and continuously improving their practice (Putcha and Bonsu, 2020). Ahlan Simsim, a partnership between the IRC and Sesame Workshop, has built on IRC's previous pilots and expanded the program more widely in Jordan and Syria along with a range of vital early childhood development programs across the MENA region. During COVID-19, IRC continued to support the continuous quality improvement of CHVs by implementing phone-based home visits and adapting its evaluation checklist for observing home visits to be conducive to a virtual mode of service delivery (Vachon and Wilton, 2020).

## Overview of Evaluation Checklist

In July 2020, the RUL program in Jordan adapted its in-person home visiting model to be delivered over the phone in order to prevent the spread of COVID-19. During these phone calls, which occur three times a month, CHVs check-in on the overall well-being of caregivers and their children, deliver key community health messages tailored to the health profile of the family (for example if there is a pregnant woman in the home, she will be counselled on the importance of antenatal care visits), and share various play based early stimulation activities they can engage in with their children using basic household items (e.g., bottle caps, plastic containers) (Molano et al., 2020). At the end of the call, CHVs recap how caregivers can best incorporate the activities they have learned into their daily routines.

To promote the continuous quality improvement of CHVs, a supervisor will listen directly to their phone call and use a scoring matrix in their evaluation checklist to determine the extent to which the CHV is meeting the observations listed in the following categories:

- **Preparedness/ Readiness for the call** (e.g., whether there were interruptions from the CHV or caregiver side).
- **Following the steps of the call** (e.g., the CHV introduced themselves and explained the goals of the call).
- **Emotional climate** (e.g., the CHV empathizes with the caregiver and affirms their thoughts and feelings).
- **Responsiveness** (e.g., the CHV asked caregiver(s) how they would integrate new activities into their daily routine).
- **General observations** (e.g., the CHV fostered a positive tone of sharing and empathy in the call).

During the scoring process, the supervisor assigns a number ranging from 0 (the CHV did not meet the stipulations required to fulfill the observation) to 3 (the CHV met the stipulations required to fulfil the observation) for each of the observations in the different categories. The following illustration depicts an example of this scoring mechanism:

| **Observation #8** | | **ملاحظة # 8** |
|---|---|---|
| How often did the caller use praise during the call? | | كم مرة استخدم المتصل المدح أثناء المكالمة الهاتفية؟ |
| **Codes &Answers** | | **الرموز والإجابات** |
| 0 | ○ Caller never used praise | ○ لم يستخدم المتصل المدح اطلاقاً. |
| 1 | ○ Caller used praise | ○ استخدم المتصل المدح. |
| 2 | ○ Caller used labeled praise one time only | ○ استخدم المتصل المدح المحدد/ المعرّف مرة واحدة فقط. |
| 3 | ○ Caller used labeled praise more than one time. | ○ استخدم المتصل المدح المحدد/ المعرّف أكثر من مرة. |

The results from the evaluation checklist are then used to inform follow-up conversations and targeted coaching sessions that supervisors have with CHVs. An overall score is generated and CHVs that do not meet a minimum score receive refresher training and more

intensive coaching. The areas that supervisors identify as needing the most attention may also be covered during virtual home visitor learning circles, monthly meetings led by supervisors and IRC staff during which CHVs come together to brainstorm solutions to any challenges they are facing (Vachon and Wilton, 2020).

## Enablers and Barriers to Implementation

Reach Up and Learn's transition to a phone-based mode of service delivery has helped alleviate CHVs' and caregivers' risks of contracting and spreading COVID-19 in their communities. It has also allowed CHVs to conduct home visits and engage in CQI with their supervisors and peers without facing long travel times to their destinations. The evaluation checklists have also provided CHVs with a way of receiving targeted feedback from their supervisors in order to refine their skills and support the families under their care efficiently.

Despite the overall success of this intervention, CHVs noted that the transition to phone-based visits has resulted in them losing the face-to-face personal connection that they otherwise would have had with the families under their care in an in-person setting. They also noted that they sometimes struggled to reach caregivers over the phone which required them to make multiple follow-up attempts before being able to carry out their visits. Additionally, at the beginning of COVID-19, CHVs were initially tasked with a high number of phone-based home visits which resulted in heavy caseloads and made it challenging for them to juggle their personal commitments at home (e.g., taking care of children who were taking virtual classes as a result of COVID-19) with their professional ones. To address this challenge, RUL took steps to reduce CHV caseloads to ensure that they were manageable.

## Reach Up and Learn's Impact

Jordan's transition from in-person home visits to phone calls has created an avenue for CHVs to continue supporting caregivers and their children during the pandemic when parental stress was at a peak. Additionally, the evaluation checklist for observing home visits has enabled CHVs to continuously refine their skills and improve their practice with support from their supervisors. As the RUL program in Jordan works to evaluate the impact of this transition, the phone-based home visits and virtual collaboration tools could serve as a useful approach for CHVs working with transient populations with heightened security concerns (e.g., refugees). They could also serve as a useful model for other countries looking to continue furthering the skills of frontline workers during times of crises.

## References


Key Informant Interview with Reach Up and Learn Officials

Molano, A., Aber, L., Wuermuli, A., & Yoshikawa, H. (2020). *Assessing the Impact of a Phone-based Home-visiting Program in Jordan on Caregivers' Well-Being and Child Development*. AEA RCT Registry. https://doi.org/10.1257/rct.6568-1.0

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Vachon, A., & Wilton, K. (2020). *Reach Up and Learn in the Syria Response: Adapting and implementing an evidence-based home visiting program in Lebanon, Jordan and Syria* (pp. 1–18). International Rescue Committee. https://www.rescue.org/sites/default/files/document/4803/irc-rul-reportapril27-2020.pdf