Reach Up and Learn in the Syria Response:

Adapting and implementing an evidence-based home visiting program in Lebanon, Jordan and Syria

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Introduction

Raising children—keeping them safe, healthy and fed while providing them with the experiences and skills they need to grow to be kind, respectful, happy, productive and healthy adults—can prove challenging in any circumstance. Imagine experiencing the challenges of parenting after being forced to flee home or living in a former war zone or an unfamiliar country, with no access to loved ones or familiar services. For millions of parents affected by the Syrian crisis, this is their reality. Though they are parenting under difficult, unfamiliar and chaotic circumstances, it remains essential that they maintain or build supportive relationships with their children, especially their children in the first years of life.

The first years of life are marked by rapid brain development, laying the foundation for life-long learning, behavior and health. Interactions and experiences with consistent caregivers are critical for healthy brain development. Yet in situations of conflict and crisis, where there are high levels of stress, trauma and insecurity, children often lack the stable, nurturing environments that allow for healthy growth and development. In the absence of frequent, positive interactions with caregivers and the presence of other stressors such as poverty and violence, children can develop a toxic stress response—a disruption of critical biological and neurological processes during foundational stages of development.

A large body of evidence highlights the interconnected needs that all children require to grow, thrive and flourish: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning. These necessary components are defined as nurturing care and articulated in the 2018 Nurturing Care Framework (figure 1) by the World Health Organization, UNICEF, the World Bank and partners. In situations of conflict and crisis, ensuring that activities and interventions address the holistic needs of very young children and re-introduce a sense of community, routines and security for families are of particular importance but not considered in the traditional humanitarian response. Recent reviews of humanitarian and refugee responses highlight this gap, particularly in the areas of responsive caregiving and early learning. As an example, less than 3% of humanitarian funding is for education and just a small proportion of that is allocated to the youngest children.[1,2]

This report aims to highlight one major initiative, the International Rescue Committee's (IRC) implementation of the Reach Up and Learn program in the Middle East, and the ways in which this initiative is providing vital support to both children and their caregivers affected by the Syrian refugee crisis. The first section includes a description of the adaptation process, with following sections highlighting the diverse characteristics of frontline staff and clients, program costs and the early-stage measurement piloting conducted in preparation for the planned randomized controlled trial. By sharing these experiences and lessons learned, the report aims to provide practical guidance for early childhood leaders, practitioners, policy-makers and researchers interested in designing, delivering, testing and scaling home visiting programs in crisis- and conflict-affected settings.

FIGURE 1: Nurturing Care Framework (WHO, UNICEF, WORLD BANK, 2018)

The International Rescue Committee's Response

With more than 29 million babies reportedly born into conflict,[3] there is a clear need to provide appropriate and relevant support to parents in crisis settings early and with consistency. The IRC has a strong track record of implementing parenting programs in conflict-affected settings. Given the sheer magnitude of war-affected children in today's world, the IRC implements and refines response strategies that get at the heart of the challenges facing parents. This includes specific interventions tailored to the needs of the youngest children ages 0 to 3 and their caregivers.
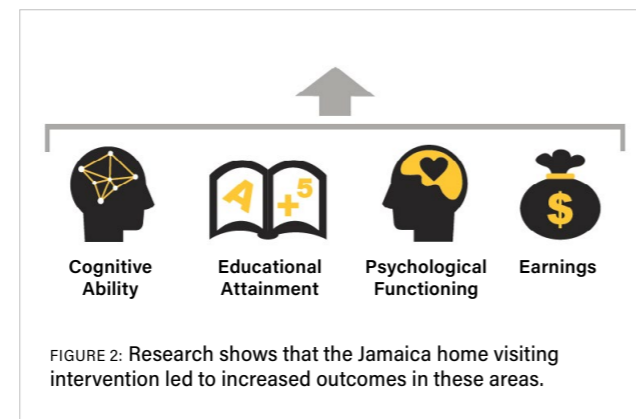
To meet the needs of caregivers displaced by the Syrian crisis and gain a greater understanding of best practices in supporting caregivers of young children in crisis-affected settings across different sectors and at scale, the IRC adapted Reach Up and Learn (Reach Up)—an early childhood home visiting program designed to support caregivers with the skills to talk, play and interact with their children in a way that improves their children's development.

Based on the Jamaica home visiting program and over 30 years of research, Reach Up provides a structured 10-day course to train community members to become home visitors, and a curriculum for home visitors to support caregivers in providing a stimulating environment for children that facilitates interaction and learning. The program consists of weekly or biweekly home visits that focus on play and building the caregiver's self-confidence, with the ultimate goal of helping the caregiver feel more confident in having a greater number of interactions with their child in a positive, playful and stimulating manner. Activities are introduced, repeated and scaffolded over a series of sessions to help the child learn and retain key early learning concepts and skills. The comprehensive package of program materials is designed to be easily adaptable to the context of the country or district in which the program is implemented. Our goal in adapting this programming is to identify and disseminate an evidence-based solution to the enormous challenges facing caregivers in conflict and crisis-affected settings and to work towards enhancing their capacity to improve the well-being and life outcomes of their young children.

Beginning in 2016, the IRC piloted the delivery of the Reach Up program across three different sectors (Education, Child Protection and Health) and countries (Lebanon, Jordan and Syria) to understand the needs of children ages 0-3, caregiver well-being, similarities and differences in reach, cost and implementation, as well as the opportunity to test parenting programming at a regional scale.

In December 2017, the IRC and Sesame Workshop were awarded the MacArthur *100&Change* grant, a momentous $100 million grant from MacArthur Foundation to deliver and evaluate high-quality early childhood development programming at scale to children affected by the Syrian crisis. Such a historic investment allowed the IRC to extend the initial pilot of the Reach Up program to greater scale. Reach Up is one of four program models included in this multi-country project that is projected to reach up to 1.5 million children and caregivers over the course of five years. This unprecedented investment means not just a tangible increase in direct services for families affected by this crisis, but also a significant opportunity to generate a large body of evidence about such programming in humanitarian settings that will represent a notable leap forward in our understanding of how to support children and families in any crisis- or conflict-affected setting.

The magnitude of the Syrian crisis combined with the incredible generosity of investment in early childhood development (ECD) response has allowed the IRC to think bigger than ever before about how to support caregivers' and children's well-being in innovative ways that lead to better outcomes for families in the future.

Cognitive Ability · Educational Attainment · Psychological Functioning · Earnings

FIGURE 2: Research shows that the Jamaica home visiting intervention led to increased outcomes in these areas.

SOURCE: Ahmad Al-Jarery / International Rescue Committee

About the Home Visits

The Reach Up curriculum lays out weekly or biweekly home visits for infants and toddlers from 6 months to 42 months. Each visit follows the same basic structure, making it easy for both the home visitor and the caregiver to adjust to the routine quickly and feel more at ease with the process. Age-appropriate activities are introduced and then repeated at specific time intervals to help reinforce key concepts.

To prepare for visits, home visitors are responsible for checking what the activities are for the week and preparing the necessary toys. Hand making toys made from recycled materials such a plastic bottle, bottle tops, cardboard and other found objects is an important part of the home visitor's job. By making by hand, these toys can be tailored to the specific needs and level of an infant or toddler. The toys are part of the program and have been designed to match the activities and help the child achieve the goals. Moreover, they are sufficiently versatile so that one toy can be used on many occasions/ for many activities, and simple enough so that they can be made rather quickly. Using recycled materials is also more cost-efficient and scalable than other options. In each visit, home visitors leave the toys or books used that day, while collecting the materials from the previous week—thereby rotating toys among families to increase the variety of learning materials in the homes. Leaving the toys behind is a critical component of the intervention as it allows mother and child—or other relatives—to continue practicing the activity throughout the week.

The visits themselves are centered on a modeling approach, wherein the home visitor demonstrates positive, playful interactions with the child, and then supports the caregiver in having their own independent positive interactions with their child. This approach is bolstered by the consistent offering of specific praise, targeted at both the child and caregiver. The premise of this approach is to create an environment in which both the caregiver and the child feel supported in their actions while being introduced to learning opportunities. While the child is certainly the subject for whom all of the home visit activities are designed and delivered, one of the major features of Reach Up's home visiting approach is to deliberately target learning support and empowerment of the caregiver. The modeling approach is designed to encourage the caregiver to have a strong, healthy relationship with their young child and help them realize their role in promoting the child's development and enhance their caregiving and child-rearing practices. This lays the groundwork for a long-lasting impact not just for the child, but for the family as a whole.

The Reach Up Theory of Change follows the same logic as the modeling approach—engaging stakeholders at the level of the caregiver and the organization to influence positive behavior change and ultimately achieve greater success for children.

HOME VISITS STEPS

1. Greeting
2. Brief talk-catching up
3. Review last week's activities
4. New activities
5. Song
6. Recap

FIGURE 4:

FIGURE 4:

Reach Up and Learn: Theory of Change

ACTIVITIES	ACTIVITIES
- Adapt and refine Reach Up toolkit for three delivery platforms: child protection, education and health - Recruit and train home visitors and supervisors - Home visitors guide parents in early stimulation/play activities	- Engage partner agencies in design/scale and validation workshops - Conduct costing study and prepare to evaluate the intervention - Refine plan or scaling based on evaluation results and partner agency/government input

↓ ↓

IF …	AND …
Caregivers engage in and support play and early learning activities	Partner agencies and governments incorporate ECD into existing workforces

↘ ↙

THEN …

Young children (ages 0-3) achieve cognitive and social-emotional skills necessary for their future academic success and well-being, according to their developmental potential

Adapting Reach Up

Integrating Reach Up into IRC's existing program sectors

ECD is interdisciplinary by nature, touching on issues relevant to several different sectors: health, education and child protection being the most common. Being cross-sectoral serves as both a unique opportunity to incorporate multiple elements of nurturing care into a single intervention—for example in Jordan, community health workers deliver messages on infant and young child feeding—while also modeling responsive caregiving and early learning activities.

The opportunity to deliver a single program through several different sectors naturally expands the program's potential scale and reach and allows for the optimization of time and resources through cost and expertise sharing. The challenge, however, is the effective coordination of implementation across sectors in the context of the wider humanitarian community.

To capitalize on this opportunity and tackle the associated challenge, Reach Up was ultimately embedded within existing country programs in different sectors. An initial mapping of sectors and the status of existing programming was conducted in 2016 to inform which sectors would implement in Jordan and Lebanon initially. Soon after, Syria's Child Protection team quickly reached out to join. This mapping process assessed the delivery platform, feasibility and scaling potential of several different parenting programs across five different IRC sectors (Health, Education, Child Protection, Economic Recovery & Development and Women's Protection & Empowerment) in Jordan and Lebanon to identify the sectors with the greatest potential impact for Reach Up. The mapping was informed by key informant interviews, focus groups and pilot testing to understand the full scope of the need in these two countries. This comprehensive process led to the decision to implement through the Child Protection and Health sectors in Jordan, Education in Lebanon and Child Protection in Syria.

For initial program recruitment, IRC used a catchment area approach to target vulnerable neighborhoods, conducting door-to-door outreach. A screening tool is now being piloted to more systematically identify most vulnerable families among displaced communities.

Check out the map to learn more about the variation in each individual program!

NORTHEAST SYRIA: ADAPTING IN AN ACUTE EMERGENCY

In October 2019, U.S. President Donald Trump's abrupt decision to remove U.S. troops from Syria caused chaos in Northeast Syria as Turkish troops led a military incursion into the Turkey/Syria border region. Turkey's offensive led to the displacement of over 200,000 Syrians who fled in the search of safety.[5] This military action caused the further displacement of families currently being served by the IRC in Northeast Syria, and therefore a disruption in delivery of Reach Up. Families displaced by this action were forced to flee very quickly with or without valuable personal items; in many cases, families fled with nothing. Upon arrival to makeshift shelters (in converted public buildings) displaced families awaited for the provision of basic services. This was a traumatic experience for some families, re-exposing many of them to violence and fresh trauma, and the wait for services starting to cause frustration and some community tensions. In the words of a Reach Up volunteer:

"They were so angry, and traumatized as you feel sometimes they don't hear us, or don't see us although [the caregivers/families] are looking. Most of them were so much in denial, and hearing the news that the people who occupied their land, had stolen everything, [and] burnt their homes; women were crying a lot. We needed to be there to support with that first and build acceptance so they can understand that we are here to help them have some warm time with their children."

Given interruptions to programming and changing lines of control, Reach Up volunteers did not have access to the usual toys and materials used for the program. Therefore, volunteers had to use creative strategies to provide similar materials and activities as best they could in this emergency situation. Their strategy was simple: Start with small, homemade activities for children made out of whatever was available to foster acceptance within the community, and then use that as an entry point for deeper conversations and more meaningful interactions with both children and their caregivers in one-off sessions from the Reach Up program. A Reach Up volunteer explains:
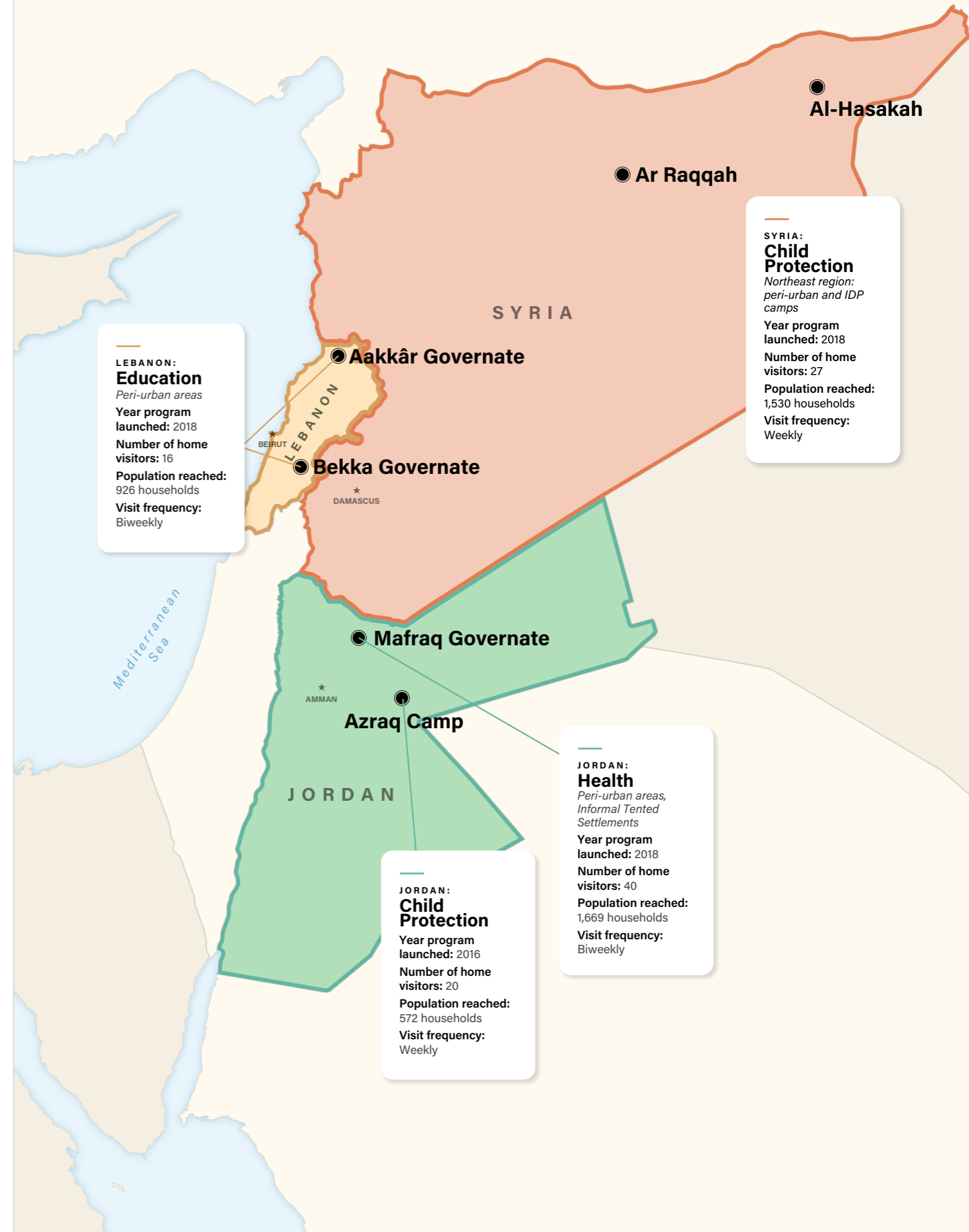
"...We started with some PSS (psychosocial support) activities with children [of] all ages: many times we were using the language activities, we hide things under some rugs and play with children while they were in their mothers laps, using socks sometimes to act like dolls and talk to children and tell stories. After that, they started to come and look at us, some were trying to participate, and now that is going well, and one of the mother's said that she feels released when we are playing together with her child. But that took time and was challenging, because even us we were so much affected emotionally by the emergency, and we were angry as well and feeling helpless."

As highlighted by the home visitor above, renewed conflict affected not just the families served by the Reach Up program, but the home visitors as well, most of whom are Syrian volunteers who are also facing direct impacts of further displacement. However, there is hope to be found: Hearing that one mother feels "released" by time spent with a home visitor shows, even in a small way, the profound impact that ECD services in an emerging crisis can have, not just on children, but on their caregivers as well.

LEBANON:
Education
Peri-urban areas
Year program launched: 2018
Number of home visitors: 16
Population reached: 926 households
Visit frequency: Biweekly

SYRIA:
Child Protection
Northeast region: peri-urban and IDP camps
Year program launched: 2018
Number of home visitors: 27
Population reached: 1,530 households
Visit frequency: Weekly

JORDAN:
Child Protection
Year program launched: 2016
Number of home visitors: 20
Population reached: 572 households
Visit frequency: Weekly

JORDAN:
Health
Peri-urban areas, Informal Tented Settlements
Year program launched: 2018
Number of home visitors: 40
Population reached: 1,669 households
Visit frequency: Biweekly

Adapting to the Context

The adaptation process for the Reach Up material package focused initially on challenges presented by the new language and culture for this Reach Up implementation. The overarching language of the region is Arabic, but there are many local dialects and colloquial phrases, the use or omission of which can have a significant impact on the ability to understand spoken conversations. As a first step, the Reach Up program was professionally translated into Modern Standard Arabic (MSA), and then reviewed for technical accuracy by the Arabic Resource Collective. Further changes have been made by country teams in Jordan, Lebanon and Syria to ensure local relevance and make toy names simple.

For cultural contextualization, an analysis of the lessons learned from previous parenting support programs for Syrian refugees in this region was conducted to ensure that this program built on the prior work with this population. The IRC ECD team from the Education Technical Unit worked with the Reach Up team, Lebanon and Jordan teams, and Jordanian artists to adapt pictures and storybooks in the curriculum to be context appropriate. The training manual was also adapted more specifically to the context of Syrian refugees and host communities in the region to include guidance on conducting visits with multiple children in the household, content for caregiver well-being and psychosocial support, and information on child protection and safeguarding. Syrian volunteers compiled songs from their communities to include

in the curriculum, with additional songs added by the Arabic Resource Collective. These songs were presented as flexible to ensure home visitors and caregiver sang songs that felt comfortable and relevant in their families and skipped songs that felt too difficult to sing.

The various adaptations occurred over several rounds as new challenges or additional nuances from each individual context came to light. For example: Families needed storybooks with images of tent-style living to reflect the experiences of some refugees in Jordan and Syria. Similarly, toy making went through its own adaptation process where local materials were identified. Examples include: rattles made from hair gel containers, trucks made from cardboard, and sheep dolls made from cotton and cardboard, which are introduced during Eid holidays. Toy safety criteria in the Toy Manual provided a helpful reference for adaptation and helped keep the toys safe for young children. Teams were flexible in responding to supply chain and distribution changes related to toy making. For example, in Azraq camp, local markets began selling shampoo in bulk containers instead of smaller bottles, which led to a shortage of shampoo bottles used to make toy cars, requiring a new toy-making solution. These examples highlight how in-country or even sub-country adaptation over multiple rounds is essential to implement a relevant and cost-effective program. These lessons, while specific to this region in their details, are widely applicable to any adaptation of the Reach Up curriculum.

ADAPTING REACH UP IN JAMAICA TO THE SYRIA RESPONSE

JAMAICA → MIDDLE EAST

Going To The Shop — الذهاب إلى المتجر

My Day — يومي

Brushing teeth

Reading
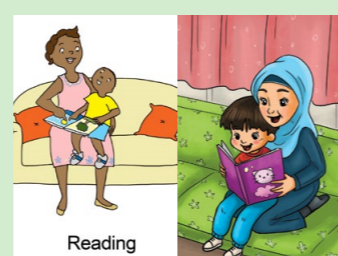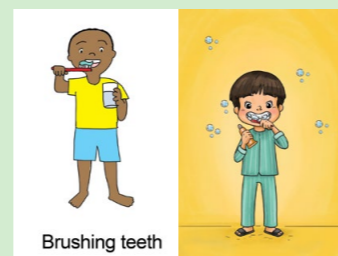
Addressing Inclusion

NEW MATERIALS & SUPPORTS

Home visitors often ask during training whether or how they should work with children with disabilities. To respond to these queries, the IRC created a series of additional materials. Below is an excerpt from a new annex to the Toy Manual on how to adapt toys in the curriculum for cases when a child has difficulty seeing:

If a child has difficulty SEEING

When you play:

• Try to play where the light is best.
• Have toys on a plain dark surface—like a plain floor or table, or a big piece of dark cloth; the toys will show up more easily.
• If small pieces 'escape' to where the child cannot see them easily, put them inside a tray made from the bottom of a big cardboard box. Paint the base dark.
• Have a special box or place for toys, so the child can find them easily.

Adapting toys:

• Use plain bright colors and avoid confusing patterns. (Ball, Plastic shaker, Nesting toy, Doll's bedding and clothes, Bean bag, Bottle tops and bottoms, Blocks and animals, Truck and road, Butterfly)
• Put strong dark lines around the outside of pictures, including books, game cards or toy details. (Animal blocks, Lacing board, Village blocks, Doll's house windows and doors)
• Use sound-making toys that have lots of different sounds—bells, squeakers, things to bang or shake. (Plastic shaker: Make several shakers with different things inside such as rice, small stones or bits of wood.)
• Add sound inside a ball if possible, such as rice inside a blow-up ball. (Soft ball: Put a little bell inside.)
• For skillful toys with holes, consider making the holes bigger than usual. (Posting bottle, Beads, Lacing boards)
• For threading toys, make the thread end extra strong, because the child may 'miss' more often than usual. (Beads, Lacing boards)
• For drawing, give pens or crayons to make a strong dark line.

Innovation In Action

ADAPTING TO LOW-LITERACY SETTINGS

One of the most interesting lessons has come from the challenges posed by the low-literacy context of this particular group of refugees. In Northeast Syria, the unique challenges of a volatile and low-literacy context led to the creation of a new program product: a nearly wordless book for parents, guiding them through the home visiting curriculum. Instead of text, there are hundreds of vivid illustrations depicting activities from the curriculum in an easy-to-use format to walk parents through each of the weekly visits. It was originally conceived for distribution as a stop-gap curriculum in Northeast Syria,

where insecure conditions meant that home visiting may be paused briefly or stopped altogether for several months, so that caregivers could follow along on their own. In addition to this original purpose, the low-literacy, visually stimulating format can be used for distribution as a supplemental material to any parent receiving the Reach Up curriculum, provided it can be printed at a low cost.

DELIVERING REACH UP THROUGH A CUSTOMIZED DIGITAL, TABLET-BASED TOOL

In Jordan, the IRC health team uses a mobile data collection platform called CommCare to guide Community Health Volunteers (CHVs). The system combines health, nutrition and ECD content—key components of the Nurturing Care Framework— into one delivery system tailored to specific client health needs based on a health profile taken at registration. To integrate ECD into this existing service delivery model, the health team uploaded the Reach Up curriculum into CommCare. Now, when a CHV enters the child's age into the system at the beginning of a home visit, it prompts the CHV with the appropriate ECD activities to introduce based on the child's age. The system collects a number of key program monitoring data points, which have great potential for tracking quality and fidelity.

CommCare is only used to implement Reach Up by the health team in Jordan, making it an interesting and valuable test case for the merits and drawbacks of using a tablet-based delivery system for Reach Up. Initial reports show that CommCare seems to be an effective delivery system for Reach Up, while also highlighting a few areas for improvement. System structure iterations and technological support to home visitors is ongoing to try to bring CommCare up to its full data collection and content delivery potential. While in most cases it is useful that CommCare only shows CHVs the curriculum activities for the age they have entered into the system, sometimes it becomes clear during the home visit that the child needs more or less challenging material. Right now it is difficult for CHVs to navigate the entire Reach Up curriculum in CommCare; this is room for improvement. The team is currently working on solutions to these challenges, since CommCare proves to be an interesting tech-based solution that could be relevant to other implementations of Reach Up in the future. Commcare could also be harnessed as a support to supervisors on coaching.

Training

Initial and follow-up trainings on the Reach Up method were conducted using a "Training-of-Trainers" (ToT), or training cascade, approach. ToT sessions were conducted in Jordan and Lebanon for home visitor supervisors by IRC national and international staff, who were originally trained by the Jamaican Reach Up team. The ToT lasted 10 days in all locations, except for the Jordan health team, where training was shortened to seven days to allow three days for training on health topics. The training included not only technical guidance on the implementation of the Reach Up curriculum, but also on how to adapt the curriculum to the local context and needs, as well as capacity building for the supervisors to conduct home visit observations, quality assessments and provide ongoing professional development support to home visitors. Supervisors then conducted trainings in each country for home visitors. The training increased home visitors' technical knowledge of early childhood and enabled them to practice critical skills required for conducting quality home visits.

> The training increased home visitors' technical knowledge of early childhood and enabled them to practice critical skills required for conducting quality home visits.

TABLE 1:
STAFFING STRUCTURE

Jordan		Lebanon	Syria
CHILD PROTECTION	HEALTH	EDUCATION	CHILD PROTECTION
Manager ↓	Manager ↓	Manager (x2) ↓	Manager ↓
ECD CP Officer ↓	Senior Health Officer ↓	Senior Ed Officer (x2) ↓	CP Officer (x2) ↓
Home Visitor Supervisor Volunteers (x3) ↓	Community Health Officer ↓	Ed Officer (x8) ↓	Staff Home Visitors (x25)
Home Visitors (x20)	Home Visitor Supervisor Volunteers (x4) ↓	ECD Parenting Assistant (x8) ↓	
	Home Visitors (x40)	Home Visitors (x16)	

In all contexts, home visitors are local community members who have various educational backgrounds, have been trained by the IRC and receive a monthly stipend. The following profiles were created based on the stories of real home visitors from each of the countries and programs to provide a snapshot of this active workforce.

1. Amal

Amal joined the IRC after volunteering for another NGO working with refugees on health and economic-related topics. She is very excited to receive additional trainings on ECD and to learn more about the potential of young children. She has especially enjoyed working with caregivers and getting to know other people in her community. Since joining Reach Up, she decided it is now her career aspiration to become an ECD Specialist.

THE BASICS
- Syrian refugee living in Jordan
- Urban environment
- 2-3 years of experience working/ volunteering with refugees
- Degree in Business Administration

2. Randa

Randa joined the Reach Up team after volunteering on other protection/health projects for the IRC. Randa was a teacher in Syria for four years and has a degree in education, but she has never worked with infants and toddlers before. She is very excited about applying her teaching skills to this work, and has been a strong advocate for enrolling families from her own community in addition to the internally displaced population.

THE BASICS
- Syrian refugee living in Lebanon
- Semi-urban environment
- Over 5 years of experience working/ volunteering with refugees
- Background teaching elementary school

3. Rima

Rima heard about the Reach Up project from a friend and immediately signed up to be a home visitor. She previously worked as volunteer in a WPE center for another NGO and has a degree in psychology, but had never worked on ECD projects before. Her favorite aspect of the Reach Up program is bonding with caregivers, especially women, and helping them to feel relief during this difficult time and gain confidence in their parenting skills.

THE BASICS
- Lives in Northeast Syria, host community
- Camp for Internally Displaced Persons (IDPs)
- 3-5 years of experience working/ volunteering with IDPs
- Degree in Psychology

4. Ahmed

Ahmed joined the Reach Up team after conducting health home visits for the IRC on a previous project that ended. He was excited to join the program because he has his own young son at home and uses skills from the Reach Up program with him in his spare time. He loves working with the caregivers, especially fathers if he can, and sharing in their child's progress in the same way he has seen his own son's progress.

THE BASICS
- Refugee living in Jordan
- Refugee Camp
- 2 years of experience working/ volunteering with refugees
- Degree in Health

Caregivers at a Glance

The caregivers affected by conflict and displacement served by Reach Up are the heart of the program. Between April 2017 and August 2019, the program reached over 4,089 households across the three implementing countries.

The following profiles were created based on the stories of real caregivers who have graciously consented to share their stories and backgrounds with the program. Original backgrounds were altered or combined to represent a wider variety of families served by Reach Up.

JORDAN HEALTH	LEBANON EDUCATION
1669 caregivers	320 caregivers

JORDAN CHILD PROTECTION	NORTHEAST SYRIA CHILD PROTECTION
570 caregivers	1530 caregivers

TOTAL: 4,089 CAREGIVERS
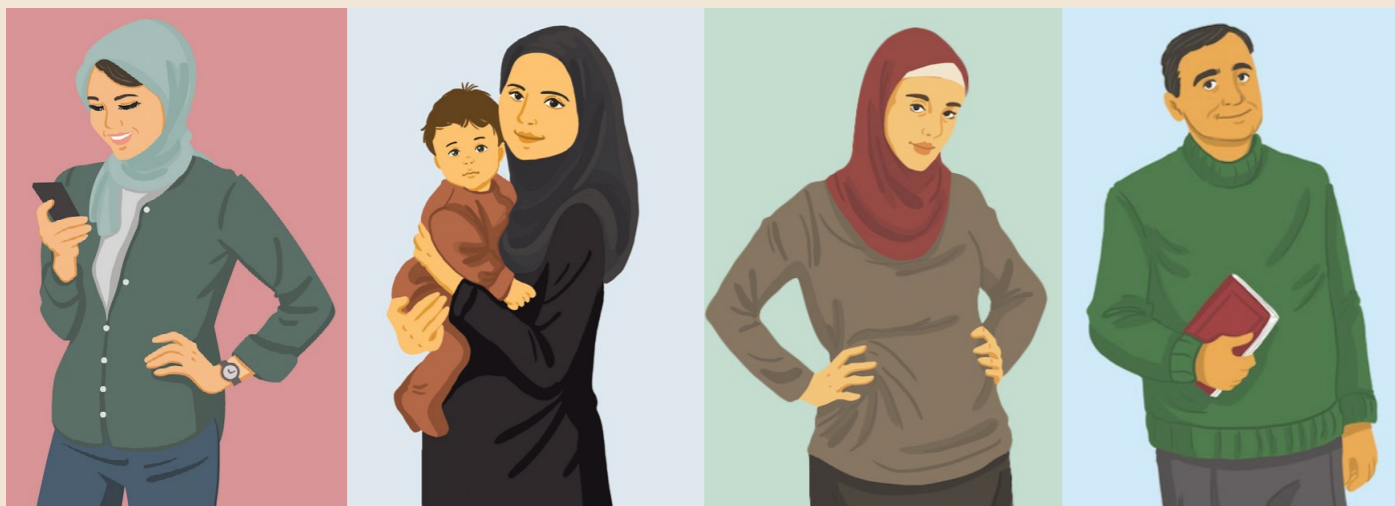
1. Iman

Iman is originally from Syria and fled with her husband and his family to Lebanon in 2013. She has a smartphone, and is currently raising her second child (her first child is 4 years old). She knows how to praise children's good behavior, but she doesn't really know how to effectively engage with her younger daughter—she is 17 months old. She is very excited about the home visitor coming to visit her and her daughter, because she wants to do everything she can to help her daughter be successful.

THE BASICS
- Lives in Lebanon
- Semi-urban environment
- Knows how to praise good behavior and redirect attention for her older children
- Doesn't know how to engage her younger child, but wants to learn

2. Duaa

Duaa lives in an IDP camp in Northeast Syria with her six children and her husband. They fled their hometown in 2014 when their city was occupied by ISIS. She loves her children very much and tries to play with her older children sometimes, but has not provided much attention to her youngest child as she feels very irritable and overwhelmed recently. She does not have regular access to a cell phone, but sometimes she uses her neighbor's phone to send WhatsApp messages to family members who live far away.

THE BASICS
- Lives in Northeast Syria
- Camp for IDPs
- Plays with her children sometimes
- Struggles with feeling irritable and staying focused; often overwhelmed and lacks energy to do things

3. Leila

Leila is from Dara'a, Syria and lives in Azraq camp in Jordan, where she fled to in 2018 with her sons and her brother. Her oldest son, Ahmed, is 7 years old—he became very aggressive in the past two years, and this aggression has influenced the behavior of his younger brothers Mohammed, 5 years old, and Abdullah, 2 years old. She tries to teach them small things when she has time. Leila has been spanking her children when things get out of control, but she wants to find a better solution to help them.

THE BASICS
- Lives in Jordan
- Camp for refugees
- Teaches her sons small things sometimes
- Struggles with aggressive children and uses spanking as the solution

4. Aymen

Aymen lives with his family in Northern Jordan—a small city hosting many refugees and asylum seekers from Syria. He has three older children (two girls, ages 4 and 9, and one boy, age 7) in addition to his youngest son, age 2. He has high academic expectations for his children and wants to do anything to help them become smart and successful. He teaches his older children (ages 7 and 9), but he doesn't think it's his job to interact much with his younger children until they are older and he can teach them too.

THE BASICS
- Lives in Jordan
- Semi-urban environment
- High academic expectations for his children
- Doesn't think it's his job to play with his infant/toddler

Reflections from home visitors and caregivers

Nayef is a 30-month-old boy living in the Bekaa.

At first, he refused to do the activities with the home visitor and he was aggressive with her and the people around. The home visitor encouraged him to do his activities, while also trying to do the activities with his brother. Nayef was jealous of his brother, but day after day he started to do all the activities with the home visitor. Nayef completely changed after the program; he became so friendly with the home visitor and the people around. Every time he sees the home visitor now, he wants her to come to his house and to practice the activities with him.

When the situation in Syria got worse in 2016, Ammona and her husband Mohammad—like tens of thousands of Syrians—were forced to flee Aleppo. The 40-year-old Ammona was pregnant with Jana. The family crossed Jordan's border to Azraq refugee camp—home to more than 40,000 Syrian refugees, the place where Jana saw light for the first time. Three-year-old Jana has Down syndrome; her parents are doing their best to support her.

"I cannot describe what she has brought to our life. When I see her happy, I am happy," says Mohammad.

"Before Aisha (their Reach Up home visitor) started visiting us, Jana used to only talk to the family members, but now she's open to talking to more people,"

says Ammona with a smile on her face. After Jana was enrolled in the Reach Up program, Mohammad said, "Jana now knows the difference between colors. Previously she was calling everyone baba, but now she knows mama and uncle."

Before the war, Radia and her family enjoyed a joyful life in their small, but cozy home in the countryside of Aleppo, Syria. The family ran a small kitchen appliance shop. Her husband, Abdullah, also worked as a primary school teacher. But when fighting broke out in 2012, their once peaceful life turned to ashes. They were forced to flee after lack of access to food and medicine seriously endangered the lives of two of her children. Radia and her family joined two other families who rented a small truck to leave Aleppo: "It was very dangerous—the way from Aleppo to the Jordanian border—because we were crossing the desert. [My kids] got really scared when they heard the airplanes. We started hugging each other."

Adjusting to camp life proved difficult for Radia. It wasn't until she started working with the IRC that she found a purpose: first as an outreach volunteer and later as a home visitor with Reach Up. Radia cherishes her moments with the children she meets through Reach Up. She watches them transform and become confident, active and curious kids. Abdullah is incredibly proud of his wife, whose responsibilities also include coordinating feedback and complaints between the Azraq camp police and its residents. He has seen a profound change in Radia:

"You can never know too much about parenting. She's learning and sharing with us new things. She benefitted [from this experience] and so did we."

"When she started working at the IRC she become more peaceful." Radia hopes to one day return to a "good and safe" Syria, but for now, she loves her humanitarian work helping parents and children create a brighter future.

During the Lebanon Education team's pilot of Reach Up in 2018, there was a beneficiary named Fatima who attended the sessions in Tripoli with her 2-year-old daughter Talia. She was a consistent, active and responsible caregiver, who engaged her husband in the activities as well. When asked about her impression of the program, Fatima said, "First, I was curious to know more about what the home visitor can do with Talia since it was a new concept for me, and I was surprised that a 2-years-old kid can learn through systematic sessions with a stranger."

Before she met the Reach Up team in 2018, Fatima was married at 17 and gave birth to Talia before her husband passed away in the Syrian war. All of her brothers were also lost in the war, so Fatima's parents decided to protect what they had left and flee to Lebanon, where Fatima married again at her parents' request. Now she lives in a room with her husband, two daughters and newborn son in a house with three other families. Despite the stress she lives with every day, Fatima wants to

pursue her dreams! Reflecting on the available resources, she decided to teach kindergarten at a local school while she looked for scholarship opportunities to get a Master's degree. Even during her teaching job, she always kept an eye on the NGO activities and opportunities for work, especially at the IRC, since she felt her daughter Talia benefitted so much from the Reach Up pilot.

When the Tripoli team started interviewing for home visitors for the next cycle of Reach Up in Lebanon, Fatima applied. In her interview, Fatima noted, "When a kid is educated at an early age, he will insist on going to school when he grows up and we need our children to love education." The team was excited to have her on board after her successful interview, but they became even more excited when it came time for Fatima to recruit families, as she was able approach the parents using her own experiences. Having been a beneficiary, she built deep trust with the caregivers, and has motivated and inspired the rest of the volunteers with her success.

Costing Analysis

Despite high rates of success, home visiting historically is one of the more expensive ECD interventions. With a single home visitor only able to visit one household at a time, at an absolute maximum of four to six households per day, many home visitors are needed for proper implementation across an entire community or population of families with young children. Requiring large numbers of home visitors to deliver at scale causes the cost of staffing to overwhelm most home visiting budgets. As such, home visiting is often overlooked as a programming option in humanitarian settings.

In order for this initiative to be cost effective, awareness of the overall program cost and cost differentials across each of the three implementing sectors is essential for success. Therefore, a costing analysis was done to identify key cost drivers and variations in spending across platforms to understand the current cost drivers and aid in the development of cost reduction strategies for future expansion of the program.

In early budget projections, home visitor stipends were the single largest cost driver across contexts. This was unsurprising as staffing costs are typically the main driver of overall cost for home visiting programs. The IRC offered stipends to home visitors in every context based on the number of days they worked, local labor laws around the hiring of refugees/asylum seekers, UNHCR's negotiated incentive salary scale and other agencies' salary scales for volunteers in a given area. This came out to typically be between USD $250-400 per month.

The impact of stipends on the cost per beneficiary was influenced by two factors: caseload size and cost-sharing with other programs. Caseload size is the combination of number of visits per day and whether visit occurred weekly or biweekly. Caseload size was influenced by the landscape of the context, specifically the ease of transportation between homes, as well as staffing decisions within country. Greater cost-efficient tactics could be done here—finding the ideal balance between home visitor caseloads relative to the travel needs in a specific location.

The health sector in Jordan took this exact approach of cost-sharing with other programs, which had a notable effect on home visitor stipend cost. The
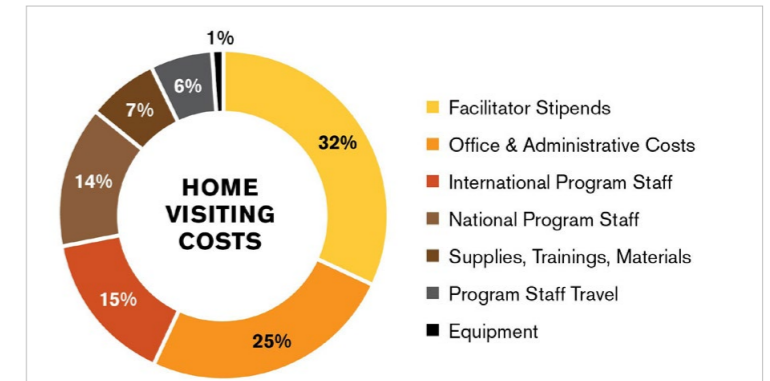
FIGURE 5: Average ECD Home Visiting Costs

health sector in Jordan was able to combine the delivery of a Community Health Worker program with the delivery of the Reach Up program, allowing one home visitor to be hired for both programs to theoretically share the cost across both program budgets. This model, which slightly reduced the time spent on Reach Up during home visits from one hour to 30-40 minutes, notably reduced the stipend costs across the Reach Up program budget. This integrated model, while sometimes challenging due in part to the coordination required between sectors, is a very effective cost-reduction strategy.

While the 10-day training of home visitors is a burden on technical staff's time (noted below) and supplies for toy making and printing books and picture puzzles appeared expensive at times, these are much less significant cost drivers than home visitor stipends and supervisor salaries.

FIGURE 6: Scale drives the cost of home visiting

Research and Measurement

Tools and Processes for Tracking Success

There are two important overarching measurement research goals for this project: 1) build the evidence base for ECD in conflict settings and 2) validate new measures for this region and ECD in emerge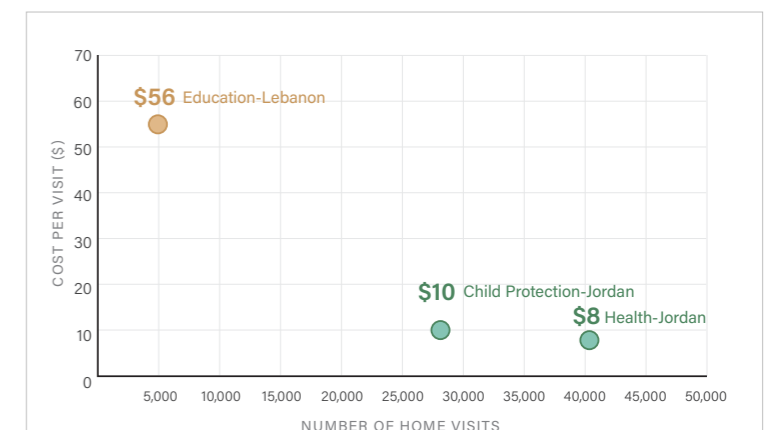ncies generally. The evidence for ECD programming in humanitarian contexts is extremely limited. To date, there have only been four randomized control trials (RCTs) studying ECD in humanitarian environments.[6] The work from this project will be an essential contribution to that evidence base: An impact evaluation, in the form of an RCT, will be conducted to evaluate the impacts of this Reach Up program on Syrian refugees and Jordanian host communities in Northern Jordan beginning in 2020. Findings from the RCT—under preparation—will contribute to the larger body of ECD research and inform home visiting program work in the future.

To prepare for the RCT, a pilot study on the first stage of Reach Up implementation was conducted to test the reliability and validity of possible research measures and tools. This section does not share findings of the RCT, but provides an overview of this preparation process and outlines key lessons on preparing for an RCT.

Measure Selection

The measures for the pilot study were selected based on the Theory of Change and were prioritized based on evidence of rigor, reliability and validity for the measure. The goal was to use open-source, free tools that could be adapted, shared and had already been validated in the MENA region. After reviewing the options though, some measures that had not yet been validated in the MENA region, but had been used in evaluating similar programs across diverse cultural contexts, were ultimately included. The measures seemed to be sensitive to intervention effects and were open-source.

The resulting measures tested in this pilot study were not all intended to measure the outcome of the program. Some were to be used to understand the various impacts of the intervention on the greater population. Measures of caregiver well-being, for instance, are critical to understand heterogeneity of impacts (i.e., if there are subgroups that benefit more from the intervention, and what the characteristics and circumstances are of these subgroups).

More measures than will be used in the RCT were selected and piloted. For example, the first part of the Caregiver Survey, which was conducted in two waves, included seven items for anxiety from the Depression Anxiety and Stress Scales (DASS) and eight out of nine items from the Patient Health Questionnaire (PHQ) measuring depression. Analyses found low reliability of the DASS and that items in the PHQ were not providing much unique information. As such, the second wave of data collection piloted the Generalized Anxiety Disorder (GAD) scale instead, which yielded more reliable results. For a list of all measures, see Annex.

Measure Adaptation

Once identified, all measures went through a process of vetting for cultural appropriateness and meaningfulness. To make adaptations to both wording and content, Jordanian partners from the IRC team provided feedback and buy-in. In many instances, suggested adaptations began to reveal possible trade-offs between measure integrity (the way the measure had been used and "validated" previously) and being context-specific. As this was a pilot, many of the items in question were kept to demonstrate—through data—that these items might not work in this context.

In several cases, the original authors of the measures (e.g., PICCOLO, HOVRS, MDAT) (see table on the following page for full names) were involved to ensure adaptations remained true to the measure. During the training of both trainers and enumerators, more adaptations were made, allowing for input from those closest to the research subjects.

Measure Translation

Translating the measures into Arabic was a critical, yet challenging, component of the research. The three major goals that arose were 1) capturing meaning/phenomenon rather than direct translation, 2) sounding relatable and culturally familiar, and 3)

Measure Name	What is it measuring?
CAREGIVER SURVEY	
Perceived refugee environment & perceptions of socioeconomic status	Socioeconomic status; home environment; neighborhood environment
WHO (World Health Organization)-5 Wellbeing Index	Well-being
GAD (Generalized Anxiety Disorder) Scale	Anxiety
PHQ (Patient Health Questionnaire)	Depression
PSS (Parental Stress Scale)	Parental stress; parental sleep; general self-efficacy; parenting efficacy & play efficacy (bi-factor of parenting efficacy); activities with child (mother and father); community gender norms; own gender norms; violence in the home
War events	Experiences of war-related events
HOME VISITOR SURVEY	
WAMI (The Work and Meaning Inventory)	Measures a sense of positive meaning, meaning-making through work and greater-good motivation
PROQOL (Professional Quality of Life Scale)	Measures professional quality of life through five subscales: compassion satisfaction (pleasure derived from being able to do their work well), burnout (feelings of hopelessness and difficulty in doing their job well), and secondary traumatic stress (developing problems due to exposure to others' trauma)
Professional Development	Measures frequency of training and coaching support
Social Support at Work	Measures social support experienced by the home visitors from their peers, supervisors and families assigned to them
Experience with Reach Up	Specific questions created by NYU and IRC tailored to the context of working on Reach Up in Jordan
OBSERVATIONAL MEASURES	
HOVRS (Home Visit Rating Scale)	Home visit quality
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)	Quality of caregiver-child interaction
DIRECT ASSESSMENT	
MDAT (Malawi Developmental Assessment Tool)	Direct assessment of child cognitive, social, language and fine/gross motor development

TABLE 2: Measures

choosing which form of Arabic to use. An example of each is on page 20.

- The word *parenting* is typically translated as الوالدية (*al-walidya*) in the Arabic developmental psychology literature. However, the word تربية (*tarbiya*) better captures the meaning of parenting as used in the intervention, though its back translation is *rearing*.

- When asking about food security, the original English question reads, "Does your family have enough food so that none of you has to be hungry?" The IRC Jordan team noted that parents often eat less so that their children have enough to eat; and they might consider this as having enough food. To capture better responses, the question was altered to ask if adults restrict their food consumption so that children can eat.

- After much conversation about which form of Arabic to use for this program—formal Arabic (MSA) or local dialect—it was at the request of the enumerators that dialect was selected. They made the request after early stage testing showed that participants had a hard time understanding some of the survey questions in MSA and enumerators ended up translating questions on the go into dialect or skipping questions.

Measure Ways Forward

Though overall the selected measures picked up on key personal and environmental conditions as anticipated and the majority of these measures demonstrated adequate validity, five major learnings guide the way forward on this project:

1. Arabic Translation Issues for Quantitative Measures

All conversation-based data collection tools (e.g. enumerator-administered tools) should use the primary, spoken dialects of Arabic, not MSA. Given that the same word can be expressed differently (e.g. Syrian vs. Jordanian Arabic, with further variation within these countries), provide alternatives across these forms of Arabic for specific words. This allows enumerators to use their own discretion on word choice based on the respondent's dialect, while also restricting the range of possibilities so questions are standardized. Self-administered tools and direct observational measures should retain MSA, as this is most common in reading.

2. Enumerator Buy-In for High Quality Data

Receiving buy-in from the enumerators is critical in getting high quality data. Ensure that enumerators are on board in terms of understanding the purpose of the research and their role in it; provide space for them to express their thoughts and give input on how questions are phrased. Enumerators should feel that they can relate to the items. Rely on their cultural and contextual experience in refining the phrasing of items. Working with the local team while having some of the tools' authors in the same room was a helpful and efficient way to achieve that goal. Having Arabic-speaking staff on the NYU team was critical for buy-in, rapport and collaboration.

3. Further Revising Constructs in the Context of Cultural Relevance

Some additional constructs may need to be questioned from the cultural and contextual relevance standpoint beyond what was already adapted before using the measure, leading to revision and reconsideration. For example, items from the parenting measures assessing family routine and order in the household are to be revised to better capture how these elements affect childhood development in the local context. To gain a greater understanding of the nuances of these items and how they are perceived in this context, the plan is to engage experienced home visitors through focus group discussions.

4. Data Collection Approaches: Asking Sensitive Survey Questions

Some questions that are potentially sensitive in this context—specifically experiences of violence in the home and war-event exposure—were incorporated and, as a result have expanded approaches to how survey measures can be collected. After engaging in extensive conversations with the IRC country team (e.g. the women's protection and empowerment and child protection teams) about how to best and most ethically administer these measures, it was decided that all families would be offered the opportunity to answer these and other survey questions in an IRC women's center, so that service providers would be immediately available if ever needed. About half of the participants agreed to come to the women's center, while the rest preferred to stay at home.

Data on violence in the home differed based on the location of the data collection. Reported experiences of violence in the home were lower for study participants who answered the survey questions in their own homes compared to in a women's center. The study team hypothesized that a plausible reason for this difference

in reporting rates of violence could be due to perceived privacy of the data collection locations. While the home was the preferred survey location for many respondents, there may be higher risks of family members overhearing the questions and answers. In response to this challenge, the study team is now testing Audio Computer-Assisted Self-Interview (ACASI) methods for the more sensitive section of the survey (war events, gender norms and experiences of violence in the home). This strategy includes creating local dialect Arabic-language audio recordings of these questions and providing respondents with headsets and audio instructions on how to choose their selected answer (multiple choice). Focus groups are also being conducted with Jordan host and Syrian refugee populations (not part of the study sample) to get their feedback on the feasibility and acceptability of using ACASI.

5. Ensuring Reliability and Validity of All Measures

Developing valid measures from scratch is a time consuming and challenging task, and thus using pre-developed (and in some cases partially or completely validated) measures provided a basis from which to work. However, this pilot demonstrates the importance of conducting careful investigations into the reliability and validity of these measures before using them to make broader statements about child development within a particular context. Although most measures showed acceptable reliability and predictive validity, the Direct Assessment measure chosen to measure child development (the MDAT) was not sufficiently reliable or valid. The MDAT is considerably shorter than the direct child assessment most common in home visiting evaluations (the Bayley Scales for Infant Development). The MDAT was chosen because it is an open-source and free assessment; however, expected correlations with caregiver measures were not obtained with the MDAT. The Bayley Scales will now likely be used in the impact evaluation, as it has a larger number of items in the areas most directly targeted by Reach Up (language and cognitive development) and may therefore be more sensitive to intervention impacts.

Lessons Learned

Caregiver Lessons

Anecdotal caregiver feedback and qualitative research—as covered above—is also highly positive. Caregivers note the positive changes they see in their children since participating in Reach Up. Qualitative research shows that the program alleviated caregiver stress and allowed for collaborative learning, opening up opportunities for children to interact more with their caregivers. There is also the overwhelming understanding that children are learning from this program: learning to differentiate shapes, animals and colors as well as engage more generally with activities. These positive outcomes are exactly what the program aims to achieve: caregiver behavior change that results in greater engagement with their child around activities that can support their child's healthy development, which includes loving and playful interactions.

As feedback on the program, caregivers often express a wish for the program to extend to children above 3.5 years, as preschool coverage is limited in many of the areas the IRC serves and children 4-6 and above are often present during home visits. Caregivers also expressed the desire for toys of higher quality—like the plastic toys available in local markets—or for the program toys to be gifted to them instead of rotating. Caregivers also frequently request financial or other material support; many caregivers note the extreme difficulty of living in a new place and the lack of resources available to them. While it is not the explicit goal of the program to provide financial support to families, it should not be unexpected that caregivers would request such support from a service provider who visits their home on a regular basis. In recognition of this challenge, the IRC is working to ensure home visitors are well-trained to escalate these requests to their supervisors who can refer families to the appropriate programming to address their needs, financial or otherwise. This issue is further addressed in the Program Management lessons on page 26.

"I used to not sit with my daughter often, but now I do, I sit with her and I teach her a song for example, and after a while she can sing it on her own."

—

21-year-old mother with two children

"I talk to him, I play with him and teach him words like mama and dad."

—

23-year-old mother with two children

"I started to care about my son more. I became interested to be the first one who finds out what he has of hidden talents or skills I do not know of, instead of a stranger!"

—

40-year-old father with four children

"My name is Khitam, I am Mohamad's mother. My family is currently living in Akkar, Lebanon. Personally, I'm very happy how this program helped my child. At first, I used to ask him to hand me over a specific thing but he would not comply, and I was also trying to communicate with him but all in vain. At the beginning, I questioned this program thinking, 'How can a three-year-old learn and have cognitive abilities?' I kept on repeating and convincing myself that my child will at least enjoy the games if he didn't gain anything else. But soon enough, I realized that I was completely mistaken and that my child is developing his skills, such as completing a task or identifying his relatives' names. He was also humming along to songs! One thing that made me feel at ease the most is that my son considered the home visitor Kamar as his friend and got excited when the time of their sessions arrives. I also noticed, when our relatives visit, that my son is more accepting of other people and enjoyed interacting with them.

This program has contributed in the development of my child's social, emotional, cognitive, and motor skills.

It also helped me understand Mohamad's capabilities and how to deal with him in a positive attitude, while providing him with the needed support. I really hope for the continuation of the Reach Up project."

—

Khitam, a mother's voice on Reach Up

Home Visitor Lessons

Key lessons have also emerged from home visitors who have provided a wealth of feedback on what they learned implementing the program so far.

TRAINING

When asked about the training received prior to starting the program, all home visitors surveyed as part of the qualitative research stated that they felt the training adequately prepared them to begin their home visits. They did express an interest in receiving continued or further training on topics relevant to their work, as well as in greater or more frequent coaching or support from their supervisor.

PROGRAM SUPPLIES AND OPERATIONS

- **Toy quality**
  Home visitors have struggled to explain to families why the toys are made of recyclable items, rather than being store-bought. Not all countries faced this issue—in Syria, families engaged in toy making themselves and fathers especially reported being pleased making the program toys so that they had something to provide their children even in extremely constrained economic circumstances. Toys also break or become damaged by the time they are returned by the families. For this issue, program management is actively seeking to increase the time and materials available for toy making so that enough toys can be made to satisfy demand.

- **Transportation**
  Some home visitors operating in semi-urban or urban settings (outside of camp environments) reported spending a long time walking in between homes in extreme weather conditions during winter and summer. They also flagged security issues along their route—especially when conducting visit alone—such as verbal harassment and problems with stray dogs.

FAMILY ENGAGEMENT AND EXPECTATION-SETTING

- **Recruitment of families**
  It can be difficult to enroll new families and to explain the benefit of this program for themselves and their young children. While many families living in refugee or vulnerable host community settings are accustomed to receiving occasional visitors for general health or social welfare topics, the idea of having home visitors focus on play and communication for young children is a novelty. The importance of early learning for infants and toddlers is also not widely understood among vulnerable families, but often home visitors report that when caregivers see concrete evidence, begin to notice new skills or talents in their children and recognize developmental milestones being met, they welcome the program.

- **Consistency of caregivers**
  Ensuring that the same caregiver is always present and available for individual visits and not distracted by other demands on their time has been a challenge. For this, there have been creative solutions from individual home visitors to appeal to families' strong value on education and link the program to learning and developing skills for the future. Another tactic is emphasizing their own personal experiences as a caregiver (see page 15 for Fatima's story).

VISIT QUALITY AND RESPONSIVENESS

- **Emphasize the benefits of the program from the start**
  Home visitors have noted that family visits are more successful when the importance of the activities is explained to caregivers before the activity begins. The benefits of the program become clearer to the caregiver after a few visits as they start to notice their child learning new skills. Seeing evidence of their child's learning illuminates the purpose of the home visits and encourages caregivers to practice the activities with their children between visits.

- **Modelling activities using household items**
  It was suggested by program management that home visitors could further increase parent engagement by increasing the focus on showing caregivers how they can use household items, chores and everyday activities as opportunities for children's play and learning. With play and learning integrated into everyday actions, caregivers may now also be able to find some time for themselves and therefore reduce their stress levels.

SOURCE: Ahmad Al-Jarery / International Rescue Committee

Program Management Lessons

Lessons learned by managers were gathered throughout the life of the program, but a critical moment in consolidating lessons across the three countries was a learning meeting held in Beirut in August 2019, which brought together program managers from each country and sector who had been involved, together with the IRC's ECD technical staff and an adviser from Reach Up.

SUPPORT

- **Minimum qualifications:** Determining the minimum educational and work experience necessary to be an effective home visitor was a key learning. Particularly during the Lebanon pilot, it became obvious that home visitors must have clear expectations about the conditions of home visiting work when they are recruited and trained; additional home visitors should also be recruited in case replacements are needed. After the pilot, the following minimum qualifications for effective home visitors in this region were identified: Candidates should have at least a high school education, have prior experience with young children, a good relationship with the community, strong communication skills, access to a mobile phone and be age 21 or older. These qualifications were then used as a basis for informing ongoing recruitment.

- **In-service professional development:** In addition to a pre-service training, an in-service training was suggested to cover challenges such as navigating complex family relationships, communicating the importance of consistent parent participation and how to manage group play activities when more than one child is participating. As a result of this suggestion, the team in Lebanon implemented Home Visitor Learning Circles (HVLCs), a monthly meeting where home visitors come together to discuss their challenges modelled after the Teacher Learning Circles approach to teacher professional development used by the IRC. HVLCs will also be rolled out to Jordan and Syria.

- **Effective use of supervision:** Each home visitor is overseen by a supervisor who is required to periodically observe the home visitor in action using a coaching checklist to guide a reflective conversation about how to improve. Regular supervision and one-on-one coaching of home visitors can reinforce the focus of the program on caregiver behavior change. Some supervisors struggled to coach home visitors effectively. In Jordan, one contributing factor was that community-based supervisors had their own caseload of families to visit. Supervisor caseloads have since been adjusted and further guidance and support tools, including a practice-based supervision training, were made to help them develop the skills to coach home visitors in a positive, affirming manner.

Long distances and lack of affordable transportation between locations, especially in the informal tented settlements in the desert of northern Jordan, also hinders efficiency of supervision. In Lebanon, political instability and road blocks meant supervisors could not reach many of the vulnerable program locations in the beginning. In Syria, incidents in some more volatile camp locations limited staff access at times.

- **Equipping home visitors with up-to-date referral information:** Many caregivers served by the Reach Up program are vulnerable in other ways and need services such as healthcare, counselling, legal aid, case management, financial assistance and job skills training. It is difficult for a home visitor to build a meaningful relationship with a caregiver if they do not have the tools to help address their most basic and pressing needs. To build a successful program, having up-to-date referral information so home visitors can be a source of knowledge is crucial to the success of the program.

- **Retention:** After an initial investment of 10 or more days of training, it is a challenge when home visitors leave the program and new home visitors need to be trained. Staff turnover occurs for a whole range of reasons: migration due to geopolitical reasons (returns to Syria) or economic (seasonal work opportunities of a spouse), other NGO volunteer work in the areas which may pay incrementally more (for refugees), securing a job in the formal sector (for host community home visitors), social norms in some families (young women leaving the workforce after marriage). One male home visitor left because he was uncomfortable with singing songs. Many factors are beyond IRC's control, but every effort is made to keep compensation competitive and offer ample professional development opportunities. Jordan health team also developed a strategy of training more staff than needed and maintained a roster of trained home visitors who were ready to deploy when needed. Northeast Syria started programing by hiring from within the internally displaced communities, but turnover was so high the team created staff positions, recruited from the local host community and has been able to retain and build the capacity of a stable team through this structure—though this is not feasible in all contexts due to local labor laws.

TIME

- **Toy-making time:** Toy making for the program became a more time-consuming process for home visitors than originally anticipated. Home visitors are responsible for creating many different toys at once to cater to children of different ages. Sometimes this means creating toys for several hours every week. In addition to redistributing time and space for home visitors to make toys regularly, the program seeks creative solutions for collecting materials like cardboard and bottles through an office recycling scheme to ensure that there are enough materials available to home visitors (often vulnerable and living in resource constrained locations themselves) to make the needed toys. A full day dedicated to toy making is also being built into the monthly work schedule of home visitors.

- **Adequate time for visits:** Some home visitors reported that they did not always have enough time to complete the activities, were struggling to provide adequate time for each child in families with older children, and that children older than the target age group (6 months - 3.5 years) felt neglected because no time was specifically dedicated to them. These challenges were managed through training, guidance and supervision on time management and scheduling to address the particular needs of each home visitor. Home visitors were encouraged to invite older children to participate in activities like coloring and singing and to observe the new activity so they can be 'helpers' and practice during the week alongside the caregiver. Guidance for this has now been incorporated into the training manual and HVLCs.

- **Scheduling expectations:** The home visiting schedule preferred by families does not align with IRC's working hours. Many families sleep late in the mornings and would prefer visits starting after 10 am, continuing up to 6pm or later. This concerned managers, because they wanted to be available for support in case of emergencies, and reserve IRC working hours for random spot checks and supervision visits.

- **Home visitor caseloads:** This immersive home visiting model has visits lasting up to one hour, requires consistent enthusiastic engagement and caseload sizes require multiple visits in one day. To prevent fatigue, promote retention and preserve quality, program guidelines dictate that caseloads must be low—an average of three to four visits per day. There will be recurring temptation to increase caseloads in order to reach more beneficiaries—reach can seem low due to the small caseloads—but this will more likely lead to home visitor burnout, turnover and reduce quality.

Program Design Lessons

Though generally successful overall, gaps in program design should be addressed. New training structures, expanding communities of practice into the digital space and building rules for multi-sectoral engagement are all areas from program improvement.

- **Professional development:** Further innovation around training delivery is needed for ECD home visiting in humanitarian settings—especially when going to scale. The current Reach Up training is 10 days long, which is at odds with the standard humanitarian practice of short, two- to four-day trainings. Creative ideas around refining the training length should be explored, while also setting expectations that the Reach Up training is longer and more comprehensive and practice based than customary for humanitarian actors. Trainings should be held on a regular basis to account for expected home visitor turnover. New training modalities should be piloted to shorten the start-up phase of the program and balance the needs of all parties, such as training in phases or partial online training. Other digital forms of communities of practice are being explored such as WhatsApp groups. The Lebanon and Jordan teams manage WhatsApp groups for home visitors, which is a promising way to share successes and anecdotes from visits. Capacity-building staff are present in the groups and offer to troubleshoot challenges.

- **Multi-sector collaboration:** Sustained focus on collaboration between education, child protection and health sectors within projects that choose a multi-sectoral delivery approach is vital to program success. Assuming that each of these sectors has their own priorities, perspectives and reporting lines within the program, it is essential to actively maintain lines of communication both between sectors and with relevant technical supports to ensure that lessons and challenges are shared and can be addressed collaboratively. In August 2019, a regional learning meeting brought together country and sector focal points to share lessons across sectors and countries, which proved very valuable and led to a number of actionable recommendations.
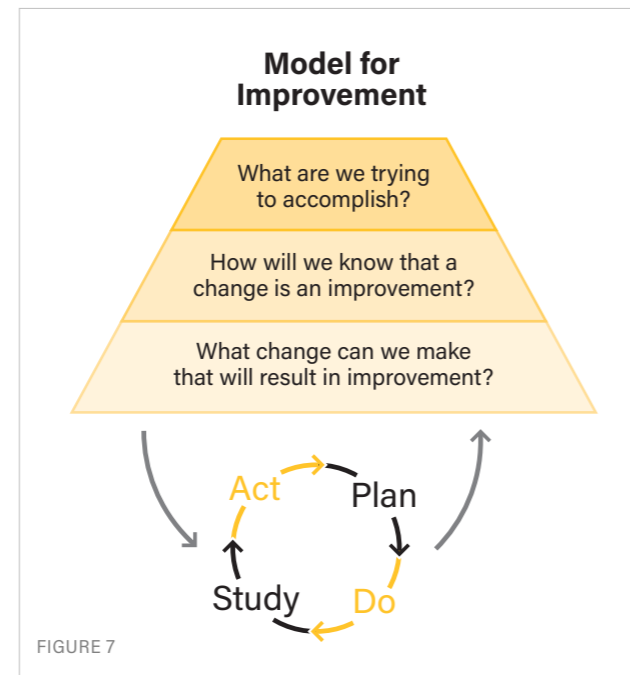
Next Steps

As noted in the introduction to this report, this program is scaling up through the Ahlan Simsim initiative. Coordination with governments will be necessary to scale further. Scaling at a national level creates challenges of cost and hiring. As such, the IRC is exploring the idea of scaling Reach Up through a group delivery format.

Piloting Continuous Quality Improvement (CQI)

CQI is an ongoing, disciplined problem-solving approach centered on inquiry and learning. The process draws on the efforts and participation of all actors within a system (e.g. IRC field teams and frontline workers, including officers and home visitors) to collectively learn their way into stronger system performance. CQI applies what is called the Model for Improvement (figure 7) in order to quickly learn and iterate on an existing system. The Model provides structure and rigor to learning-by-doing practices by providing the tools needed to test "change ideas" (ideas for improving daily practices) in rapid cycles, resulting in efficient and useful feedback to inform system improvement.

While the origins of CQI are in manufacturing, the health sector picked it up, refining many of the tools to be relevant in hospitals for example; the field of education began using CQI in the past decade. It is used in some U.S. home visiting programs to guide improvement efforts in the areas of maternal depression screening and developmental referrals.

In December 2019, the IRC began a pilot of CQI with a cohort of 10 home visitors and five coaches to see how the engagement of frontline staff and supervisors could help improve the program. Over several days participants were trained on systems thinking—how to conduct empathy interviews with a caregiver they used to visit and pull it into a driver diagram outlining the current understanding of the system. The home visitors voted on an area to focus on—improving the toy-making process to ensure toys are reliably left in the home of caregivers and children they visit. They voted to test sharing a sewing machine among themselves to make the dolls and soft balls more efficiently and of higher quality. More efficiently making dolls would also allow them to gift a doll to each child, which addresses family requests of keeping toys permanently.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act — Plan — Do — Study

FIGURE 7

Working to Increase Scale and Reach

Throughout design of the original Reach Up intervention, designing for scale was always the priority and this was maintained throughout the IRC's adaptation of the model. To design for scale, the interventions cost were kept low through the use of recycled and low-cost resources. The structure of using para-professionals and offering a practice-based training without requiring advanced qualifications also contributed to low costs.

Scaling plans were drafted by Ahlan Simsim teams in Jordan and Lebanon to outline potential strategies for scaling Reach Up through partnership with national NGOs and government. In Jordan, potential scaling pathways include collaboration with a national NGO that could expand reach across the country through health awareness visits and sessions. In Lebanon, Ahlan Simsim is exploring collaboration with the Ministry of Social Affairs, providing training to nurses and other professionals who operate in Social Development Centers (SDCs) in some of the most vulnerable locations across the country.

In an ideal situation, an existing cadre of community workers that can integrate into government-funded community workforces. Sustained funded of this workforce will be a challenge, as humanitarian NGO projects are often funded by short-term grants. Though a creative solution will be needed, this ideal could be feasible and has seen success in many other areas around the world. [Examples of large scale, government funded workforces in other countries include: Cuna Mas in Peru, the FAMI program in Colombia, Anganwadi's workers in India, CHWs in Bangladesh, Lady Health workers in Pakistan, Crianza Feliz in Brazil.]

Conclusion

The results from monitoring and evaluation data, qualitative research and anecdotal home visitor and caregiver feedback highlighted in this report articulate a compelling case for the continued expansion and improvement of home visitation services that promote nurturing care as part of the Syrian crisis response. Reach Up and Learn has shown and continues to show the ability to reach caregivers where they are to ensure that young children of the Syrian crisis are able to address and combat the negative effects of their experiences.

Reach Up and Learn is a scalable program: The Ahlan Simsim program at large proposes to integrate these services to reach more children and caregivers for the long term—exploring unique partnerships with governments and national entities, which will exist long after the presence of IRC's humanitarian response. Through the continued implementation of CQI tools—which will lead to improvements that can be adopted widely—and the conducting of the Impact Evaluation—which will explore the impact of the Jordan health integration model and contribute to the evidence on ECD and home visiting programs in emergencies, Reach Up and Learn remains a valuable part of the Syria crisis response. Our hope is that these lessons and experiences can continue to inspire program improvements, future adaptations or replications so that all children affected by crisis and conflict receive appropriate, relevant and effective interventions aligned with the Nurturing Care Framework, so that they may grow to reach their full developmental potential.

SOURCE: Marika Shioiri-Clark / International Rescue Committee

Annex: Research Table

Measure Name	What is it measuring?	How it worked
CAREGIVER SURVEY		
Perceived Refugee Environment & perceptions of socioeconomic status	Socioeconomic status Home environment Neighborhood environment	Items loaded onto three distinct factors representing perceived SES, the home environment (resources in the home) and neighborhood environment (community/social resources). These three factors are strongly correlated with hypothesized variables in the expected direction.
WHO (World Health Organization) 5 Wellbeing Index	Wellbeing	5 items used Meets requirements for reliability, factor structure and predictive validity.
GAD (Generalized Anxiety Disorder) Scale	Anxiety	7 items used Meets requirements for reliability, factor structure and predictive validity. We first piloted the DASS anxiety scale. DASS had lower alpha and showed less discrimination from PHQ-8 in IRT analyses.
PHQ (Patient Health Questionnaire)	Depression	8 items used Meets requirements for reliability, factor structure and predictive validity.
PSS (Parental Stress Scale)	Parenting stress	Meets requirements for reliability, factor structure and predictive validity. PSS is structured into a positive factor and a negative ("stress") factor; the positive factor shows little variation, poor predictive validity.
	Parental sleep	Good predictive validity.
	General self-efficacy	Meets requirements for reliability, factor structure and predictive validity.
	Parenting efficacy & play efficacy (bi-factor of parenting efficacy)	IRT and factor analysis did not result in proposed 4 factor structure. Exploratory factor analysis and further IRT suggested a bi-factor model, with one general factor and a group factor for play.
	Activities with child (mother)	No associations with child outcomes or other hypothesized variables.
	Activities with child (father)	Associations with several child outcome domains on the MDAT.
	Community gender norms	Correlated with own gender norms; correlated with violence in the home.
	Own gender norms	In and of themselves not predictive of anything.
	Violence in the home	Associations with child outcomes, specifically gross motor, mental health and SES in hypothesized direction.
War Events	Experiences of war-related events	Correlated only with SES; no other associations with hypothesized variables. We strongly modified an existing instrument to streamline response structure with the rest of the survey, and reduce respondent burden; as such we do not know if it's the measure or the construct. We will be replacing with Harvard Trauma Questionnaire items.

HOME VISITOR SURVEY		
WAMI (The Work and Meaning Inventory)	Measures a sense of positive meaning, meaning making through work and greater good motivation	Overall scale met requirements for internal consistency reliability. Individual subscales do not show adequate internal consistency reliability.
PROQOL (Professional Quality of Life Scale)	Measures professional quality of life through three subscales: compassion satisfaction (pleasure derived from being able to do their work well), burnout (feelings of hopelessness and difficulty in doing their job well), and secondary traumatic stress (developing problems due to exposure to others' trauma)	One of the three subscales (secondary traumatic stress) met requirements for internal consistency reliability.
Professional Development	Measures frequency of training and coaching support	
Social Support at Work	Measures social support experienced by the HV's from their peers, supervisors, and families assigned to them	All three subscales had reasonable internal consistency reliability and the scale as a whole met requirements for internal consistency reliability.
Experience with Reach Up and Learn	Specific questions created by NYU and IRC tailored to the context of working on RUL in Jordan	Low internal consistency reliability as a scale. We will investigate the best way to use the scores from items on this scale further.
OBSERVATIONAL MEASURES		
HOVRS (Home Visit Rating Scale)	Home visit quality	Subscales of Relationship with Family; Collaboration with Caregiver; Facilitation of Caregiver-Child Interaction; and Responsive to Family Strengths; and Fidelity to Reach Up and Learn. Scores on relationship with family were highest.
PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)	Caregiver child interaction	One overall scale combining Responsiveness, Affection, Encouragement and Teaching behaviors was found. Relatively few correlations were found with the MDAT.
MDAT (Malawi Developmental Assessment Tool)	Direct assessment of child cognitive, social, language and fine/gross motor development	This 40-minute assessment covers all aspects of child cognitive and motor development. However, relatively few expected correlations were found with the caregiver-reported data or with the observational data from PICCOLO. Therefore, for the impact evaluation we plan to use the Bayley Scales of Infant Development, which should provide more detailed data.

ENDNOTES

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