



Home Visiting in the Middle East: Reflections on the Implementation of Reach Up and Learn

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HOME VISITING IN THE MIDDLE EAST: REFLECTIONS ON THE IMPLEMENTATION OF REACH UP AND LEARN

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ABSTRACT

In this field note, we make a case for adapting Reach Up and Learn, an evidence-based home-visiting intervention, to the needs of refugees, internally displaced persons, and other vulnerable populations in the conflict-affected settings of Jordan, Lebanon, and northeastern Syria. We outline the implementation of the intervention in all three countries and share our observations, including successes and challenges, from the first two years (2016 and 2017) of this multiyear project. We also provide insights into the country-by-country evolution of the project. We compare and contrast the adaptation approaches in each country and highlight innovations based specifically on in-country feedback. We also touch on the measurement and costing approaches for the intervention, noting the ways the project is contributing to the limited body of evidence in this area. We offer specific recommendations for additional research to generate evidence on early childhood development in humanitarian programming, and we conclude with an overview of the next stage of the Reach Up and Learn project, which is part of a wider initiative to improve the developmental outcomes of children in the region who are affected by crisis and conflict.

INTRODUCTION

In 2018, more than 29 million babies were born in situations of conflict (UNICEF 2019). In situations of conflict and displacement, which are characterized by high levels of stress and insecurity, caregivers rarely receive support in providing nurturing care to their young children. Offered by the International Rescue

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Committee (IRC), the Reach Up and Learn program (henceforth, Reach Up) is a comprehensive home-visiting program for children ages 6 months to 3 years, and their caregivers. Designed to strengthen caregivers' capacity to provide enhanced play-based early learning opportunities for children, this program takes a novel approach to early childhood development (ECD) support by integrating ECD home visits into existing services within the humanitarian response.

In this note, after providing a brief background on the Syrian crisis and the need for ECD programming in the region, we offer an overview of Reach Up's programmatic approach and a description of the unique, iterative adaptation and implementation process that occurred in each of the three countries. We also provide key details about how the program evolved in the first two years of implementation. In the following sections, we discuss the lessons learned, present emerging results from the program in each country (see Figure 1), and make recommendations for future work.

Figure 1: Map of Syria, Lebanon, and Jordan Noting IRC's Reach Up Implementation Locations



Source: Sunghee Cho/IRC

THE SYRIAN CRISIS AND THE NEEDS OF CAREGIVERS OF YOUNG CHILDREN

Since 2011, the Syrian crisis has led to the mass displacement of nearly 11 million people, including over 6 million displaced persons within the country and more than five million Syrian refugees. Refugees and other displaced people typically live in camps, informal settlements, or peri-urban environments (UNHCR 2019).

The impact of the Syrian refugee crisis is notable for many reasons, but the impact on children is especially grave. Nearly half (45%) of all Syrian refugees are children age 17 or younger; as of September 2019, 15.7 percent of Syrian refugees were under 5 years old (UNHCR 2019). The adverse effects of war, violence, and/or displacement on young children, especially those under age three, have been well documented. Young children born into environments in which they have numerous adverse experiences, such as exposure to violence, chronic disease, or a lack of opportunities, are statistically more likely to have poor health outcomes and a level of wellbeing relative to the level of trauma they have endured (Felitti et al. 2019). With the lack of frequent responsive interactions with caregivers and the presence of stressors such as poverty and violence, children can develop a toxic stress response, which is a disruption of critical biological and neurological processes during the foundational stages of development. Toxic stress at an early age can have profound long-term consequences for children's development that increase their risk for poor physical and mental health outcomes, cognitive deficits, and, later, reduced earnings (Shonkoff et al. 2012).

There also is evidence of the significant impact war, violence, and/or displacement have on caregivers' wellbeing, specifically on their ability to provide responsive care for their children and engage in early learning activities. There are a number of factors and circumstances that adversely affect caregivers living in conflict settings, such as loss of community ties, financial hardship, mental and physical health problems, and environmental challenges. Fortunately, evidence shows that parenting programs can have a positive influence on caregiver practices and promote resilience in both caregivers and children living in conflict settings (Murphy, Yoshikawa, and Wuermli 2018).

The Nurturing Care for Early Childhood Development framework (WHO 2018) has identified the provision of holistic early learning services as an essential need for children under the age of three who have been affected by conflict. Parenting interventions such as Families Make the Difference, a group session for parents of children from birth to age eight, have proven effective (Puffer et al. 2015), but

few programs address the specific needs of children from birth to age three and their families, particularly in conflict settings. Only 27 humanitarian-response plans created by relevant United Nations agencies and country governments to respond to sudden-onset crises requiring international humanitarian assistance include ECD, and little evidence has been generated on effective programming; only four impact evaluations have been conducted of parenting interventions in humanitarian settings (Murphy et al. 2018; UNESCO 2018, 138-39). As a result, displaced families are left without critical support during the most pivotal period in their children's development.

REACH UP AND LEARN

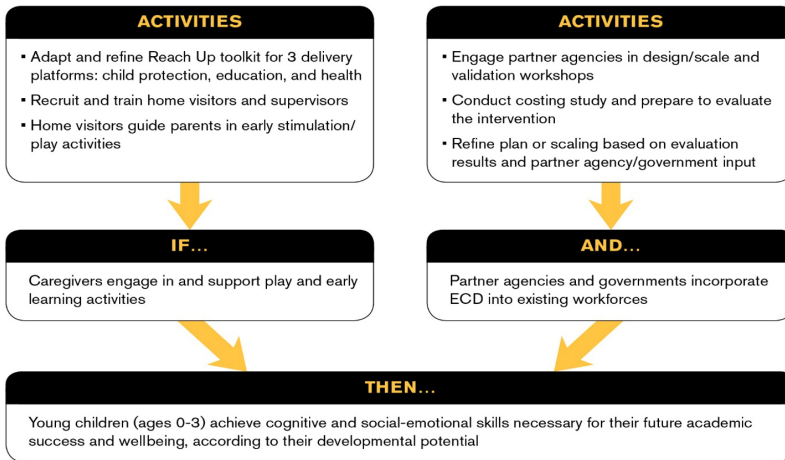
Reach Up is an early childhood home-visiting program designed to help caregivers support their children's healthy development. The program is based on an ECD intervention known as the Jamaican Home Visiting Program, created at the University of the West Indies. The studies conducted on the intervention in Jamaica documented the positive impact home visiting had on psychosocial support and cognitive stimulation for children ages 9 months to 24 months. While the studies recommended weekly home visits, they noted that visits every other week could also have a positive effect (Grantham-McGregor et al. 1991; Powell and Grantham-McGregor 1989). Later research included longitudinal follow-up studies, which documented the significant positive impact the program had on cognitive ability, mental health, and labor market returns (Gertler et al. 2014; Walker et al. 2011). Since its creation, Reach Up has been adapted and implemented in more than 13 countries.

The Reach Up toolkit provides a training manual for community members who want to become home visitors. The kit includes a structured play-based curriculum that prepares new home visitors to guide parents in doing early learning activities with their children. The program consists of weekly or biweekly home visits that last about one hour, in which the focus is on play and on building the caregiver's self-confidence. Playful early learning activities are introduced and scaffolded over a series of visits.

The home visitor demonstrates these activities in the caregiver's home, and then, while the caregiver practices them with their child, the home visitor offers support and praise. This "demonstrate, practice, praise" approach creates an environment in which both the caregiver and the child feel supported in their actions while being introduced to new learning opportunities. One major feature of this home-

visiting approach is the empowerment of the caregiver, which lays the groundwork for them to have a long-lasting impact on the whole family, as reflected in the program's theory of change (see Figure 2).

Figure 2: The Reach Up Theory of Change



Source: Katelin Wilton, Sunghee Cho/IRC

Despite the numerous adaptations of Reach Up that were implemented before this iteration for displaced communities in the Middle East, it had never been implemented as part of a humanitarian response. The current iteration benefits from earlier experience, but it was adapted specifically to address the unique needs of vulnerable children and caregivers in the Middle East. Given the IRC's extensive experience supporting parents and children in conflict-affected regions, the magnitude of the Syrian refugee crisis, and the dearth of ECD programming in emergency contexts, the Reach Up program was an ideal way to support parents in giving their children nurturing care.

REACH UP PHASE ONE

INCEPTION RESEARCH AND JORDAN PILOT

Beginning in 2016, the IRC conducted preliminary research in Jordan and Lebanon to identify how to address the needs of caregivers of young children in the wake of the Syrian refugee crisis. This work focused on understanding the interest in and availability of parenting support for Syrian caregivers living in displacement, the need to adapt evidence-based program models to promote uptake and reach scale, and

potential program costs. The findings showed not only that there were opportunities to support caregivers but that there was a demand for such programming among Syrian families. Specifically relevant to Reach Up were the findings showing that robust family-based social networks and the cultural tradition of hosting frequently meant that the community would welcome home visits.

As part of this research, a two-month pilot of Reach Up was conducted in December 2016 in the Azraq refugee camp in northern Jordan, where outreach volunteers were already making home visits to raise awareness about child-protection services. A short training was conducted before starting the pilot, during which eight volunteers visited sixteen families in order to determine the feasibility and acceptability of the model and what adaptations were needed to carry it out. A feedback questionnaire was distributed to all parents at the end of the pilot, on which they reported that their children “loved everything about the home visits.” Parents also reported that, after participating in the program, they were more likely to praise their children (94%), talk to their children (81%), involve their children in household activities (68%), and play with their children (62%). Following the success of the pilot, Reach Up was expanded in the Azraq camp through the child-protection sector. A three-month pilot was then conducted in the Akkar and Bekaa governorates in Lebanon through the education sector, which built on existing relationships between families and staff that had been established through community-based preschool programs.

TRAINING OF TRAINERS AND PROGRAM ADAPTATION

Members of the Reach Up and Learn team in Jamaica conducted a training of trainers for Reach Up in February 2017 to prepare for the program launch and to begin the process of adapting the program for the Syrian families. The adaptation focused on identifying delivery platforms within the IRC, planning to contextualize materials such as storybooks, and assessing the cultural relevance of the curriculum activities.

An initial key step was translating the curriculum into Arabic, the overarching language of the region. It was professionally translated into Modern Standard Arabic, reviewed by the Arabic Resource Collective for technical accuracy and regional dialect considerations, and, finally, adapted for tone and cultural relevance by IRC staff in the region.

IRC teams tested and confirmed that the adapted content was culturally relevant to both the Syrian refugees and the host communities, and to their living circumstances. The training manual went through several changes, including adding guidance on working with displaced populations in the region. This included working with large families who had multiple children in the home, a common occurrence among the Syrian population. To reflect the particular needs of the population, new content was added to the training to address caregiver wellbeing (stress management, coping strategies, and self-care messaging), safeguarding children, identifying signs of abuse (in particular violence against women or children), referring families to protective services, and using positive discipline.

The IRC worked with the Jamaican Reach Up team and Jordanian artists to adapt the pictures and storybooks used in the curriculum to the specific context. This included changing illustrations to feature locally relevant objects and environments. A key feature of Reach Up is toymaking, where home visitors use a detailed guide to make their own toys for the people they visit. The toymaking went through an exhaustive adaptation process, which involved identifying local materials for every activity in the curriculum. Local adaptations included making rattles from hair gel containers, trucks out of cardboard, and sheep dolls from cotton and cardboard. Local songs that were known and loved were added to each home-visit agenda.

EXPANSION INTO NORTHEASTERN SYRIA

In mid-2017, the IRC's northeastern Syria office reached out to the education technical unit about expanding the program through the child-protection sector. In late 2017, following a training for Syrian child-protection staff and additional adjustments to the curriculum and materials, a weekly visiting program was launched in several internally displaced person camps and in urban areas where displaced Syrians were living. In mid-2018, Reach Up expanded into Jordan, where it built on existing community health home-visiting services offered by the IRC. Working in close collaboration with the health sector, the program was expanded to the Mafraq governorate as an integrated ECD and community health home-visiting model. The home visits continued for one year, through June 2019, which ended the first phase of implementing Reach Up in the Middle East.

SUMMARY OF LESSONS LEARNED

Given the vastly different locations, number of people reached, and, in the case of northeastern Syria, the participants' varied backgrounds, the multicountry implementation of Reach Up produced numerous lessons.

IMPLEMENTATION

During the multicountry implementation of Reach Up, it became apparent that the curriculum and its delivery required further adaptation. For example, changes made to the storybooks reflected tentlike accommodations and apartment living, desert vegetation, and local animals and products. Since the program operates in peri-urban areas, tented settlements, and camp settings, it was a particular challenge to create the widely relevant visual content needed. However, the translations were well received, and the northeastern Syria program reported that the availability of translated materials eased their program start-up.

Challenges remained around making and using toys for the program. We learned that toymaking was more time-consuming for home visitors than we originally anticipated, so we had to allocate more time for them to prepare the toys for their visits. We also found that some materials were not as easy to collect as we had anticipated because recycling was not common in Jordan. In the Azraq camp, for example, distribution changes led to a shortage of the shampoo bottles they had used to make toy cars. We resolved this unexpected issue by encouraging IRC staff to participate in office recycling.

One of the most interesting lessons came from northeastern Syria, where the unique challenges of an insecure and low-literacy population led us to create an illustrated guide for parents, which depicted the home-visiting curriculum using almost no words. Originally conceived as a stopgap solution for replacing physical visits if unsafe conditions arose, we found that the visual format lent itself well to being a supplement for any Reach Up home visit, provided it could be printed at a low cost. The northeastern Syria team is piloting this product with community-led ECD committees.

Another adaptation was the use of a tablet-based software to deliver Reach Up in Jordan's health sector. Originally designed for community health volunteers, the tablet automatically alerted home visitors to the appropriate activity for a child, based on their registered age. The system collected a number of key data points, which allowed

for easier collection of program performance data. However, before we scale the use of tablets, we will need to resolve some lingering design challenges.

While several implementation challenges were unique to the specific contexts, some challenges occurred across all the programs in Jordan, Syria, and Lebanon, such as those related to training issues, staff retention, and supervision of home visits. The Reach Up training lasted ten days, after which trainees could conduct home visits, with periodic supervision. This time commitment was difficult for the trainers, who had many competing program management responsibilities. In several contexts, for example, due to work restrictions for refugees, home visitors were paid a stipend by the host government, rather than becoming staff members. This contributed to high staff turnover, which created a need for ongoing training. To combat the high turnover, Reach Up teams developed stand-by rosters of trained home visitors who were ready to be hired as needed. The biggest impact of staff turnover was a lack of fidelity to the Reach Up method and difficulty providing high-quality oversight. To help alleviate this challenge, the IRC created home-visitor learning circles, a peer-to-peer professional development model originally used with teachers. Supervisors hosted the learning circles monthly to help home visitors strengthen their practice, encourage them to share their challenges, and foster a sense of community. Learning circles have been implemented informally in Lebanon and are being rolled out in northeastern Syria and Jordan.

Another universal challenge was participant recruitment, though the core drivers were slightly different across contexts. In Lebanon and Jordan, an economic downturn heightened caregiver reports of financial stress, which led people to consider early learning a lower priority for their family than their financial challenges. Home visitors who made a persistent effort to overcome recruitment challenges by first engaging their neighbors in the program were able to build greater community rapport and to enroll participants who were initially doubtful.

EMERGING RESULTS

As of December 2019, the Reach Up program had reached more than 4,399 children and 4,025 caregivers in the three countries: the Jordan health teams served 1,725 children and 1,669 caregivers, the Lebanon team served 320 caregivers, and the northeastern Syria program served 1,748 children and 1,530 caregivers.

We used three assessments: the Caregiver Reported Early Childhood Development Instruments (CREDI) short form to measure child development, a caregiver questionnaire that asked about caregiver knowledge and the practices developed

by the IRC, and the supervisor checklist for assessing home visitors' performance, which the Reach Up team had developed as part of the toolkit. Data from Jordan and Lebanon are presented in Tables 1 and 2.

Table 1: CREDI Data from Jordan and Lebanon

	Lebanon, May-July 2018	Jordan, December 2018-July 2019
Total number of respondents	312	307
Percentage of respondents whose scores improved between baseline and endline	92	82
Average improvement in scores between baseline and endline	7	13

Source: IRC

Table 2: Specific Item Performance from Caregiver Questionnaire in Lebanon, May-July 2018

Techniques that you use with your child to support their learning and development			Children's books or picture books given to child at home in the past week		
Number of techniques	Percentage of respondents at baseline	Percentage of respondents at endline	Number of books	Percentage of respondents at baseline	Percentage of respondents at endline
0	26	0	0	87	12
1	11	8	1	7	47
2	12	30	2	3	24
3	51	62	3	2	17

Source: IRC

The Lebanon pilot showed overall improvement in child, caregiver, and home-visitor performance across all three measures. Caregiver practices improved significantly for a number of items, with notable spikes occurring at the lowest levels of engagement. For example, at baseline, only 26 percent of parents reported using techniques (e.g., reading books, singing songs) to support their child's development. By endline, 92 percent of parents reported using two or three techniques (the highest possible response being three), with no families reporting using none. Home-visitor performance also improved significantly during the pilot period, according to the Reach Up supervision checklist, with 87.5 percent of home visitors showing improvement between baseline and endline. Finally,

92 percent of the children showed improved CREDI scores between baseline and endline. The strong performance by both children and home visitors on their respective measures suggests a holistically sound model that is effectively addressing the needs of children and their families.

In Jordan, on the other hand, 82 percent of children showed improvement in their CREDI scores between baseline and endline, with an average improvement of 13 percent. While the overall improvement rate was lower than the pilot in Lebanon, average improvement was higher, up from the Lebanon pilot's 7 percent average improvement.

SUCCESS STORIES

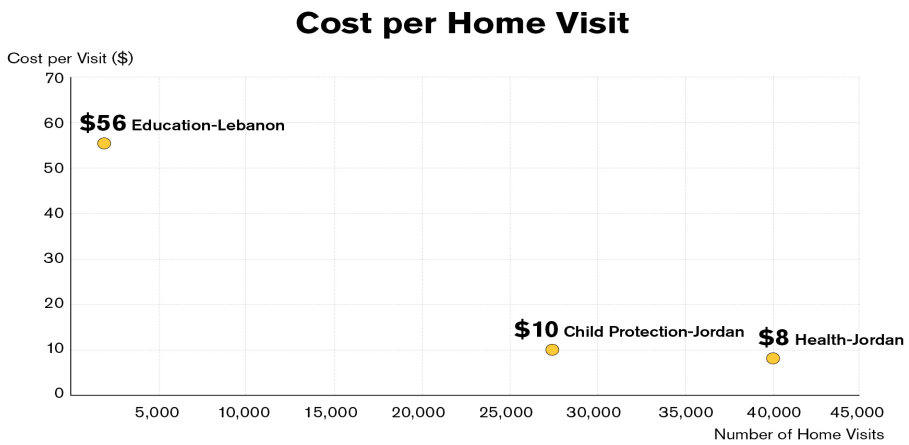
Anecdotal reports of the program's success came directly from both caregivers enrolled in the program and the home visitors who delivered it. Caregivers, both male and female, repeatedly reported delight and surprise when they saw how quickly their young children progressed in the program, commenting that their children had exceeded their expectations or their general understanding of young children's capacities. In northeastern Syria, where some families had been exposed to violence more recently, home visitors noted that many caregivers were shocked to see their young children begin to speak after receiving home visits. This success led to a high demand for the program in the area. Following the trainings and the time they spent visiting families, home visitors in all three contexts reported feeling fulfilled by their work. Upon conclusion of the Lebanon pilot, some home visitors went on to work as facilitators in early childhood education centers, noting anecdotally that children who had received the home visits entered the classroom more prepared to learn and socialize.

COSTING

To reach the largest number of children with a limited budget, we assessed how the cost to deliver Reach Up varied among the three integrated models: education, child protection, and health. The models, which distributed the same content, cost from US\$8 to US\$56 (2019 dollars) per home visit (see Figure 3). The difference in cost was driven by the scale each team achieved rather than by any intrinsic feature of the programs within which Reach Up was integrated. We concluded

that the critical factor in choosing an efficient Reach Up delivery method is the scale in a given context; however, “scale” has many dimensions. Our health team was efficient, due to the large number of home visitors working on ECD and delivering health messages. The child-protection team was efficient, due to their visiting homes twice as often so they could spend more time on ECD. Having shown that both health and child protection can deliver Reach Up at a reasonable cost per home visit, future scale decisions will focus on the tradeoffs between the health team’s geographic reach and the amount of time the child-protection team can dedicate to ECD.

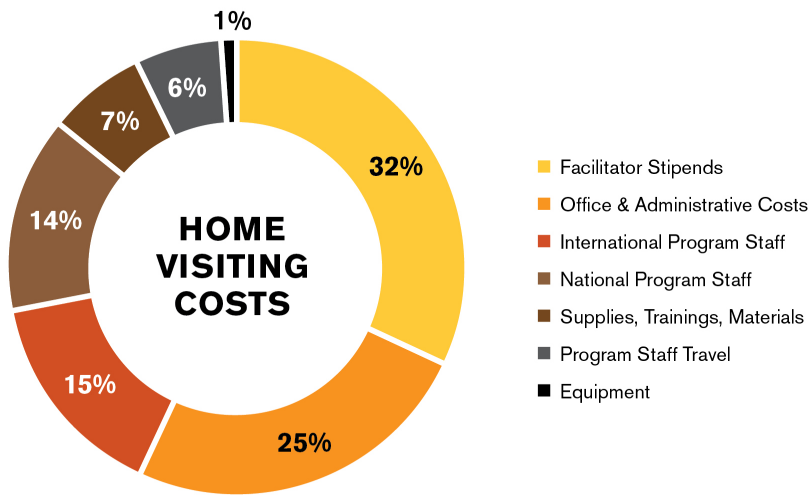
Figure 3: Cost per Home Visit across the Three Integrated Models



Source: IRC

While the human resource costs of home visiting may appear to be high relative to the local context (see Figure 4), such costs are associated with long-term returns on investment and gains made across multiple domains of human development (Gertler et al. 2014; Richter et al. 2017). The return on investment for early childhood care and education in Jordan, for example, is estimated at US\$9-US\$17 per every dollar invested (Fink et al. 2017). Federal governments in Latin America recently demonstrated the effective large scale-up of Reach Up adaptations, such as Cuna Mas in Peru.

Figure 4: Average Cost of the Three Integrated Home-Visiting Models



Source: IRC

REFLECTIONS AND RECOMMENDATIONS

In this field note, we have attempted to show both the value of and the problems encountered in implementing the Reach Up program to address the immense challenges of child and caregiver wellbeing presented by the Syrian refugee crisis. Through a multistage adaptation process, the program has grown and evolved to address the challenges faced by parents across this conflict-affected region. The results emerging from the first phase of programming have been encouraging. Ahlan Simsim, a partnership between Sesame Workshop and the IRC that launched in 2018, is bringing ECD programming to the Middle East, which will enable the IRC to forge local partnerships to scale Reach Up across the region. The new phase of programming will further explore and build on lessons learned.

The early work of this program suggests that Reach Up is a promising approach to ECD programming in humanitarian contexts. Recommendations for future iterations of this type of programming are as follows:

- Further innovation around training delivery is needed for ECD home visiting in humanitarian settings. Adaptations to shorten the training time should be tested, while also clarifying early on that the Reach Up training is longer and more comprehensive than the humanitarian actors may expect.

- Trainings should be held on a regular basis to account for expected home-visitor turnover, due to the highly mobile nature of conflict-affected populations.
- New training modalities should be piloted, such as training in phases or partial online training, to shorten program start-up.
- Home visitors should be equipped with up-to-date referral information so they can address caregivers' basic needs, particularly financial needs, by referring them to other services, particularly in contexts where caregivers are highly vulnerable.
- The early supervision and coaching of home visitors should reinforce the focus on changing caregivers' behavior. Since home visiting includes working directly with children, it can be confusing for home visitors to understand that supporting the caregiver should be a primary focus, but this challenge can be overcome through close supervision.
- The immersive nature of this model, with home visits lasting up to one hour, means that caseloads should be kept low—three to four visits per day—to reduce home visitors' fatigue and preserve the quality of their work.
- In the case of a multisectoral delivery approach, close collaboration with other sectors is vital to program success, as it will ensure that lessons are shared and that challenges can be addressed collaboratively. Learning circles can help facilitate this and orient the home visitors toward a shared vision of improving families' outcomes.
- The cost of home visiting should be analyzed regularly, and program managers should consider whether it is more advantageous to integrate with programs that have the greatest geographic reach, or with the more targeted or small-scale programs where the cost per family is greater.

Future evaluations will lead to additional learning about the impact of this program and inform what programming modalities are most cost-effective, scalable, and sustainable. The promising early stage results from the Lebanon pilot and the Jordan data collection, as well as positive feedback from families in all three countries, have laid the foundation for a planned impact evaluation that will measure the Jordan health sector's implementation of Reach Up. The evaluation will contribute important new findings to the limited body of evidence

on ECD in emergency settings that targets caregivers, infants, and toddlers. Such new evidence will be critical, not only to advocacy and funding efforts but to bringing the humanitarian community closer to its collective goal of improving child and caregiver outcomes in situations of conflict and crisis.

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