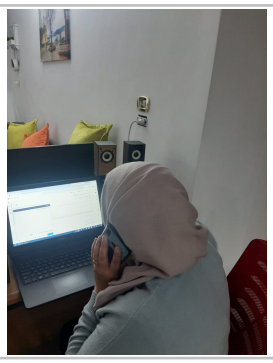
2022 CLA CASE COMPETITION

COLLABORATE • LEARN • ADAPT

Case Title:

A Call Center's CLA approach to responding effectively to the COVID-19 pandemic



Nurse Making Calls for the Call Center. Credit: Jordan Nursing and Midwives Council

Name: M. Abdeljawad, L. Al Khalafat, K. Laird, T. Ayoub

Organization: Abt Associates, Jordan Local Health Systems Sustainability Project

Summary:

At the outset of the COVID-19 pandemic, the Ministry of Health wanted to establish a call center for contact tracing and requested support from USAID and its Local Health Systems Sustainability project. To address this need, the project chose CLA approaches, including adaptive management, data for decision making, scenario planning, and continuous learning and improvement, to optimize the management of the call center program and respond quickly to changing dynamics of the COVID-19 situation.

By developing a set of assumptions and indicators for scenario planning, the ministry and the project determined the number of nurses needed for the call center and contracted with the Jordan Nursing and Midwifery Council to the center quickly. The project then helped the ministry, the council and USAID adapt the call center through adaptive management and scenario planning updates over time, and continually improving and refining the nurses' calls to confirmed cases. The call center fully utilized its personnel even as the number of cases ebbed and flowed over time by incorporating elements beyond contact tracing.

From December 2020 to April 2022, the call center completed more than 3 million calls beginning with support of the country's contact tracing program and later the monitoring of adverse vaccine side effects and promotion of vaccine uptake. Additionally, the collaboration fostered between the ministry and the council through coordination and management led to deeper trust between the institutions and the ministry partnered with the council for additional COVID-19 response activities.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

The Local Health System Sustainability Project was originally designed to support the Government of Jordan ' s efforts to improve health care providers' competencies to deliver quality health services by institutionalizing continuing professional development for provider license renewal. However, in 2020, USAID requested the project to pivot to support the Ministry of Health's COVID-19 response. A key aspect of the project's approach involved collaborative engagement with the private and public sectors to mobilize as many resources as possible for the effort.

One of the most urgent needs facing Jordan was the need to rapidly understand the spread of COVID-19 and reach confirmed cases for contact tracing, as cases continued to climb in October of 2020. The ministry wanted to establish a call center for contact tracing, to support its overstretched surveillance teams, and to provide counseling for patients in quarantine, but faced a personnel shortfall. To fill the gap, the project helped the ministry partner with the private sector for the first time by contracting out to the Jordan Nursing and Midwives Council to manage operations and employ 200 contract nurses for the call center. This novel partnership between the ministry and the council in an emergency context demanded CLA methods to foster open dialogue and collaboration, continuous learning and improvement, adaptive management, and rapid decision making between institutions that initially lacked the organizational capacity to work together.

Through project support, the partners developed a shared understanding at the outset that the call center would evolve over time in response to changes in the COVID-19 situation and identified the need for a robust CLA approach as paramount to successful implementation. With this approach, the call center provided many response activities over time including contact tracing, home-based clinical counseling, collecting vaccine side-effects data, and providing vaccination messages to encourage uptake.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

Abt Associates has been using CLA approaches for years, both within Jordan and globally. Due to the rapid epidemic rates and the appearance of different strains, the Local Health System Sustainability Project recommended using multiple CLA approaches from the outset in managing the call center. Accordingly, the project collaborated efficiently with partners; the Ministry of Health and Jordan Nurses and Midwives Council; ensuring dynamic open lines of communication to rapidly make decisions and adapt. The project used a scenario planning approach to determine the number of nurses required, the number and types of calls, in addition to the duration of calls to be made based on the number of cases expected in each epidemic wave. The call center management team, including the ministry and council, guided multiple adaptations during call center operations, responding to requests from the ministry or the call center nurses to adapt based on new pandemic requirements, e.g., when cases increased or decreased.

In each wave, LHSS designed the call center to use adaptive management methods to assess current conditions, identify challenges to overcome, and set objectives based on projections, and to design an management plan that reviewed data continuously against these metrics, identifying changing conditions and adaptations required, and modifying objectives to reflect current realities. A cornerstone of our adaptive management approach included employing continuous learning and development among staff and decision makers to foster decision-making. Finally, we used active relationship building and networking throughout to support quick pivots and decision making using technical data available.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

In September 2020, COVID-19 infection increased, and the surveillance teams fell behind in contact tracing. The ministry initiated a call center for contact tracing in November 2020 using 50 ministry nurses and requested USAID to expand the call center with support from the Local Health System Sustainability Project.

The project held scenario planning meetings in December with USAID and the ministry to develop a shared understanding of needs and timeline. Stakeholders defined the roles for implementation and established biweekly management calls. Using scenario planning tools for the initial meetings, including to forecast confirmed cases and the number of nurses needed, the project documented assumptions for the nurses and stakeholders determined the indicators to monitor, including volume of calls and number of confirmed cases. Stakeholders decided to recruit 200 nurses to reach 80,000 confirmed cases a month based on epidemiological trends.

The project, USAID, and the ministry agreed to contract out the call center. The ministry would remain closely involved on the management side and a flexible response would be used to respond to changes in the COVID-19 situation, using a robust CLA approach. The project signed a contract with the Jordan Nurses and Midwives Council to recruit licensed nurses not working in facilities. The short-term contracts stipulated nurses to call confirmed cases on day one for tracing and isolation messages, and day 5, 10, and 14 for home-based care counseling. To capture data for monitoring, the project and ministry designed a database and electronic input form, equipping the nurses with cellphones and tablets to record data, which transferred automatically to surveillance teams. This data provided the ministry with continuously updated infection trends.

Built in adaptive management facilitated changes in operations, rapid decision-making, and enabled continuous learning and improvement, and fostered collaboration between the council and the ministry as they addressed challenges collaboratively. The ministry assigned supervisors to oversee, aid, and answer questions when needed to the call center supervisors who in turn managed a smaller group of nurses. The supervisors used WhatsApp groups to quickly communicate. The quality assurance strategy ensured supervisors, the project, and council staff conducted a percentage of random quality calls to confirmed cases and used this information to improve the nurses ’ skills through training and mentoring.

Scenario planning was modified several times. Stakeholders monitored case numbers and call volume and when shifts occurred or changes like the introduction of the COVID-19 vaccine happened, the stakeholders would review assumptions and adapt. For example, in January 2021, with very high infection rates, the call center reduced the number of calls to one call on day one. In March 2021, with rates high again, the council hired an additional 200 nurses, for a total of 400, to ensure each confirmed case would receive three calls on day one, five, and 14.

In July 2021, USAID approached the call center to collaborate with the Jordan Food and Drug Administration, the Pharmaceutical Directorate, and another USAID implementer, to collect data on pharmacovigilance. Using scenario planning, given decreasing infection rates, the stakeholders established the nurses to monitor vaccine side effects and to continue calling confirmed cases. This external collaboration led to data generation for the evidence base of vaccine safety. Additionally, the call center fully utilized personnel as cases ebbed and flowed by prioritizing contact tracing and counseling during a surge and shifting more calls to monitor vaccine side effects when cases decreased. In February 2022, based on the need to increase vaccination, the call center incorporated vaccine uptake messages during all calls. The project worked collaboratively with another USAID implementing partner supporting a vaccine awareness campaign to align awareness messages.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

Using a comprehensive CLA approach, and especially applying adaptive management during implementation, the Local Health System Sustainability Project noticed significant organizational impact both within the Ministry of Health and the Jordan Nursing and Midwives Council. Significantly, communication between both partners started off a bit hostile and with a lack of trust on both sides. However, over the course of the dynamic collaboration built in through biweekly meetings, continuous follow up between the organizations, working relationships between the ministry supervisors and call center nurse supervisors, a noticeable improvement in their relationship occurred. At the end of the call center operations, both organizations were demonstrably appreciative of each other ' s efforts and points of view. The CLA method allowed learning across organizations through scenario planning, thus resulting in improved stakeholders' ingenuity and dedication. Accordingly, the ministry contracted out to the council to provide an additional service on their behalf. The council and ministry creatively reached out to other ministry directorates and implemented a mass vaccination campaign on the ministry ' s behalf. This demonstrates an excellent example of external collaboration and a clear change in mindset, being more flexible and open to new ideas leading to resiliency.

Additionally, the ministry traditionally operates in a vertical manner within directorates with little coordination or collaboration between them. As a result of the CLA methods used to respond to changing pandemic situations, the ministry ' s Communicable Disease Directorate reached out internally and often for collaboration with other directorates, including bringing in the Nursing Directorate, the Pharmaceutical Directorate, and the Pharmacovigilance Committee at various times to support call center adaptations and operations.

Finally, the external networking, during the design of vaccine uptake messages, not only enabled a rapid and efficient response, but built the project ' s relationship with another USAID implementing partner, facilitating future collaboration.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

Without the CLA approach, the call center would not have been able to adapt quickly to changing needs. For example, if the call center did not take on monitoring adverse effects of vaccines, the Ministry of Health would not have collected important pharmacovigilance data, conducting 1,597,556 calls to collect vaccine side effect data, demonstrating the safety of vaccines which in turn has helped increase uptake. The collaborative and flexible approach allowed for engagement with new stakeholders, like the Jordan Food and Drug Administration, the Pharmaceutical Directorate and two additional USAID implementers to increase efficiency. For example, working collaboratively to adopt a USAID implementing partner ' s vaccination campaign messages that were developed using global best practices, the call center nurses were able to rapidly share vaccine messages, answer questions, and encourage uptake.

Importantly, the call center contributed to the COVID-19 response, increasing first-degree contacting tracing, with 826,424 calls, and ensuring confirmed cases received messages on home isolation and home-based care by conducting 811,733 calls. This contributed to reducing the spread of COVID-19 and supported confirmed cases on where to receive clinical care and how to isolate to keep family members safe.

In the coming months, per the ministry ' s request, the Local Health System Sustainability Project and the ministry will undertake a retrospective study using the data collected since the beginning of operations. The project and the ministry will analyze how factors such as demographics, comorbidities, and vaccination status are associated with the prevalence, onset, severity, distribution, and duration of COVID-19 symptoms in confirmed cases, and in outcomes such as recovery, hospitalization and lengths of stay, or death. The analysis will be used to develop the first descriptive epidemiological report on COVID-19 in Jordan and be used by the ministry to support data for decision making in the future.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

Many factors contributed to the successful implementation of the CLA approach. The Local Health System Sustainability Project has a culture of continuous learning that allowed using several methods of CLA such as adaptive management, scenario planning, and openness to new approaches, and relationship management and networking, as well as decision making in defining challenges and thus using adaptation to roll out based on emergency needs. Moreover, the excellent collaboration between the project, the Ministry of Health, and the Jordan Nursing and Midwives Council and other implementing partners contributed to the successful implementation of the call center. Also, the contracting mechanism with the council itself also allowed the ministry to increase and decrease the number of nurses supporting the call center without increasing its staffing costs long term which was a major enabling factor.

The call center faced several obstacles during implementation. Initially, the ministry ' s server capacity was not able to accommodate the huge amount of data generated from the daily calls. Therefore, the project procured a new server to be used for the call center. Moreover, the distrust between the ministry and the council was an obstacle initially, though after efficient collaboration, close monitoring, and coaching from the project, the relationship became an enabler overtime.

The changing pandemic situation during the implementation required several scenario planning activities, in addition to hiring and letting go nurses and providing them with the necessary trainings about home care protocol, communication skills, and data collection. While an obstacle, the use of scenario planning enabled the project, the council, and the ministry to rapidly make decisions and pivot operations. The last obstacle faced included the turnover of nurses for governmental job opportunities. To mitigate this, the council trained an additional number of nurses to keep on a waiting list to fill the posts if needed.