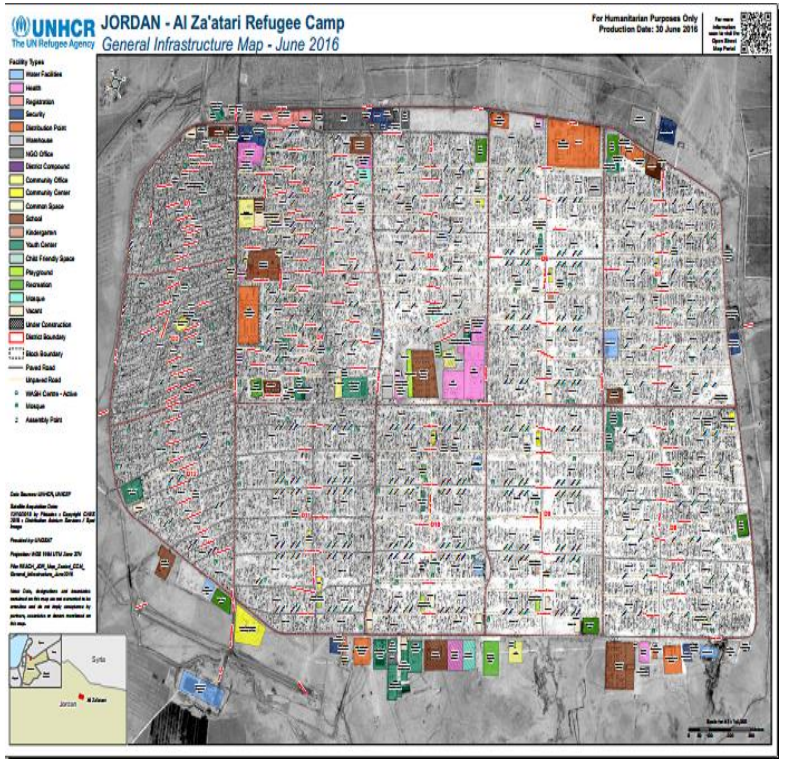
International Relief and Development

Community Health Programs in Jordan 2017

International Relief and Development (IRD) Jordan was established in 2003 to provide support for our operations in Iraq.

Since 2006, however, IRD Jordan has been implementing programs in both Jordan and Lebanon to support Iraqi Refugees with funding from the US Department of State, Bureau of Population, Refugees and Migration (BPRM) and the United Nations High Commissioner for Refugees (UNHCR).



Since 2011, IRD has been serving Syrian and Iraqi refugees, as well as vulnerable Jordanians in urban and camps settings through programs implementing school construction and rehabilitation, vocational and entrepreneurship trainings, community mobilization and engagement, community health, and vulnerability assessment. IRD has also served non-Syrian refugees including Somali, Sudanese, and Yemeni refugees.

INTERNATIONAL RELIEF & DEVELOPMENT

IRD

Health Support to Syrian and Iraqi Refugees in Jordan (HSISR-2)

Funded by the Bureau of Population, Refugees, and Migration (BPRM) – US Department of State

September 2016 – December 2017

Worked in: Amman, Irbid, Zarqa, Mafraq, Ajloun, Jerash, Madaba, Ma'an, Karak and Balqa governorates.

Goal: To improve the health status of vulnerable Iraqi and Syrian refugees in Jordan

INTERNATIONAL RELIEF & DEVELOPMENT

Community-Based Support to Refugees in Jordan (CBSR-3)

Funded by United Nations High Commissioner for Refugees (UNHCR)

January 2017 – December 2017

Worked in: Amman, Zarqa, and Balqa governorate, as well as Za'atari camp

Objective: to provide increased awareness of healthcare services and health education that empowers the community to take ownership of their health and well being and access the services they need and live healthier lifestyles, according to their needs.

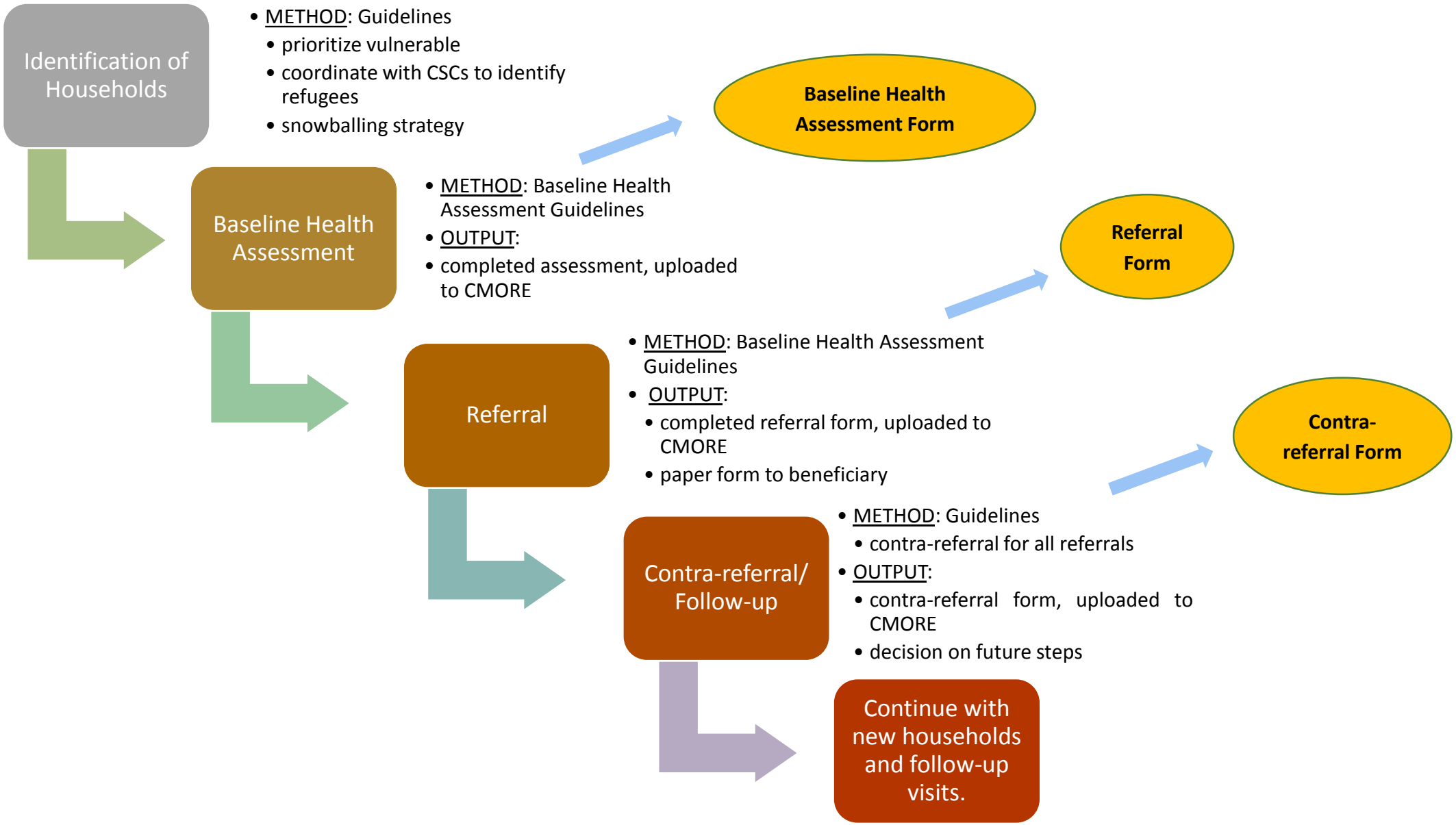
Work Approach

A total of 182 community health volunteers (CHVs) worked in IRD's Community Health projects:

80 Syrian CHVs were working in Za'atari camp (34 females and 46 males);
102 female CHVs were working in urban (65 Syrian, 35 Iraqis, 1 Sudanese, and 1 Somali) in 10 governorates: Amman, Irbid, Zarqa, Mafraq, Ajloun, Jerash, Madaba, Ma'an, Karak and Balqa to achieve the objectives of the projects by:

1. Conducting home visit assessments;
2. Referring cases of NCDs, reproductive health (RH), and neonatal to healthcare providers;
3. Accompanying refugees to Ministry of Health (MoH) clinics;
4. MOH staff capacity building training;
5. MOH capacity building medical equipment donation;
6. Health education sessions and health awareness campaigns

Work Approach



Selection and Training of CHVs

The CHVs were recruited from the same nationality of refugees that they were serving.

IRD built the capacity of identified CHVs and trained them in order to be able to asses the family health status. CHVs were trained to collect data on tablets using Open Data Kit System (ODK) enabled with a Global Positioning System (GPS). Trainings include:

1. Behavior change;
2. Effective counselling;
3. Psychology of adult learning;
4. Family Planning;
5. First Aid;
6. Antenatal, postnatal, and newborn care;
7. Communication skills;
8. Mental health; and,
9. Management of NCDs

Trainings were done through IRD's Health Specialist, JHASi, IMC, University of Jordan, Jordan Paramedic Society, UNHCR, and other health consultants

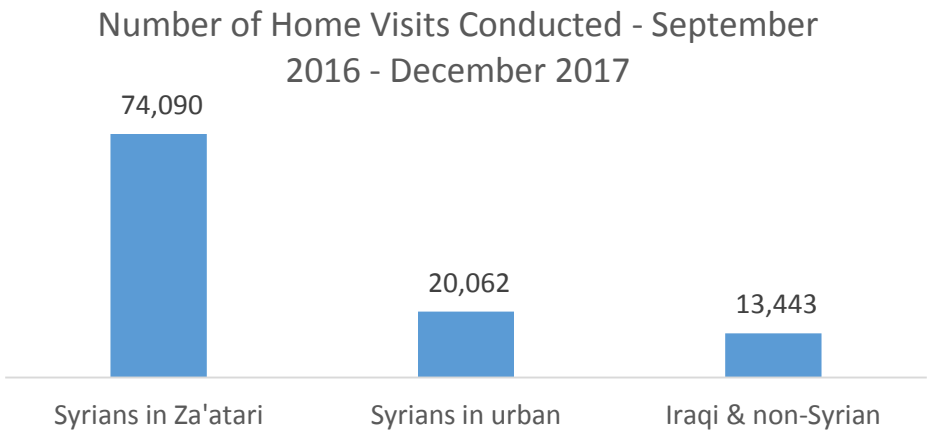
Left: Health trainings for CHVs in Za’atari camp.

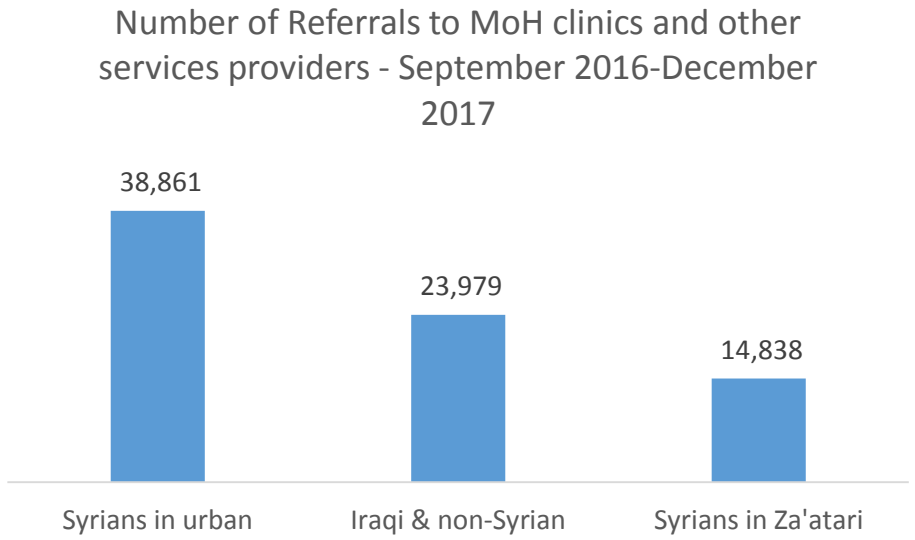
Right: Home visit to an Iraqi family, and delivering breast cancer awareness brochures and messages

Left: NCD management training for MoH staff in Mafraq.

Right: Clinic Visit with a Syrian patient at Ramtha Primary Health Center (PHC)

2017 Achievements





- 144 MoH staff trained on First Aid, and 118 MoH staff trained on prevention and control of NCD
- 1,000 child care kits distributed to 161 Iraqi and 839 Syrian families
- 1,000 hygiene kits distributed to 607 Syrian, 268 Jordanian, and 125 Iraqi families
- 19 new partnering MoH Comprehensive and Primary Health Centers provided with new medical equipment's such as ECG recorder, steam sterilizer, dental instrument, amalgamator, among others
- 86 capacity building trainings conducted for 182 CHVs in 2017

Challenges

1. High turn over of CHVs;
2. Recruitment of CHVs that live in the community that they are going to work in with health background;
3. Long waiting periods at service providers clinics;
4. Incorrect/missing address and contact numbers of beneficiaries given to service providers including human error in registration (specifically in ZC);
5. Limited number of service providers for non-Syrian refugees;
6. End of funding for the community health interventions by BPRM remains a major challenge for the vulnerable communities in Jordan; and

Lessons Learned

1. Introduce CHVs and integrate them into the health centers and other service providers;

2. Maximize CHVs abilities to address clients' health needs in both urban and camp settings. More diverse and specialized training on various topics related to basic health issues, as well as program management. Provide regular opportunities for continuing education and training;

3. Prioritize strong communication and outreach and establish explicit operating procedures;

4. Establish clear workflows and maintain continuous communication and coordination to improve client follow-through on appointments;

Lessons Learned

5. Have strategies to effectively engage the community including schools in CHVs programs to maintain local buy in and sustain long-term efforts;

6. Invest in local partnerships to ensure sustainability and overcome some challenges; and

7. Community health programs remain a need, specifically in urban settings, due to little knowledge among the refugee communities on existing services. The alternative in reality is little to no care at all for refugees in geographically peripheral areas.

Best Practices

- Strong relationship with MoH, enhancing MoH staff through capacity building, medical equipment provision, and facilitation of referral process;

- Good networking through interagency collaboration by attending sectors working groups, and co-chaired the Community Health Task Force, which enhanced referral pathways and sharing of information;

- Developed qualified and well trained CHVs in 10 governorates and in Za'atari Camp for information dissemination on health messages;

- Developed a complaint response mechanism (CRM) to enable the team to gather negative feedback in order to improve program activities;

Coordination Meetings

IRD actively participates in coordination meetings, along with other I/NGOs and governmental entities, specifically the different health sector working groups:

1. Health Sector Working Group;
2. Co-chaired with Medair the Health Task Force Working Group;
3. Reproductive Health Sub-working Group
4. Nutrition Sub-working Group;
5. Mental and Psychosocial Working Group; and,
6. Referral Coordination meetings

Thank you