



## Remote Service Delivery Model for the IRC Community Health program Version 1.0, April 09, 2020

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To promote universal coverage of essential health care for vulnerable populations, the IRC health service delivery model in Jordan has two fundamental pillars: **facility or clinic based** provision of preventive and curative services, and **community-based** health services. While facility-based services ensure the provision of essential health care, community-based services play a vital role in promoting healthy behaviors and practices among the communities as means of prevention, thus improving their health seeking behaviors, and connecting them with the services delivered at health facilities when necessary. Responding to the recent situation of the COVID-19 outbreak in Jordan and the resulting movement restrictions enforced by the governmental authorities all over the country, IRC had to suspend the home based Community Health services in the areas of intervention. Owing to the fact that Community Health Workers play an integral role to mitigate the impact of COVID-19 in the communities in general and more specifically for higher risk population such as NCD patients, elderly people, pregnant women, patients with co morbidities, and those who have sub optimal access to essential health care survives.

The remote delivery plan for Community Based Health Services is based on the possible scenarios as per the current and rapidly evolving situation. The best remote service delivery option will be selected out of the given scenarios according to the situation. IRC may chose a combination of two scenarios while selecting the remote service delivery model to maintain maximum level of service delivery through its community health interventions in the areas of implementation.

### **Essential preconditions and general rules:**

- Community Health Volunteers (CHVs) deployed by the IRC in the Community Health interventions areas will be trained in all the service delivery models before executing the plan
- CHVs will be paid for the working days as per the regular IRC daily stipend rates policy
- An additional compensation will be paid to the CHVs to cover the telecommunication expenses while implementing the remote delivery plan
- A total of 75 households will be covered by each CHV on weekly basis
- Frequency of phone calls and virtual home visits will be on weekly basis
- Each CHV will conduct 15 calls per day to consider it a full working day
- Standard duration of each call will be minimum of 15 minutes and can be extended up to 30 minutes
- Volunteers are allowed to work for 15 days per month as per the standard IRC policy
- The daily payment rate for the CHVs is 15 JOD per day and 17 JOD for the CHV s supervisors

- A customized version of the data collection tool will be installed on all CHVs tablets for data collection purposes

**Note:** this plan is guided by the **IRC COVID-19 Risk Categorization and Response Plan Version 3.0** and all the decisions for service continuity will be taken in accordance with the guidelines and criteria for risk categorization and project criticality provided in the document (version 3.0).

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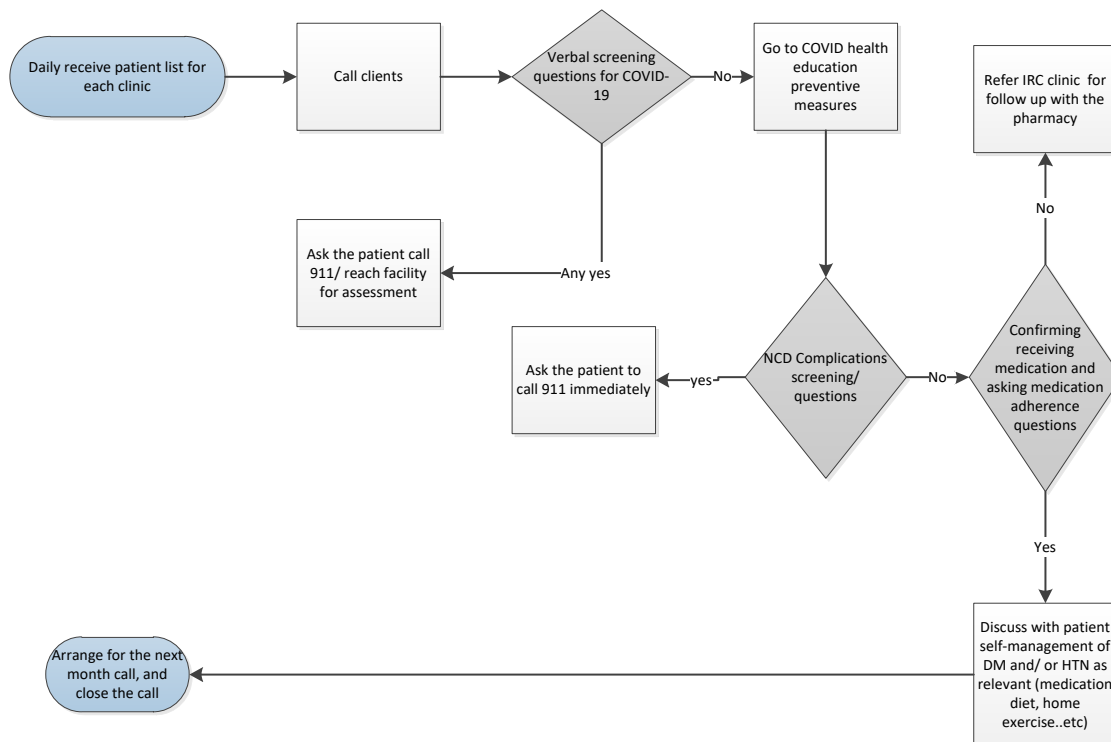
### **Scenario 1: NCD – CHVs**

NCD patients are one of the high risk groups due to their susceptibility to poor outcomes from COVID-19 infection. Using pre scheduled follow up telephone calls, the CHV interventions will cover several aspect with the aim to minimize the potential of exposure to infection, early detection if it occurs, better connections to health system and mitigate the impact of interruptions to lifestyle modifications as a result of quarantine and movement restrictions:

#### **Process:**

1. Verbal screening for symptoms of COVID-19
2. COVID – 19 Health Education messages
3. NCD monthly intervention and follow up
  - a) Availability of NCD medication for the current month (Follow up of NCD medication delivery from the IRC clinics)
  - b) NCD complications Screening
  - c) NCD adherence for medication
4. Self-management of diabetes and high blood pressure (healthy lifestyle, and behavioral adaptation to quarantine  
Linkages of the NCD patients with appreciate health care provider if required (referrals)

**Note:** In this scenario CHVs will be following up on NCD patients only after conducting the NCD consultation by medical staff (nurse and physician) through the IRC remote service delivery model for clinical services and the prescription delivered to the patients at their homes by the IRC contracted pharmacies .



### Guidelines:

- Specific tools will be developed to cover all detailed questions and monitor patient condition on COMM CARE system
- Health education messages (COVID -19, complication of NCDs, self-management for DM and HTN) will be provided to the CHVs and installed on their tablet devices
- If CHV refer a patient for any reason (positive COVID screening questions, follow up call should be done in the 24- 28 hours (depending on urgency and risk assessment)
- Referral matrix should be ready before implementation and CHVs should be oriented well on the referral system
- List of clients should be provided and shared with the CHVs by the Information Management team (exported from HIS)

### Annexes:

#### 1. Verbal screening questions for COVID-19

1. *Do you have a cough?*
2. *Have you had a fever in the past 3 days?*
3. *Do you have a sore throat, runny nose, or other signs of a cold?*
4. *Does anyone in your household have a cough, shortness of breath, fever, sore throat, runny nose, or other signs of a cold?*
5. *Are you having any trouble breathing, or do you otherwise feel ill enough that you require medical care?*

#### 2. NCD Complications screening/ questions

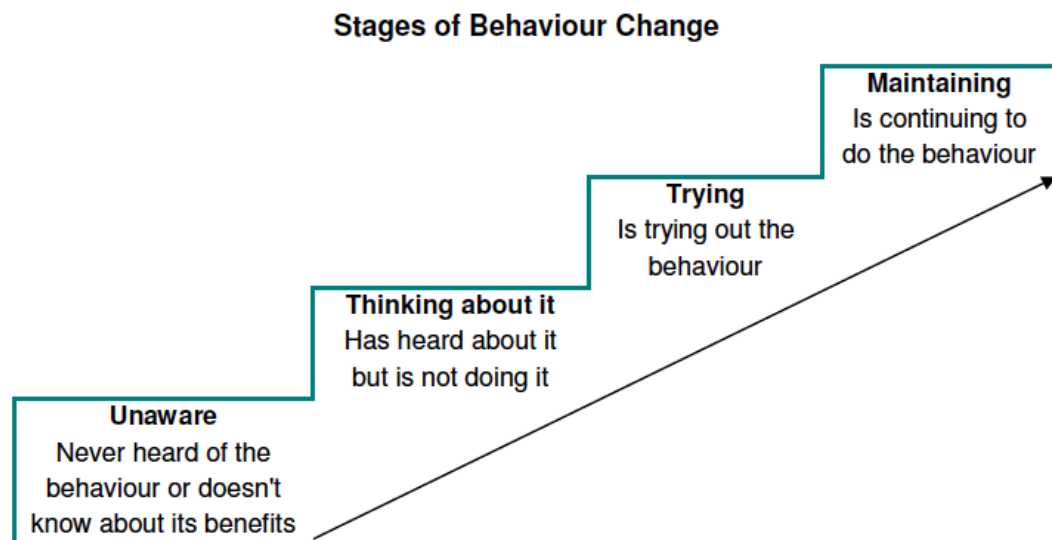
1. Do you have chest pain/pressure, tightness?
2. Do you have shortness of breath?
3. Do you have swelling of the legs that won't go away?
4. Do you have headache that is new, different, and severe?
5. Do you have new and sudden loss of vision?
6. Do you have numbness or weakness in arms or legs, difficulty speaking or swallowing, drooping of one side of the face?
7. Do you have any new sores/wounds on your feet that are not healing well (if yes, ask for the patient to show you on their phone)?

### **Behavior change model and reflection on scenarios 2 – 4:**

Applying the behavior change model will help understand the level of accepting the positive change. The CHV role is to assess people's position from the behavior change stages and facilitate them to move to the next level.

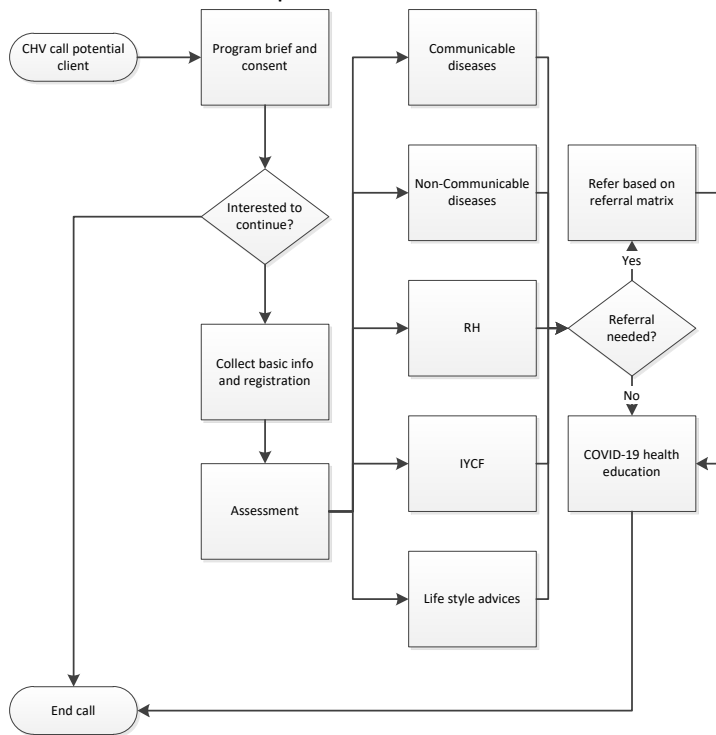
#### **Stages of behavior change:**

1. Not thinking about it
2. Thinking about it but has taken no steps
3. Trying to change behavior. Taking first steps. Overcoming resisters.
4. Changed behavior but still needs encouragement
5. Changed behavior



## Scenario 2: CHV – Comprehensive Community Health:

In this scenario CHVs will be targeting all individuals in the targeted and assigned households, where they will provide them with health education about their health condition if any and referring patients to the nearest health service provider.

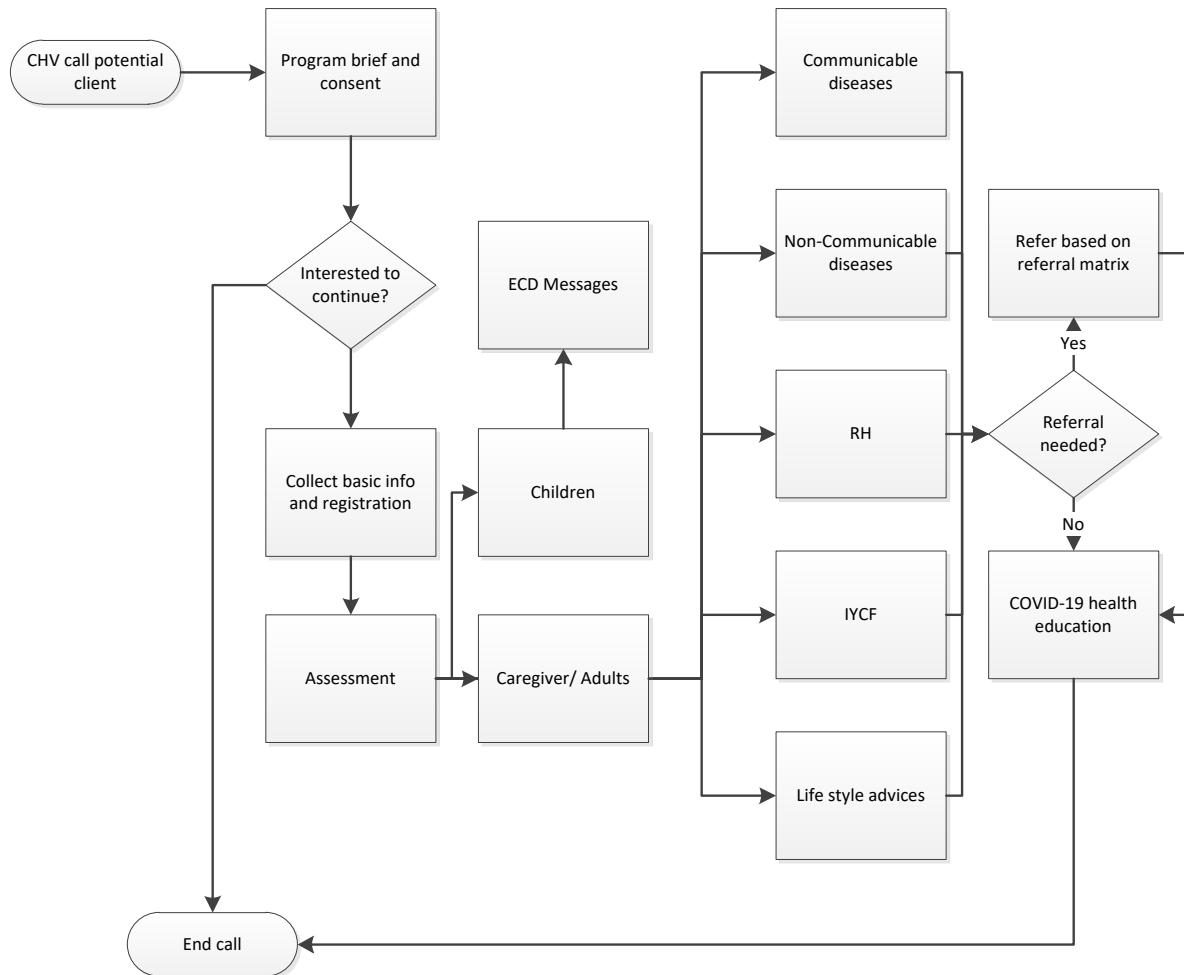


### Guidelines:

- All CHVs should be trained on the above mentioned topics and processes
- For each topic there are detailed health messages available using the IRC Community Health program training curriculum and CHVs flipbook
- Target group for this scenario is for every one including families who does not have any health condition
- All families regardless to their health condition will be given COVID-19 health awareness
- A customized version of data collection tool should be provided to enable CHVs and installed on their tablet devices for data collection purposes
- CH officers will be monitoring their groups on daily basis

### Scenario 3: CHV – Community Health integrated with ECD:

In this scenario Community Health (CH) services will be integrated with Early Childhood and Development (ECD) services. Focus group of this scenario includes both caregivers and children.



#### Guidelines:

- The workflow will be going into two paths; caregiver and children. Caregivers we will be providing health messages and children will be provided ECD activities or messages which will be agreed with ECD program if this scenario is materialized
- The selection criteria of the targeted households for this scenario will be having at least one child in the age group of ECD 0 – 8 years
- The duration of the call might increase up to 30 mins which might reflect on number of calls required per CHV and the target
- It is more preferable to have a social media or application to link clients with ECD activities

#### **Scenario 4: CHVs with holistic IRC approach**

In this scenario the CHVs will be given clustered messages from all of the programs, including WPE, ECD and ERD to provide the clients with during the call.

A flow chart for this scenario has not been drawn as the processes will be agreed upon after coordination with other IRC programs.

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#### **WHO CASE DEFINITIONS COVID-19**

##### **Suspected case**

**A.** A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

**OR**

**B.** A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

**OR**

**C.** A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

##### **Probable case**

**A.** A suspect case for whom testing for the COVID-19 virus is inconclusive. Inconclusive being the result of the test reported by the laboratory.

**OR**

**B.** A suspect case for whom testing could not be performed for any reason.

##### **Confirmed case**

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

##### **Definition of contact**

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
4. OR 4. Other situations as indicated by local risk assessments.

**Note:** for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation

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### **Focal points for the IRC remote Community Health services delivery plan**

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