1. Background

Since the start of the unrest in Syria in 2011, Syrian refugees have been and are still approaching Jordan for a safe shelter. As of March 2014, there are approximately 600,000 registered Syrian refugees plus an additional approximate 600,000 non registered refugees residing all over the kingdom.

Among the most apparent refugee needs identified by the humanitarian sector are the needs for health services and health awareness raising. These needs can be addressed through health service provision and community health programs.

Health systems should have both strong community-based and Primary Health Care (PHC) services, able to identify severe cases in need of secondary level of care so as people are referred to them appropriately. Community-based and PHC services improve health outcomes and are better prepared for emergencies.

An equity-based approach identifies those who are the most vulnerable and hard to reach, consequently those with the highest burden of disease and at risk. As such, targeting key PHC services for these populations is a cost effective strategy to avert avoidable illnesses and death. This can be done through community health projects and programs which have a long history of improving access to and coverage of communities with basic health services.

A community health volunteer (CHV) is defined as any community health volunteer carrying out functions related to health care in affected communities.

In order to ensure the acceptance by the community and the success of the program, CHVs are selected from among community members and trained to provide good quality community health services. CHVs are selected based on their networking and communication capacity rather than based on their professional skills.

The definition of the scope of Community Health (CH) program must respond to local societal and cultural norms and customs to ensure community acceptance and ownership.

The accepted role and impact of the CH programs integrate the following aspects:

- Can improve access to available services, increasing the use of those services.
- Improve the linkage to PHC services, thereby increasing the coverage of basic health services.
- Thrive in mobilized communities with strong supervision and planning in support of the CH programs.
- Contribute to community needs assessments and ongoing monitoring during emergencies and the recovery phase
- Impact the behavior change inside affected communities through communication and health education and promotion
- Conduct community-based surveillance and early warning of diseases of epidemic potential

The appropriate selection of CHVs, the provision of standardised and harmonised training and the provision of effective supportive supervision are primary requirements of the CH strategy. These need effective leadership and substantial and consistent provision of resources. CHV programmes should be planned within the context of overall health sector activities rather than as a separate activity.

2. Current context

Since March 2011, political turmoil and subsequent violence in Syria have resulted in the displacement of around 2.5 million Syrians into neighbouring and nearby countries including Jordan, Lebanon, Iraq, Turkey and Egypt. Being on the southern border of Syria, Jordan hosts approximately 600,000 registered Syrian refugees and an estimated additional 600,000 non registered Syrian refugees across the country.

Despite some reluctance from the Syrian refugee communities to make use of health services, currently all Syrian refugees have been granted access to primary, secondary and some tertiary health services either provided by the Ministry of Health, UNHCR's health partners and/or partners.

However, there is minimal systematic outreach or Syrian community involvement in the provision of health services, which links refugees with the formal health systems or promoting healthy behaviours. Many urban refugees are not aware of the health services available for them. This undermines the Syrian community's capacity to be self -reliant and to withstand future adversity.

3. Strategy

A community-based health strategy is based on a well-trained pool of community health volunteers (CHVs), equipped and supported, being able to improve access to essential PHC services for crisis affected communities on a routine basis.

The CH programs in Jordan to address Syrian refugee's needs should be standardized among all actors addressing Community Health but being flexible enough to be adapted for each partner's needs and areas of work. There are minimum standards to be agreed upon among the following points:

- **Selection criteria:** CHVs have to belong from the community they are serving. A mixed team, including refugees and host population should be preferred in order to improve the social cohesion and the integration of refugees in the national health system. They should be literate and preferably have a paramedical background but this is not essential. The program should have a gender balance in order to cover all the target topics, including reproductive health matters. The minimum standard in a PHC setting is 1 CHV recruited and trained per 1000 population.

- **Terms of Reference:** Standard terms of references will be developed and suggested to all actors working in CH programs in Jordan. The ToR will be available in English and Arabic. This should also include the rights and responsibilities of the CHVs, their agreement to sign and respect the Code of Conduct, to respect the organization's values and the non-discrimination principle against nationality, race, sex, political views or religious beliefs. A standard ToR for supervisors should also be developed.

- **Training;** Standard training with an agreed upon curricula will be done and facilitated by UNHCR or another relevant partner. The training should provide the selected CHVs with enough knowledge to perform the identified tasks as outlined in the ToR at an acceptable level of quality. Regular refresher trainings should be organised in a systematic manner, and each time that new members are joining the program.

- **Supervision and Support:** Supervision and communication chains have to be clearly established by each partner in the beginning of the program. Referral and contra-referral[1] forms will be developed to monitor the service use and the impact on the community[2]. One supervisor should support 8 to 12

[1] Contra-referral refers to the information passed back from the HF to the CHVs

[2] The impact can be measure through baseline and end-line surveys in the affected communities

CHVs. Psychological first aid should be immediately available to volunteers who have experienced or witnessed extremely distressing events.

- **Data collection:** A simplified harmonized data collection format will be developed and suggested to all actors as well as standardized indicators in order to facilitate the compilation and measure the quality and impact of the CH services. The frequency of reporting will be decided by each organisation with weekly and/or monthly reporting both acceptable according to the situation. For diseases of outbreak potential or any increase in priority diseases, reporting will be immediate.

- **Remuneration:** The CHVs have to be adequately compensated according to the responsibilities requested in their ToR and the time allocated to their CH activities. Incentives have to be in line with the Jordanian labour law and should be standardized among all actors working in CH programs.

- **Retention:** The very effectiveness of CHV work usually depends on retention. Therefore, high staff turnover might be a challenge especially when so much capacity building has been provided to one CHV. Therefore, retention should be addressed per organisation and as part of a broader package of management interventions.

4. Objectives of the CH program

Objective 1: Increase health service accessibility and coverage by raising refugee awareness of the available health services.

Objective 2: Promote a sense of ownership and control for the refugees of their own health through community capacity building and increasing refugee participation.

Objective 3: Promotion of good health seeking behaviour by doing health education sessions among affected communities.

Objective 4: Identification and referral of vulnerable patients among the community, providing a link with existing PHC and support services available through the establishment of a referral system.

5. Activities

Community health workers will perform a number of activities with the aim to achieve the above mentioned objectives.

a. Promotion of existing services and increase awareness:
   - Mapping of existing health and support services, updating the information regularly.
   - Provide information of the health services available to refugees and host communities.
   - Report any gaps in health services
   - Distribution of leaflets and communication materials

b. Health education and promotion
   - Health education and promotion sessions focus in the following topics
   - Malnutrition / breastfeeding
   - ANC/PNC including homes visits to new born babies
   - Danger signs in pregnancy and family planning
   - Immunizations
   - Chronic diseases

The sessions could be done through door-to-door visits, focus group discussions, campaigns or lectures in specific places such as schools or women or community centres with the use of IEC materials.

c. Identification and referral of vulnerable patients among the community
    - Referring patients to relevant health providers and liaising with the relevant health providers if needed.
    - Promoting follow up of chronic diseases
    - Collection and monitoring of demographic data among affected communities, including mortality and birth data with programmatic purposes.
    - Provision of referral and contrar-referral forms to document service use.

d. Surveillance and data collection

    A community health information system will be established and will include:
    - Basic demographic data on the population served as well as numbers of pregnant and lactating women and children under five year
    - Raise an alert for a selected number of diseases which have outbreak potential e.g. measles, bloody diarrhoea, watery diarrhoea, acute flaccid paralysis
    - Limited general health data to monitor the health status of the population living in the area and coverage and access to services

e. Refugee mobilization: Mobilization of refugees during mass vaccination campaigns or exceptional situation (outbreak, emergencies,…)