



Direct & Remote Service Delivery Models for the IRC PHC & RH clinics at Zaatari & Azraq refugee camps

Version 2.0 March 29, 2020

Direct service Delivery with modifications

The following brief plan has been prepared for continuity of essential health services at the refugee camps in the COVID-19 outbreak situation in the country. This plan is draft 2.1 to be applied and followed for continuing the service delivery at both the refugee camps (**depending on the fulfillment of the preconditions**). Changes will be made to the plan according to the evolving situation, challenges and issues faced and learnings from our operations at the camps during our operations.

Preconditions:

- Movement restrictions applied by the authorities do not restrict the movement of essential IRC Health and other required support staff (Drivers)
- The beneficiaries are able to access the IRC clinics in the camps in the presence of movement restrictions and if there was a flexibility for the patients to physically access the clinics in the camps
- Sufficient logistics are arranged for the health staff to stay at the camps and the staff are willing to stay at the camps **if scenario two (described in the relevant section) is materialized**
- Sufficient Personal Protective Equipment (PPEs) is available for the essential health staff at the IRC clinics in the camp. (It is important to mention that availability of sufficient PPEs for the essential health staff as per the IRC technical guidelines is a primary pre condition for any direct service delivery at all the IRC clinics)

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).

Modification of service delivery at the camps

The following five modifications will be made to the routine service delivery at both the camps;

- Reduction in the number of health staff accessing the IRC clinics at the camps for service delivery and continuing the operations. The list will be limited to only essential staff (*please see the list of the staff with essential details in the relevant section below*)
- Reduction in the number of patients to be seen per day per clinic as under;

- Zaatari refugee camp (30 per medical doctor for NCD and CD patients and 15 by the midwife for RH)
- Azraq refugee camp (15 to 20 per midwife per each clinic in village 3, 5 & 6)
- Reduction in the number of working hours to 9am till 1pm at both the locations
- Limiting the service delivery at both the locations to the most essential and lifesaving health services (*please see the range of services in the relevant section below*)
- Applying longer appointments to all the patients with dispensing medicine for 3 months (based on the availability)

Service delivery

Service delivery at the IRC PHC clinic at Zaatari refugee camp

Delivery of essential Primary and Reproductive Health services will be continued including the following components;

- Consultations and treatment to the patients suffering from Non Communicable Diseases (NCDs) along with provision of medicine (*NCD patients will be preferred in the initial stage and medicine will be dispensed to them for a period of 3 months depending upon the availability*)
- Consultations and treatment to the patients suffering from severe Communicable Diseases (NCDs) along with provision of medicine
- Antenatal care check-ups for pregnant women
- Postnatal Care check-ups for mothers in their postnatal period and their new born babies
- Family planning (FP) messaging and delivery of FP methods

Service delivery at the IRC RH clinics at village 3, 5 & 6 at Azraq camp

Following services will be delivered at the IRC RH clinics;

- Antenatal Care (ANC) for pregnant women
- Postnatal Care (PNC) to women in their postnatal period
- Family planning counseling and provision of contraceptives
- Management of the immediate consequences of sexual violence and Clinical Management of Rape (CMR)
- Post-abortion care to women having miscarriages.
- STIs/HIV prevention and treatment
- Gynecological care for women of reproductive age (*depending upon the availability of Gynecologists*)

Essential Health Staff

PHC facility Zaatari

Serial Number	Health Staff	Number
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Direct & Remote Service Delivery Models for the IRC PHC & RH clinics at Zaatari & Azraq refugee camps

1	Health Manager Urban and Zaatari camp	1
1	Senior Health Officer	1
2	Medical Doctor	2
3	Nurse	2
4	Midwife	1
5	Data Entry Receptionist	1
7	Pharmacist	1
Total Staff		9

RH clinics at Azraq

Serial Number	Health Staff	Number
1	RH Specialist	1
2	Gynecologist	2
3	Midwife	4
4	Pharmacist	1
5	Data entry receptionist	1
Total Staff		9

Possible Scenarios:

In the current situation a direct service delivery model will be applied provided the preconditions mentioned above are fulfilled. In light of the above mentioned pre conditions, three scenarios are described as under;

Scenario One:

Daily movement of the staff to and from the camps: in case movement was permitted to the IRC essential health staff, patients were able to access the IRC clinics in the camps

Scenario Two:

Direct & Remote Service Delivery Models for the IRC PHC & RH clinics at Zaatari & Azraq refugee camps

Staff stay at the camps: in case staff is willing to stay at the camps, sufficient logistical arrangements are done by the IRC for the staff staying at the camps and their stay at the camps is facilitated by the UN agencies and governmental camp authorities

Scenario Three:

Complete suspension of service delivery: none of the essential preconditions are fulfilled or any of the essential preconditions is not fulfilled

It is important to mention that availability of sufficient PPEs for the essential health staff as per the IRC technical guidelines is a primary pre condition for any direct service delivery at all the IRC clinics

IPC protocols and other measures to be observed at all the IRC health facilities in the camps

Start the simple triage from the entrance of each clinic (check the temperature using a non-contact thermometer for each patient). If there is a fever with a cough to refer them to the nurse to specific triage and to let the patient wait in the separate waiting area.

Restructure the clinics in order to reduce the stations and to reduce the direct contact with patients by

- Separate the upper respiratory infections patients from other patients in a separate waiting area
- Assign one nurse and one doctor to triage the suspected cases only with a separate waiting area
- Remove any extra furniture in all the clinics
- To keep the waiting areas high ventilation to avoid using the ACs as per the WHO last updated
- Rearrangement of waiting area to keep the Data Entry Away from the waiting areas, and to make more space in the waiting area for the patients.

Doctors to prescribe for the NCD patients medications for three months or other options if there is possibility to activate the Mobile Clinics to visit the NCD Patients.

To ensure that All PPE available in all triage stations: 1- face masks (surgical Masks, N95,) 2- Gloves 3- Face shield 4. Gown 5. Shoes cover 6. Hand Sanitizer. 7. Head cap.

To ensure the availability of Alcohol Hand Rub, dispenser available in all the waiting areas, clinics. And to make extra station for Hand hygiene.

Each Clinic need extra Cleaners , as we agreed two Volunteers in each Clinic to ensure that all the surfaces, side rails, chairs are disinfected using Chlorine ratio 1:10 at least two times every day.

Suspend the Health education group sessions, and if there is a need for the session maximum of 10 beneficiaries and to be sure that the room well ventilated.

Suspend the vaccinations service

Providing healthy and lite meal pre-packaged to all staff in the field to avoid and source of infection as per the IPC committee recommendations

Posters for (Hand Rub, Hand Washing, Waste Management, COVID-19) in waiting areas, clinics, and in all Hand Hygiene stations.

To share with staff the IRC Coronavirus Risk Categorization and Response and the current situation in Jordan

The IPC Guidance in IRC'S COVID-19 SOP's For Health Facilities:

- 1. Hand hygiene:** Frequently clean your hands by using alcohol-based hand rub or soap and water, and avoid touching your mouth, nose or eyes unless you have performed hand hygiene. This measure helps to prevent possible transmission of COVID-19 by touching contaminated surfaces or objects.
- 2. Respiratory etiquette:** When coughing and sneezing cover your mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands. This measure helps to prevent the possible transmission of COVID-19 through respiratory droplets if you are infected.
- 3. Social distancing:** Avoid close contact (maintain at least 1m distance) with anyone who has respiratory symptoms. This measure helps to prevent the transmission of COVID-19 through respiratory droplets.
- 4. Self-isolate/Quarantine:** This measure helps to prevent the transmission of COVID-19 to others if you are infected. Self-isolation is one of the most important measures to take to reduce disease transmission and limit further spread of COVID-19 within the community.
- 5. Safe handling of needed supplies and medication:** safe handling of medication and needed supplies through disposing of the outer layer or bag if feasible and appropriate disinfection of its content (for example: spraying or wiping medication box with chlorine 1:100 or alcohol 70%) and perform hand hygiene afterward.
- 6. Transportation:** avoid crowded vehicle and perform appropriate hand hygiene and disinfection of the vehicle continuously.
- 7. Distribution procedure:** Wear appropriate PPE (mask and gloves) and dispose them appropriately only when hand rub solution is available (after use for each patient (gloves) and in closed waste bag). Keep appropriate safe distance between the distributor and beneficiary (of at least 1.5-2 meter).

Stay home if you are sick: If you are sick with respiratory symptoms, stay home and contact your local health authorities for advice. If you have been told to self-isolate, you will need to get to the place you are going to stay, once there remain indoors and avoid contact with other people. And ensure you practice the above 3 measures scrupulously. This will prevent you from spreading the disease to your family, friends and the wider community. In practical terms, this means that once you reach your residence you must:

- Stay at home

Direct & Remote Service Delivery Models for the IRC PHC & RH clinics at Zaatari & Azraq refugee camps

- Not go to work, school or public areas
 - Not use public transport like buses, trains, tubes or taxis
 - Avoid visitors to your home
 - Ask friends, family members or delivery services to carry out errands for you – such as getting groceries, medications or other shopping, these items should be left at your door, to minimize others coming into your home. If you live with others, you should isolate yourself in a separate room, avoid using the same bathroom if possible, and ensure your waste including tissues, are carefully disposed of.
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Remote Service Delivery Model at the IRC RH clinics at Azraq refugee camp

Objective: The following plan aims at proposing remote activities for the continuity of SRH services in IRC clinics in Azraq Camp during the current situation of Covid-19 outbreak in Jordan. The plan will be modified depending on the evolving situation and the preconditions.

Preconditions:

- Curfew applied by the Jordanian authorities restricts the movement of medical staff to deliver the services.
- Permits are not issued for the medical staff to reach to Azraq camp and deliver the services.
- The beneficiaries are able to access the IRC clinics in Azraq camp in the presence of movement restrictions and there is a flexibility for the patients to physically access the clinics in the camps
- Enough incentive-based volunteers (IBVs) are willing to support with remote service delivery and sufficient logistics are arranged for them.
- Sufficient Personal Protective Equipment (PPEs) is available for the IBVs at the IRC clinics in the camp.

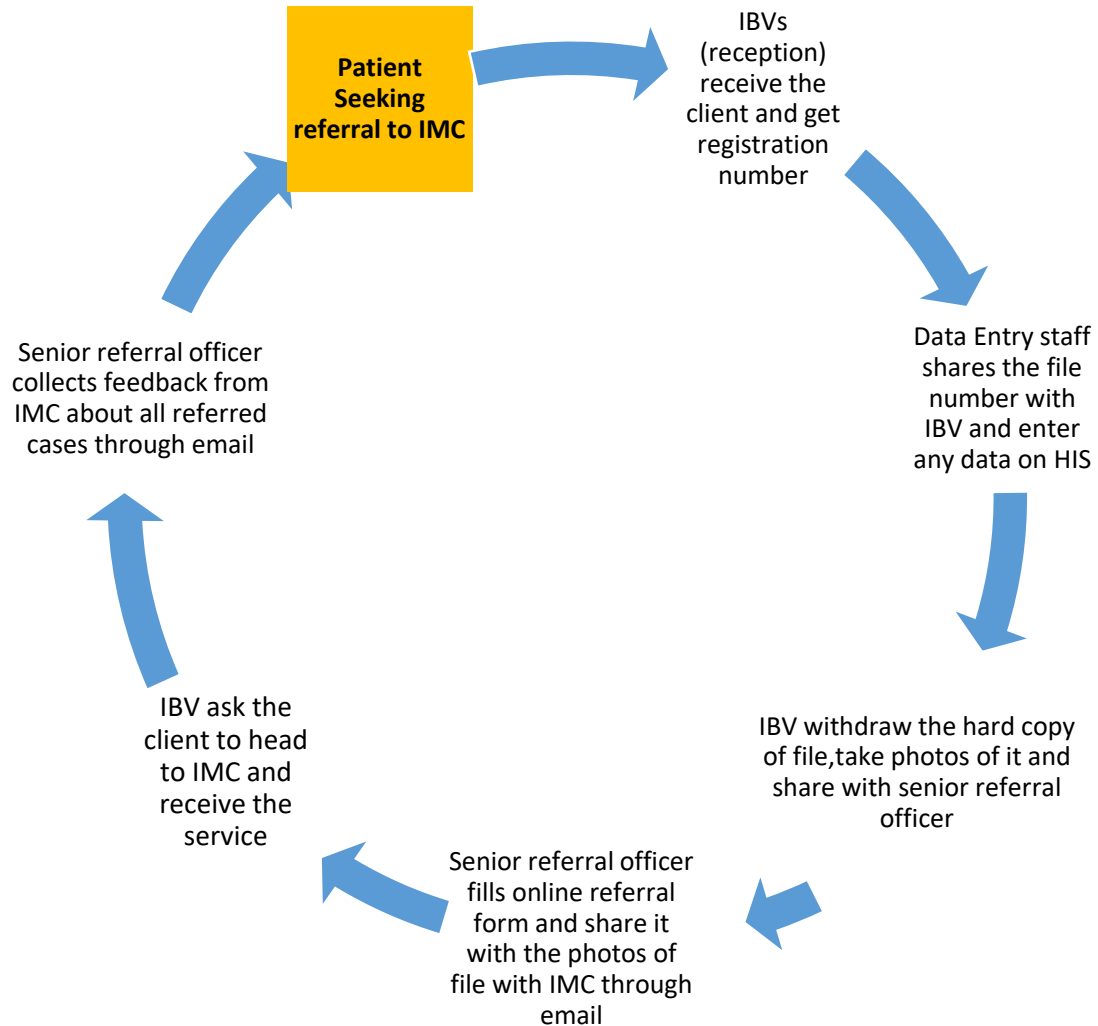
Service Delivery Modality for SRH activities in Azraq Camp:

1. Remote Referral of cases to IMC hospital:

Any client who comes to any of the IRC clinics in V3, V5, or V6 seeking to be referred to IMC hospital for secondary care or delivery will be received by clinic IBVs. The IBVs will contact the data entry-receptionist staff through phone and provide them with the client registration number to get the file number. Once the hard copy of the client file is withdrawn, the IBVs will take photos of the file and share it with the senior RH and referral officer, who will fill an online referral form for the client and share it directly with IMC hospital focal point. The IBVs then will inform the client to head to IMC hospital and receive the service there. Finally, the senior RH and referral officer will ensure close follow up with IMC hospital to receive feedback about all of the clients referred from IRC to IMC hospital. Please see figure 1.

Special Considerations:

1. All IBVs will sign confidentiality form (see annex 1).
2. All volunteers has personal smart phones that can be used to take pictures of medical files.



3. Support will be needed in terms of charging IBV phones.
4. The online prescription and referral forms will be developed and shared once this plan is approved.
5. Coordination will be needed with IMC hospital to facilitate referrals.

Figure 1: Azraq Remote Referral Modality

2. Online consultation and Remote Renewal of medication and items:

Items that will be considered for remote renewal:

- Iron
- Folic acid
- NCDs medications
- Family planning items (OCC and condoms only)

Any client who comes to any of the IRC clinics in V3, V5, or V6 to renew her medication will be received by clinic IBVs. The IBV will ask the client to get her vital signs from the PHC facility (IMC/AMR), meanwhile, The IBV will contact the data entry-receptionist staff through phone and provide them with the client registration number to get the file number. Once the hard copy of the client file is withdrawn and her vital signs results received, the IBVs will take photos of the file and share it along with the vitals with the assigned midwife, the midwife will review the file and contact the client through her phone or IBV phone. The midwife will fill a very simple online consultation form that assesses any alarming or danger signs for the client. In case the client has danger signs, the midwife will refer her directly to the hospital through the remote referral modality and if the client does not have any danger signs, she will be written an online prescription and then she will be asked by the IBV to head to IMC/ AMR pharmacy. The midwife will share any online prescription or referral forms with the senior RH and referral officer who will in turn share it with through email with the actors.

Special Considerations:

1. All IBVs will sign confidentiality form (see annex 1).
 2. All volunteers has personal smart phones that can be used to take pictures of medical files.
 3. Support will be needed in terms of charging IBV phones.
 4. The online consultation, prescription, and referral forms will be developed and shared once this plan is approved.
 5. Strong coordination needs to be done with IMC and AMR facilities to implement this process.
 6. A one-week supply of family planning and ironorm Items are currently available in IRC clinics, if this plan was approved, the family planning items need to be transferred to IMC and AMR pharmacies.
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ANNEX 1: CONFIDENTIALITY FORM TO BE SIGNED BY ALL IBVs



Confidentiality acknowledgment

Please confirm this statement and sign the following:

To whom it may concern,

I who sign below, my signature indicates that I fully understand and will commit to the terms of conserving the privacy of the clinic's clients. Hence, I understand that it is my responsibility to properly handle any confidential patient information and that I am restricted from accessing, inspecting, using, or disclosing confidential information beyond its proper use.

Hence, I affirm my commitment to not sharing any piece of information with any personnel, organization or fellowship for any reason there is. I also affirm that I will immediately delete all of the patients' files from my phone after sharing them with the IRC medical team.

I accept and will take any consequences that come with violating this acknowledgment.

Name (Full name): _____

Date (D/M/Y): _____

Signature: _____

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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