



In Jordan, the COVID-19 pandemic quickly caused the closure of health care clinics, cutting off access to critical health services for Syrian refugees and vulnerable Jordanians. For those with non-communicable diseases, like hypertension and diabetes, the closures increased the difficulty of managing and monitoring their conditions, creating a gap in care with the potential for severe health consequences.

To improve the

reporting of symptoms for themselves and members of their household, and to connect the patient with appropriate testing, treatment, and home-based measures to prevent further spread.

CHVs were embedded in a primary care program that included linkages to clinics for urgent care and pharmacies

diseases. The program showed that community-based care that focus singularly on disease management can overcome some existing limitations, making them a valuable element of health care delivery at all times.

The program demonstrated that with training and technological resources, remote management can be effective. CHVs were a key resource for educating refugees and vulnerable Jordanians on COVID-19, detecting possible infections among the population, and linking people to testing and care. Remote programming will remain relevant for future COVID-19 waves and other disruptions to routine care posed by conflict and insecurity.



For more information about the study's methodology and findings contact:
Fatima Rawashdeh, IRC Jordan, fatma.rawashdah@rescue.org
Ruwan Ratnayake, Principal Investigator, ruwan.ratnayake@lshtm.ac.uk
Parveen Parmar, Principal Investigator, parveen.parmar@med.usc.edu