



Cash for Health

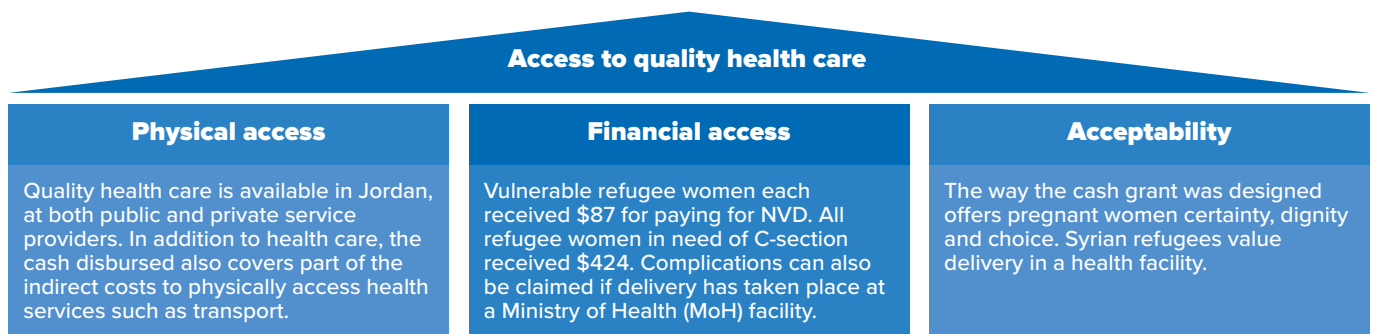
Key learnings from a cash for health intervention in Jordan

Overview

In Jordan, UNHCR and partners use cash as a part of a wider programme of referral services for refugees to access health care. Vulnerable pregnant refugee women are provided cash to pay for delivery. The value and targeting criteria for the transfer depend on the type of delivery medically indicated. Using cash enables UNHCR to serve more refugees and people of concern with the same level of funding: UNHCR is charged up to three times more if they refer through the referral system than if refugee women pay the delivery themselves.

Health Objectives

Since November 2015 the project enabled 686 refugee women to pay for their C- section (CS) and 144 vulnerable refugee women to pay for their Normal Vaginal Delivery (NVD) in Ministry of Health (MoH) facilities in Jordan. Though women are free to access services elsewhere the amount of cash provided is based on the MoH rates.¹



Cost-Efficiency and Effectiveness

\$400 000 were saved by providing cash directly to women to access services themselves. These savings allow more women to be supported to access health services for delivery, as well as more refugees to be supported by the Exceptional Care Committee for costly treatments.

Key Learnings

Cash was used for its intended purpose. These factors played a key role:

- successful identification of women to benefit from the support
- counselling at the clinic on level of assistance, scope of services covered, health promotion, assistance collection point, procedures, time-frame and hospitals to be approached for delivery.
- transfer well-timed during the pregnancy
- high value Syrian women and their families place on delivering in a health facility.

The cash intervention contributed to the wider programme of referral services to access health care and to specific objectives of the health sector in the Jordan response plan and the regional public health strategy.

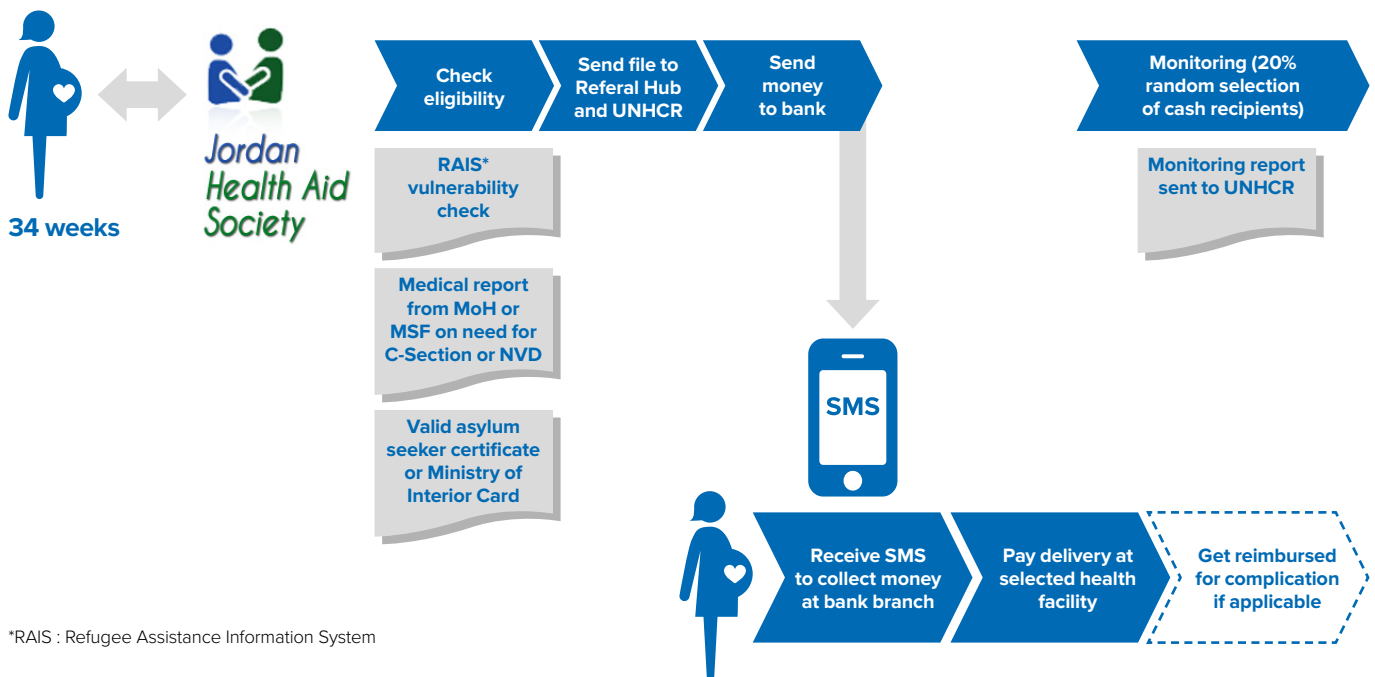
Context is essential: The low level of security concerns, the advanced banking systems, existing provision of cash to meet basic needs provided an ideal environment for cash assistance to achieve health outcomes. The intervention may not be successful in a context where refugees basic needs were not met (resulting in diversion of cash provided to meet basic needs) or did not have high demand for facility delivery (requiring investment in behavior change to create demand). The program also used existing systems of vulnerability identification.

Closing the feedback loop: The program took suggestions from beneficiaries into account and modified its approach accordingly:

- the transfer service fee is now charged to UNHCR- not deducted from the total grant received by pregnant women.
- an SMS alerts pregnant women when the money arrives at the bank for withdrawal, preventing unnecessary visits to the bank.

¹ (From January 2015 to Nov 2015 an additional 503 CS and 357 NVD were paid for by UNHCR before the cash based approach was utilized)

How does it work?



Key Recommendations

Refine the calculation of the grant amount in collaboration with other stakeholders

- Review the process to calculate the cash transfer amount and capture assumptions in writing:
 - Ensure coordination with other agencies providing cash for the same purpose to establish a common standardised rate.
 - Ensure to include sufficient transport-related costs (pregnant women are accompanied by family members at the bank or when they deliver in the health centre).

Ensure Accountability to Affected Populations

- Improve the information provision to pregnant women on the following aspects
 - Money is to be collected at the counter not the ATM, until the connection with the Common Cash Facility (CCF) iris-enabled ATM is established. The CCF in Jordan is an innovative approach to establish globally agreed standards for setting up cash transfer services, for more information please visit <http://www.unhcr.org/cash-based-interventions.html>
 - Pregnant women over 18 have to go to the bank themselves to collect the amount, until the CCF is in place.
 - Complication-related costs will be reimbursed only if incurred at MoH facilities
 - The amount should be collected ASAP from the bank after reception of the SMS but will only be returned after a month if not collected.
- Explore the use of the CCF helpline to ensure systematic follow up on feedback and complaints
- Develop a leaflet with key information to be distributed to POCs regarding the process, their entitlements depending on their medical condition as well as where to submit feedback or complaints.
- Develop a standardized template for C-Section medical reports to avoid PoC multiple travel when reports are not complete.

Strengthen capacity building on Cash-Based Interventions

- Roll-out cash training to strengthen capacity of UNHCR and partner's staff (including participation in UNHCR e-learning or CBI learning program).
- Update SOPs based on lessons learned. The SOPs could then be used as a template by all organisations implementing similar programmes in Jordan.
- Strengthen the process and templates used to check pregnant women eligibility or to ensure systematic monitoring.

For more information on cash and health and to access the full report, please contact Chief UNHCR Public Health Section, Ann Burton burton@unhcr.org