Cash Assistance to Essential Health Services Project (Jordan) End of Year Review Feb, 2017

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Overview

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Background

- Over 4 million have fled Syria to neighbouring countries
- 655,014 in Jordan (78.4% outside of camps mostly in major urban centres).
- MoH allowed refugees to access health care at same level as insured Jordanians
- Placed considerable pressure on the health system and resources
- In 2013 >9% of total patient visits in MoH facilities were by Syrians

Background cont'd

- November 2014 the government of Jordan ceased provision of free health services for Syrian refugees in out-of-camp settings

- Syrian refugees have to pay the non-insured Jordanian rate when they use Ministry of Health services

- Coverage of ante- and postnatal care fell and refugees incurred considerable out-of-pocket expenses to access delivery services up until March 2016

Background cont'd

- NGO-supported referrals to MoH were charged at a much higher rate than the non-insured rate charged to refugees who paid for services themselves.
- Cash assistance considered an efficient way to support access to certain essential health services
  - Lower costs charged per service
  - More women/girls could be provided with assistance
  - Well developed banking system in Jordan
  - Refugee population already used to cash/vouchers in lieu of in-kind assistance
- Little experience of cash-based initiatives (CBI) to improve health service access in humanitarian settings

Approach to Establishment of Cash for Health

- Predictable health services for antenatal (ANC), postnatal care (PNC) and delivery were costed
  - level of assistance based on expected cost
- Eligible pregnant women identified through UNHCR partner clinics of Jordan Health Aid Society (JHAS)
  - Based on vulnerability criteria and medical criteria
- Counseling provided on:
  - level of assistance
  - scope of services covered
  - health promotion on the use of these services
  - assistance collection point and procedures
  - time-frame for collection
  - hospitals to be approached for delivery

Approach cont'd

- List sent by JHAS to UNHCR Health unit for verification of eligibility
- Lists of eligible beneficiaries sent to bank by UNHCR three times weekly
- Monitoring and evaluation undertaken on
  - Timeliness of bank notification and cash collection
  - Whether the cash was used for the intended purpose
  - Feasibility
  - Effectiveness i.e. coverage of services

M and E

- Set of minimum questions collected through telephone survey
- **Phase 1:** to evaluate the process of money transfer and the timeliness of money collection at the bank level
- **Phase 2:** once the cash is successfully received and the cases has presumably received the intended services to monitor the use of money
- Pilot phase: all cases
- Afterwards: random sampling not only Maternal and All pre-defined level of assistance cases

Conditions Covered under CAEHS

1. Antenatal care (Before March, 2016)
2. Normal delivery, planned caesarean section and postnatal care
3. Neonatal complication necessitating hospitalization
4. Emergency Admissions
5. Elective Cold Exceptional Care Committee (ECC) cases

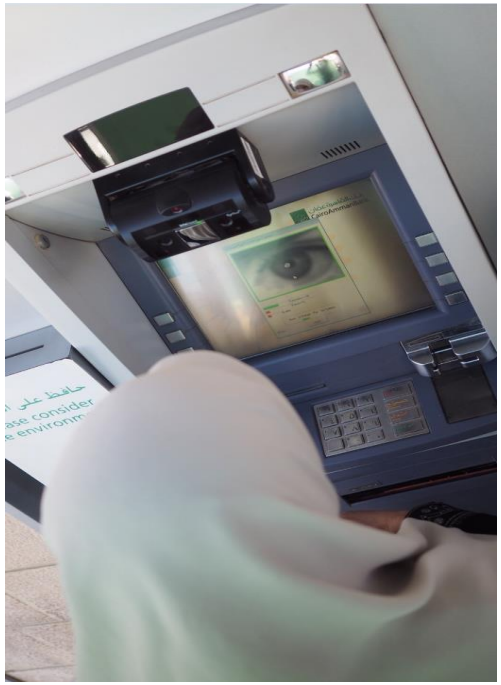
Targeting

Assistance directed towards vulnerable refugees

1. Currently receiving regular monthly financial assistance through UNHCR
2. Approved to receive financial assistance but are not yet receiving it, i.e. prospective beneficiaries
3. Have received one time urgent cash assistance in the preceding twelve months
4. Referred from other UNHCR Units, or partner agencies as being vulnerable (but not yet eligible for cash assistance)

Exceptions – high-risk pregnancy, pregnancy complications, medically indicated caesarean sections covered regardless of vulnerability

Utilizes existing systems



M&E Results

Results

Types of Health Conditions Covered by Cash transfer Nov 24th 2015 - Dec. 31th, 2016 (N=3073)

Health care condition	No.
Normal delivery and post natal care	7.1% (77.9%)
Caesarean section and post natal care	34.7% (69.3%)
Antenatal care	0.1%
Emergency cases	38.4%
Complicated pregnancies	7.2%
Neonatal Care	9.2%
ECC	2.8%
Invoice difference	0.5%
Total	100.00%

Experience of Receipt of Cash from Bank

- 65.4% received the money on timely manner
- 99.1% received the right amount of money

Results Cont'd

Use of Cash for Intended Purpose Nov 24th , 2015 –Dec. 31th , 2016	
Purpose	**%**
Non-intended	3.2%
Intended	96.8%
Total	100.00%

Results Cont'd

Health Facilities where the RH Service Took Place Nov 24th, 2015- Dec 31th, 2016 (N= 409)	
Location	**%**
Governmental	64.30%
Private	25.6%
NGO	3.6%
Partially supported by NGO	5.8%
Midwife	0.7%
Total	**100%**

Challenges

1. In a context of declining levels of assistance for other needs cash is more likely to not be used for the intended purpose
   - Syrians already value skilled attendance at delivery
2. Not possible to provide incentives to already overburdened health care providers
   - supply side initiatives are also needed
3. Timeliness of cash transfer was critical
4. Need to explore reasons behind high use of private providers
5. Coordination
   - other agencies providing support for reproductive health services including CBI

Lessons Learned

- CBI can increase health services utilization efficiently where the type and level of services needed and the costs are predictable
- CBI most useful when the major barrier to accessing health care is financial
- Counselling and health messages at enrolment important in increasing likelihood cash will be used for the intended purpose
- Close monitoring of the process and the outcome is needed to identify and address problems early
- Targeting of beneficiaries should be as simple as possible preferably with the use of an existing system of identification

Conclusion

- Regular referral mechanisms paid directly to the providing entity are the best option to ensure access to intended health services
- However, initial evaluation indicates that CBI are an efficient means to support access to certain RH services in middle-income humanitarian settings where cash is more cost effective than direct payment by humanitarian agencies
- Robust monitoring and evaluation and documentation of outcomes as the initiative is expanded will provide more evidence of effectiveness and contribute to the evidence base in humanitarian settings

Thank you