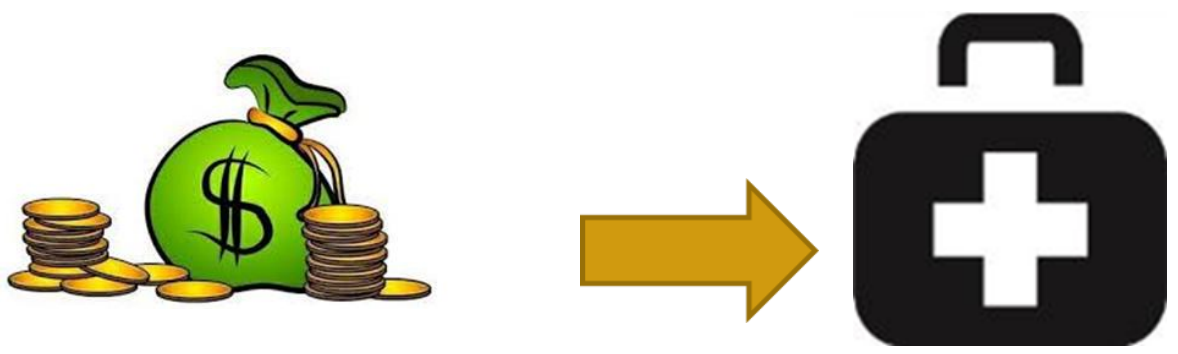


# Cash for Health Program

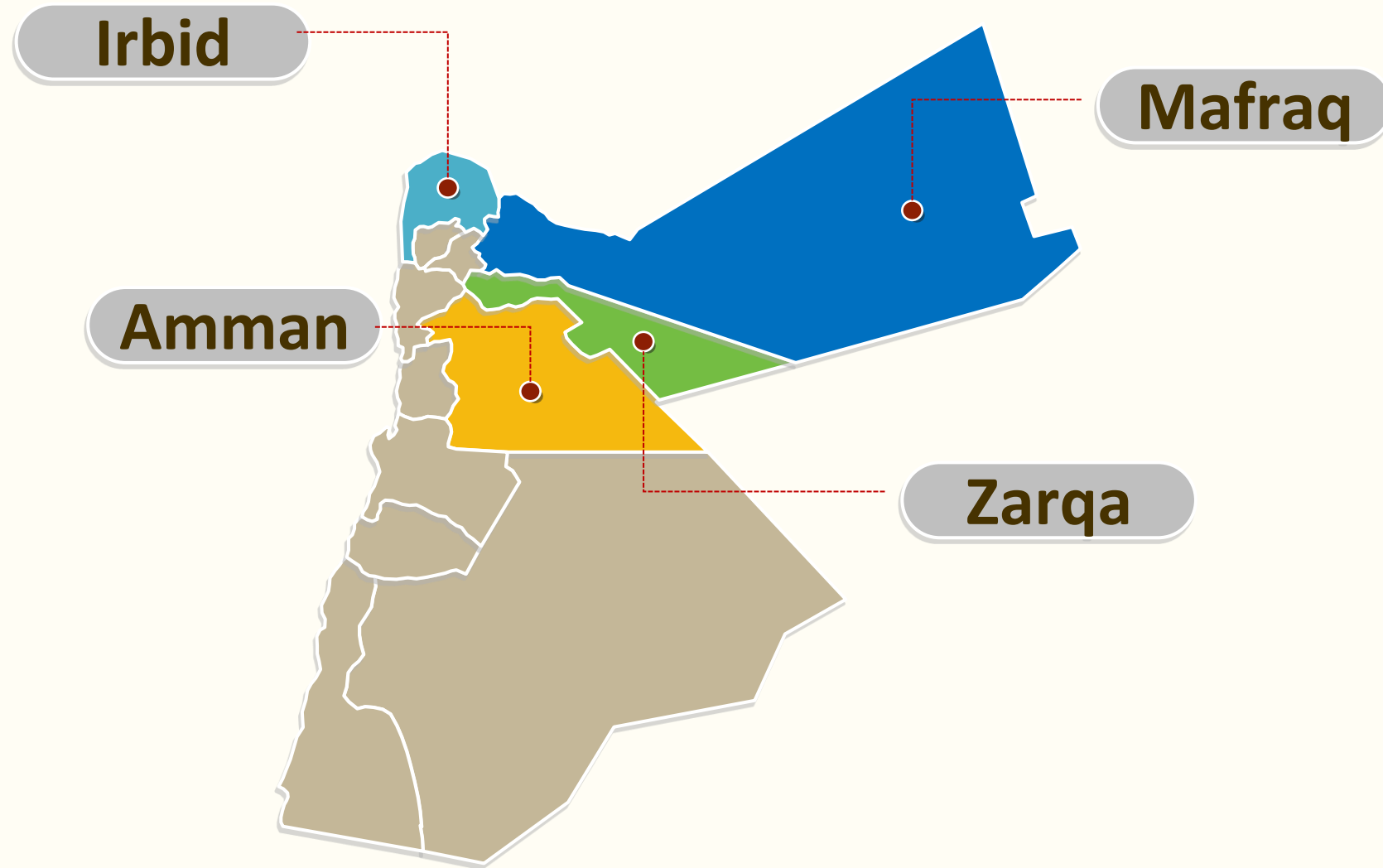
## Knowledge transfer presentation



**Health Sector Working Group**  
Elsa Groenveld, Health Project Manager Jordan  
26 April 2018

- **Medair is a humanitarian organisation inspired by Christian faith to relieve human suffering in some of the world's most remote and devastated places. We bring relief and recovery to people in crisis, regardless of race, creed or nationality.**
- **Head quarters in Switzerland**
- **Started programming in Jordan since 2013, main focus cash and health**

# Where does Medair work in Jordan?



# Donors for Medair's Cash for Health Program



Funded by  
European Union  
Humanitarian Aid



This project is funded through the Jordan Humanitarian Fund of the United Nations (JHF), with the generous support of Belgium, Germany, Ireland, Sweden, and UK.

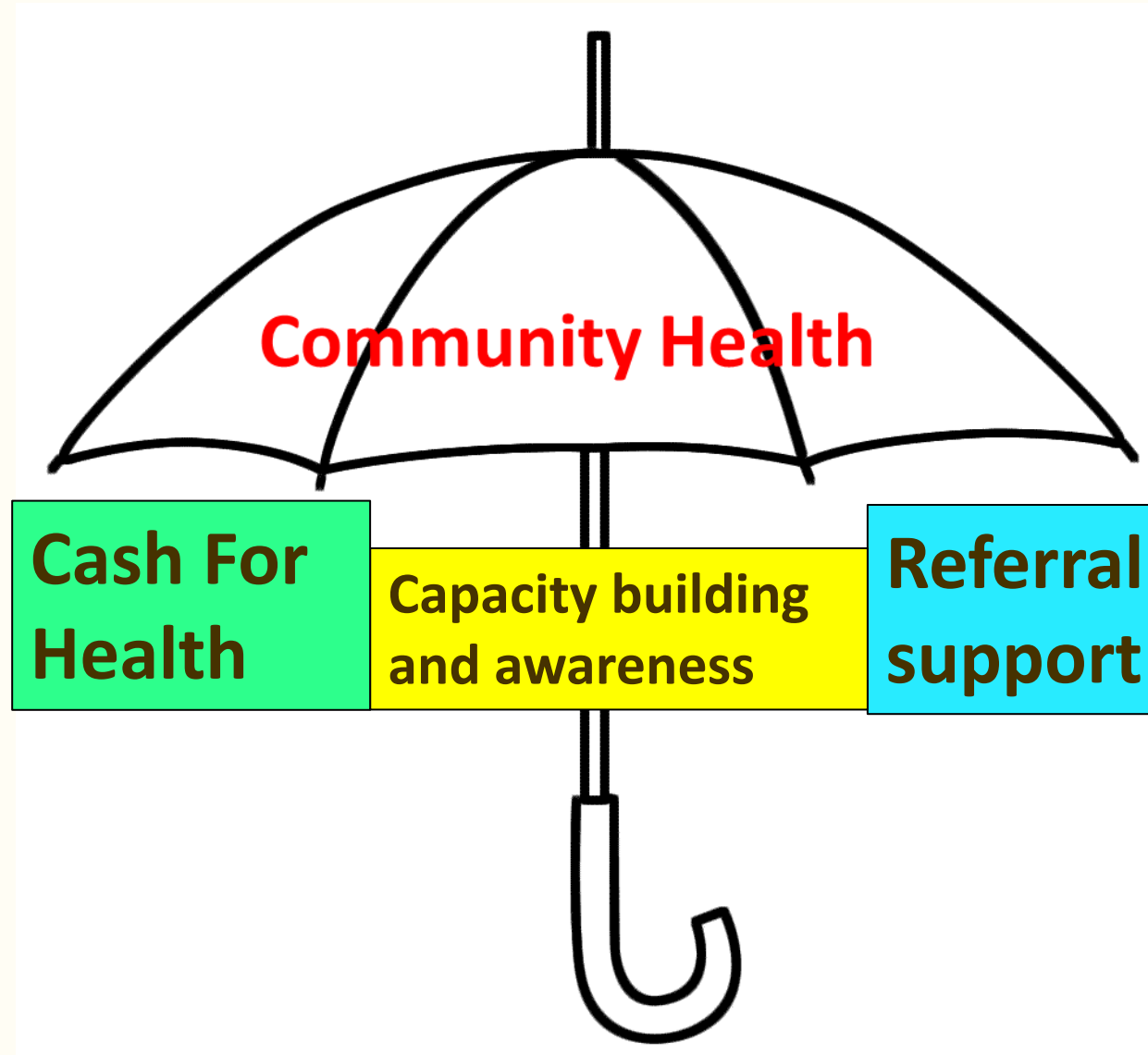


FUNDED BY THE EUROPEAN UNION

EU REGIONAL TRUST FUND 'MADAD'


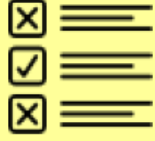


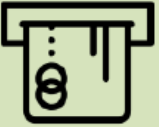


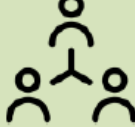



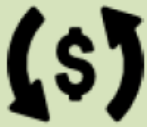


"مدد" : الصندوق الائتماني الأوروبي

# Medair's Health Approach



# Objectives

- 1. Support vulnerable Syrian refugees and Jordanian households to have increased access to urgent health services (through cash-for-health) and support WGMB in targeted communities to have increased awareness, understanding and individual capacity to adapt healthier behaviours**
- 2. Increased cash availability to vulnerable Syrian refugees and Jordanians for payment of health care**

Selection Process	All Cases				
		Medair identifies beneficiaries by house visits and applies vulnerability criteria	Crosscheck households with RAIS and other agencies	Verification through household visit	Final Selection made based on vulnerability and eligibility
Cash transfer and follow-up	Pregnancy/Delivery Cases				
		ATM card distributed to beneficiary in 8/9 month of pregnancy. Beneficiary will use this money to pay for the delivery at HF	Beneficiary informs Medair of birth via helpdesk or through community health volunteer follow-up	New-born visit conducted after birth at household level (within 2 weeks), ATM top-up will be done in the event of complications	Post Distribution Monitoring by phone, spot checks and Focus Group Discussions
					
		Payment made at health facility by health staff	Post Distribution Monitoring by phone, spot checks and Focus Group Discussions		
					
		ATM card distributed to beneficiary	ATM card topped up every 3 months for treatment	Meeting at Community Based Organization every 3 months for checking compliance and health education– grouped by type of NCD	Post Distribution Monitoring by phone, spot checks and Focus Group Discussions

# Cash for health process

# Distribution Methods

	<b>Amount given (JOD)</b>	<b>Distribution Method</b>
<b>Uncomplicated delivery</b>	<b>200-230</b>	<b>ATM or IRIS</b>
<b>Caesarean section delivery</b>	<b>450</b>	<b>ATM or IRIS</b>
<b>Other urgent health cases</b>	<b>550 (average)</b>	<b>Directly to HF</b>



# Challenges for cash for health programming

- **Changes in the health policy, for the same amount of money less beneficiaries reached**
- **Chance for Duplication**
- **Beneficiaries wide spread in the governorates**
- **Follow up – due to movement of refugees**

## Post distribution monitoring findings

**54% of C4H beneficiaries went to a MoH/government facility and 46% went to a private facility.**

**Verification of received cash – all received the correct amount.**

# Identify what the cash was used for

**The usage of the cash towards the healthcare 95% of beneficiaries spent cash towards health-related purposes, while 5% were spent it on basic needs.**

# Measure the impact of the health education provided

- **79 % of beneficiaries went for 4 or more ANC visits, 46 % of beneficiaries went 8 times or more**
- **51% of pregnant women said that they went to the doctor for postnatal care within one week after delivery. Only 3% within 3 days.**
- **91 % of women were aware of at least two symptoms noticed by pregnant women that are considered as danger signs that require a visit to a special doctor.**
- **58% of pregnant women were aware of at least two danger signs during pregnancy.**
- **95% of pregnant women knew at least two benefits of breastfeeding.**
- **65% of the mothers that delivered and had received cash for health reported they do exclusively breastfeeding for their newborns (based on 24-hour recall).**

## To understand the effectiveness of Medair's cash transfer process

**98% did not experience any difficulties in withdrawing the cash and they confirmed that the process was secure and very easy due to the Medair staff member who assisted them during the process.**

**Satisfaction with C4H: 78% were satisfied, while 22 % that amount that was provided needed to be increased**

# Conclusions and Recommendations

- Overall positive feedback about the cash for health assistance and the process

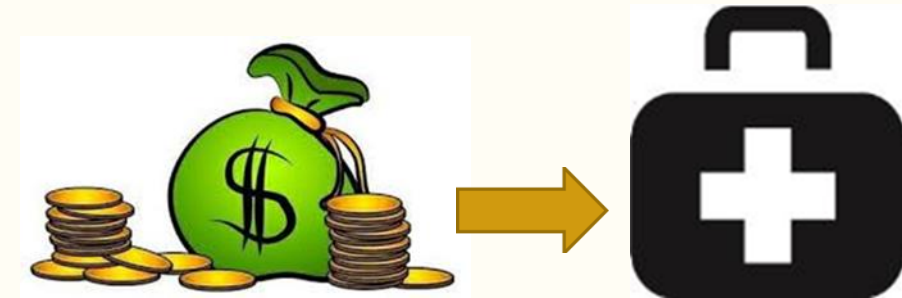
## Areas further to be explored/action points:

- Impact of new health policy
- Reasons for low PNC uptake
- Lack of birth certificate
- Strengthen coordination with agencies and emphasize on RAIS submission
- Improve follow up on referrals

# More information on the Cash for Health Project:

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