



**Cash-for-Health
Standard Operating Procedures
Medair Jordan**

LIST OF ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
ATM	Automated teller machine
C4H	Cash-for-health
CBO	Community-based organisation
CHV	Community health volunteer
CS	Caesarean section (or complicated delivery)
FCM	Feedback and complaints mechanism
FGD	Focus group discussion
JOD	Jordanian dinar
MEAL	Monitoring, Evaluation, Accountability and Learning
MOH	Ministry of Health
MOI	Ministry of Interior
NCD	Non-communicable disease
NGO	Non-governmental organisation
NVD	Normal vaginal delivery (or uncomplicated delivery)
PDM	Post-distribution monitoring
PNC	Postnatal care
RAIS	Refugee Assistance Information System
SOP	Standard operating procedures
UNHCR	Office of the United Nations High Commissioner for Refugees
VAF	Vulnerability Assessment Framework

1. INTRODUCTION

In November 2015, Medair initiated a cash-for-health (C4H) programme in Jordan as a way for vulnerable Syrian refugees to overcome the financial barriers to accessing healthcare in Jordan. A set of standards to deliver C4H has been developed based on past programme experience and this document consolidates these into standard operating procedures (SOPs). This is a living document with updated versions published whenever changes are introduced. It includes:

- The process for identifying beneficiaries, conducting cash transfers, and the follow-up of beneficiaries
- The eligibility criteria for selecting beneficiaries
- The supporting documentation required
- The types of treatment that are included in and excluded from C4H support

The different types of healthcare needs within the C4H programme are categorised into:

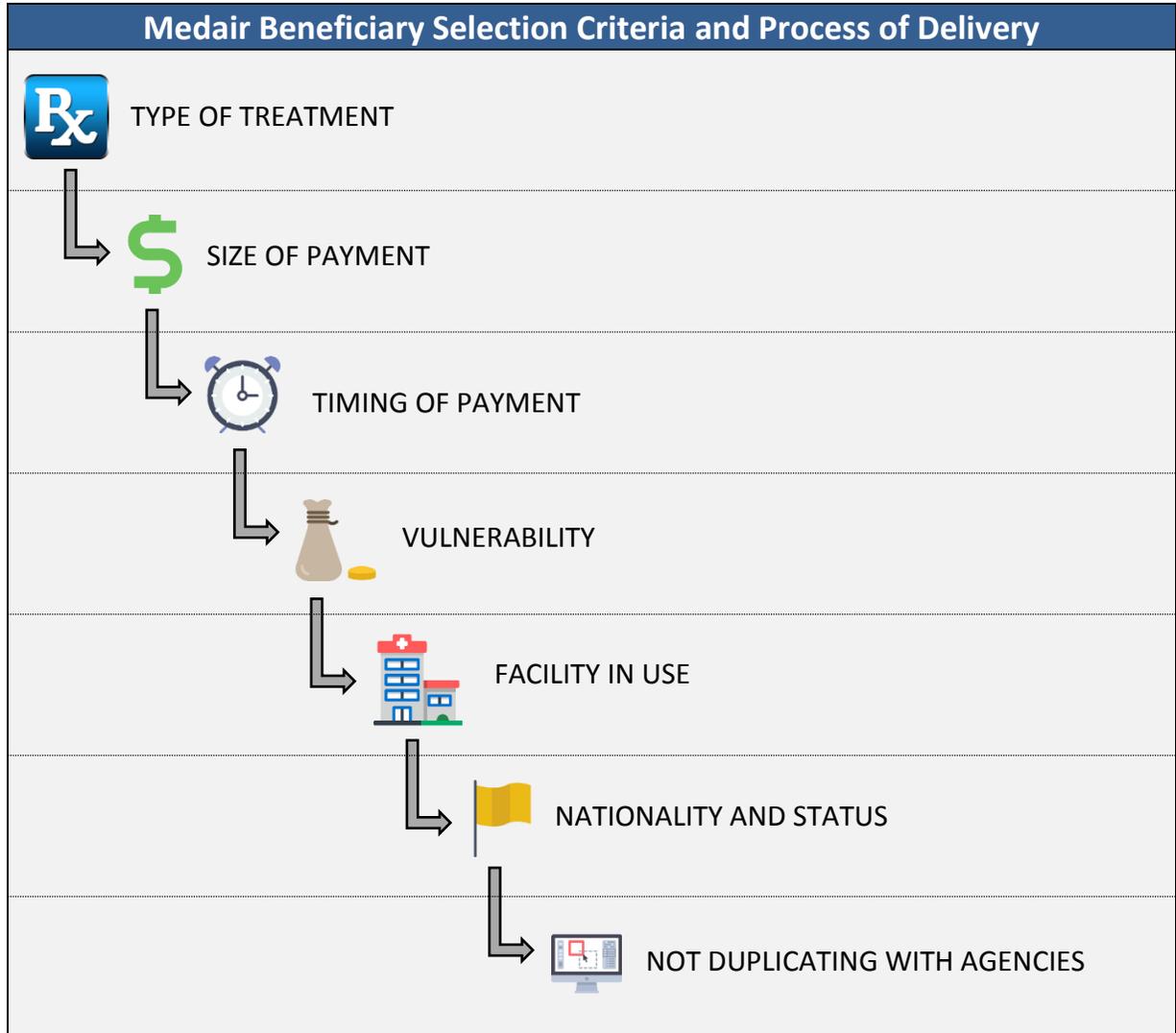
1. Deliveries for pregnant women – either uncomplicated (normal vaginal delivery (NVD)) or complicated (requiring Caesarean section (CS))
2. Other essential health needs that if left untreated may lead to disability or premature death
3. High morbidity non-communicable diseases (NCDs), such as diabetes mellitus and hypertension, requiring regular follow-up and medication

All three types of healthcare needs have their own requirements which are detailed in this document.

Note: while, the procedures described below are considered to be 'standard', exceptions to the normal practice can be considered if a justification reports (Annex A) is provided and approved by the Health Project Manager.

2. BENEFICIARY ELIGIBILITY

The selection criteria and C4H delivery process used by Medair is described below. The specific conditions that are included or excluded by Medair can be found in Annex B.



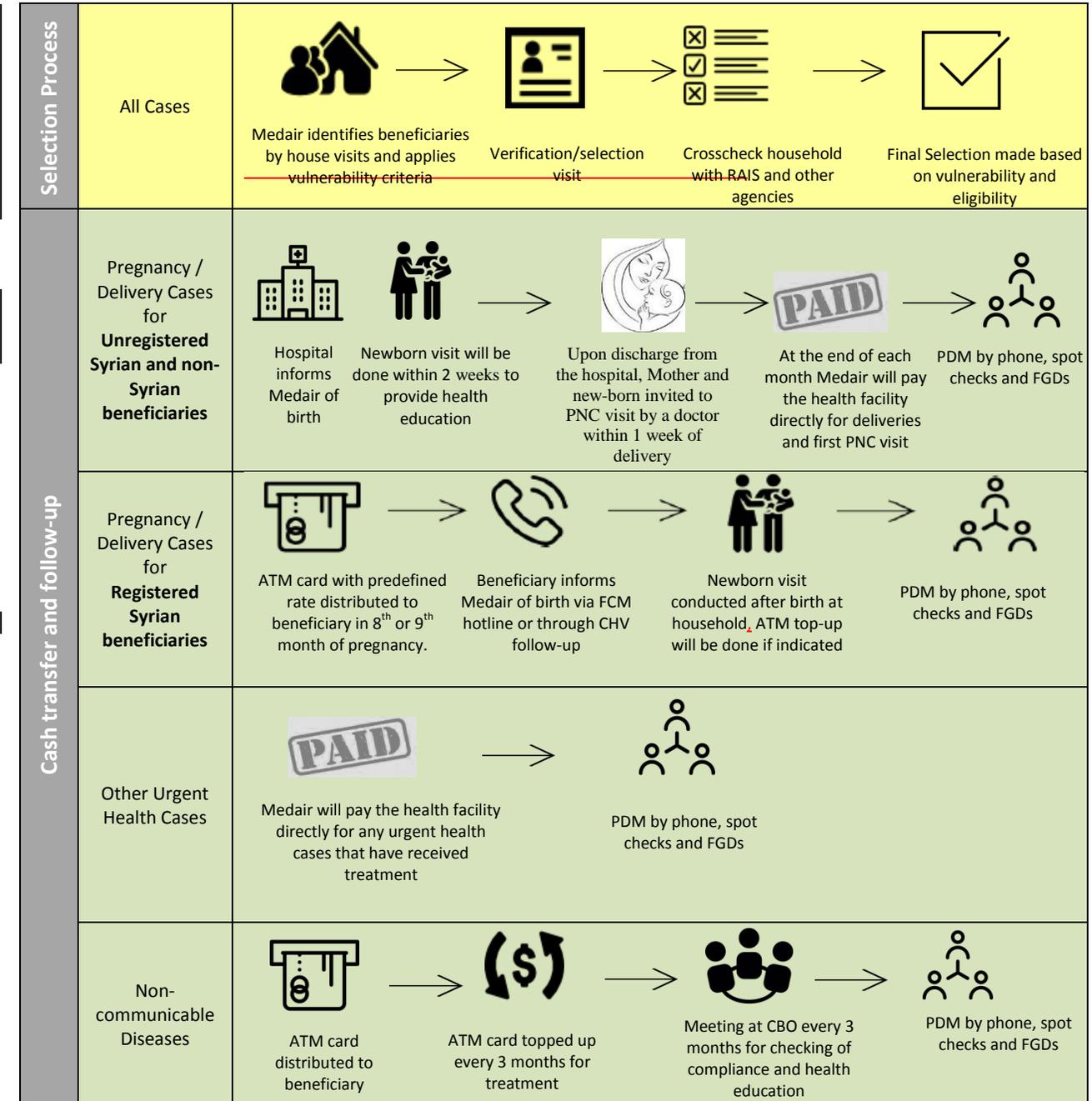
 <p>Type of treatment</p>	<p>Medair’s programme includes deliveries (both uncomplicated and complicated), other essential health needs, and treatment for NCDs. The specific criteria can be found in Annex B. Medair health staff identify potential C4H beneficiaries through the work of community health volunteers (CHVs) or referrals from other agencies. Once a case is brought to the Medair health team, it is evaluated against the specified criteria.</p>
 <p>Size of payment</p>	<p>The cost of treatment varies between governorates, type of health facility (private facility or MoH) and the beneficiaries’ nationality and registration status. Medair aims to pay the actual cost of treatment required, but will encourage using the most cost-effective option.</p> <p>Registered Syrian refugees refer to individuals that possess a valid UNHCR registration and the new Mol card for urban (non-camp) settings. These refugees can access healthcare at uninsured Jordanian (citizen) rate at MoH facilities. Unregistered Syrian refugees are those without valid UNHCR registration and without the new Mol card (old Mol card, camp Mol card, or no card), and are required to pay the full foreigner’s rate at MoH facilities. Refugees of other nationalities (such as Iraqis, Sudanese, and Yemenis) also fall into this category. Syrians refugees those with expired UNHCR Registration card for more than one month and with new Mol card are required to pay the full foreigner’s rate at MoH facilities even though they have a renewal date.</p> <p>Unlike MoH facilities, private hospitals do not distinguish refugee beneficiaries based on their nationality and registration status. As such, Medair is partnering with assessed private hospitals and will refer unregistered Syrian and non-Syrian beneficiaries to receive the approved treatment and/or services at specified hospitals, and will cover the healthcare costs incurred by these beneficiaries. This approach will help increase accountability, decrease costs, and maintain consistency.</p> <p>Payments will be capped at 1,500 JOD per beneficiary. If an expense is greater than 1,500 JOD, Medair can still contribute towards this with the beneficiary finding other sources to help cover the full cost – in this instance, other NGOs can contribute to this expense. In exceptional cases, Medair can exceed the cap of 1,500 JOD for verified and approved essential health needs (e.g. neonatal hospitalisations or emergency surgeries). This is subjected to DCD approval.</p> <p>For budgeting purposes, the current healthcare cost in the MOH hospitals estimates are as follows:</p> <ul style="list-style-type: none"> a) For uncomplicated deliveries (NVD): 60 JOD b) For complicated deliveries (CS): 250 JOD c) For uninsured Jordanians with medical cases and deliveries will be considered as an emergency cash assistant 130 JOD. d) For other medical cases such as surgeries, and neonatal hospitalisation, lifesaving cases: maximum 1500 JOD. e) For management of NCDs: 100 JOD every 3 months (recurring payments are conditional)

 <p>Timing of payment</p>	<p>For deliveries, Medair prefers to provide the assistance in the 8th or 9th month of pregnancy to maximise the likelihood of the cash going towards the actual delivery costs. Reimbursements for delivery expenses can be provided after the woman has delivered.</p> <p>For unregistered Syrian and non-Syrian C4H beneficiaries requiring skilled delivery (NVD or CS) or other essential health needs, payment will be made by Medair directly to the respective affiliated private hospital(s) at the end of each month, after the referred beneficiaries have been discharged. For each case that underwent a CS, a copy of the medical report (i.e. justification as to why a CS was recommended) must be submitted to Medair.</p> <p>In exceptional cases where the beneficiary is unable to receive the required treatment at an affiliated hospital, Medair can cover the cost at the facility, where Medair can review the invoice of the expense, make the payment and retain the receipt. Healthcare costs can be paid up to 3 months after treatment has taken place.</p> <p>In situations where Medair has provided the expense of a NVD that subsequently incurred further expenses (such as an emergency CS), Medair will make an additional payment (i.e. top up) to the beneficiary in governmental hospitals only. For beneficiaries that have repeated healthcare costs (e.g. a 2nd surgery), there is no limit to the number of instances that Medair will support a beneficiary for, as long as the service required is within Medair’s budget and timeline.</p> <p>With regards to NCD beneficiaries (particularly those with diabetes mellitus and/or hypertension), Medair will provide assistance for their treatment on a regular basis quarterly. While Medair cannot always enforce compliance to proper NCD treatment and management, Medair can educate these beneficiaries on coping mechanisms and healthy behaviours.</p>
 <p>Vulnerability</p>	<p>Medair prioritises the most vulnerable households using a combination of VAF scoring against the Basic Needs criteria, and through the recommendations made during the verification and/or referral visits to the Medair fieldworker at the household, CBO or hospital. To be selected, households need to have a high or severe VAF score and be recommended for cash support by the Medair fieldworker. Any exceptions to be considered (e.g. if the VAF score is not high or severe) will need to be justified and subsequently approved by the Medair Health Project Manager.</p>
 <p>Facility in Use</p>	<p>As mentioned above, for reasons related to cost effectiveness, Medair will encourage registered Syrian beneficiaries to utilise MoH facilities, and unregistered Syrian and non-Syrian beneficiaries to utilise affiliated private hospitals.</p> <p>There are several circumstances that could prevent the utilisation of affiliated hospitals for unregistered Syrian or non-Syrian beneficiaries, including:</p> <ul style="list-style-type: none"> • The required treatment is not available at affiliated hospitals, or cannot be given within suitable timeframes • A beneficiary has an existing medical relationship with a clinician based at another private

	<p>facility. For example, if a beneficiary has previously received a surgery (not paid by Medair) and now requires a follow-up surgery, Medair is willing to support this beneficiary to obtain care with the same clinician</p> <ul style="list-style-type: none"> • The cost of treatment at another facility is lower than the cost at the affiliated hospital <p>If the beneficiary wishes to utilise facilities where the cost is much higher than other recommended options (e.g. affiliated hospitals), Medair may agree to only pay the lower amount.</p>
 <p>Nationality and Status</p>	<p>The C4H programme is available for all vulnerable refugees that are living in Jordan. While information on nationality and registration status will be collected, beneficiaries are ultimately selected based on their vulnerability.</p>
 <p>Not duplicating with agencies</p>	<p>Beneficiaries must not be an existing recipient (or selected to be a recipient) of financial support for the specified health expense by other agencies. Beneficiaries that are receiving assistance for other purposes (e.g. winterisation cash assistance) will still be considered for C4H support.</p> <p>Medair actively uses the Refugee Assistance Information System (RAIS) to avoid duplication of assistance. Prior to selection, Medair will cross-check beneficiary information on RAIS, and after beneficiaries have been selected Medair will upload the required information to RAIS. Note that in certain cases, Medair can choose to contribute to a part of a beneficiary’s healthcare expense (e.g. if a surgery costs more than 1,500 JOD).</p> <p>Besides RAIS, Medair also cross-checks beneficiary information with other agencies involved in C4H programming in Jordan. This is relevant to beneficiaries that do not possess a UNHCR certificate, as they are not on RAIS, which is rarely encountered.</p>

3. CASH-FOR-HEALTH PROCESS

The C4H process – identifying beneficiaries, providing assistance, and follow-up – for different health needs and beneficiaries, is described below.



3.1 BENEFICIARY IDENTIFICATION

Beneficiaries are identified using one of two methods:

1. A network of Medair CHVs located within specific governorates conduct household visits and assesses the vulnerability and health needs of these households
2. Medair receives referrals from UNHCR or other agencies of households with a health need

In both instances, the Medair health team will review the information and assess the eligibility for C4H assistance.

3.2 CROSSCHECK ON RAIS

Whether identified through a CHV or referred by another agency, Medair cross-checks the information on RAIS and with other agencies involved in C4H in the specific area to examine whether the refugee is already receiving assistance for the specific healthcare need.

3.3 VERIFICATION

Prior to final selection, household visits are conducted to verify the level of vulnerability of the household and their health need. Verification will be conducted by a Medair Health Officer or a CHV focal point (i.e. a more senior CHV).

For pregnancy cases, Medair has specific CHV focal points in each governorate that are responsible for conducting verification. The checks for ANC card and Medical report will be done on the spot during verification visit. Senior health officers will do cross-check on RAIS and Health data base. If the information is correct, the beneficiary will be enrolled into the C4H programme. At this stage the cash for health assistant will be entered on RAIS and will be encouraged to attend ANC and PNC visits.

For cases with other health needs, a Medair Health Officer will carry out the visit where the existence of a health condition will be verified, and the eligibility of the proposed treatment assessed. The health situation will be discussed with the beneficiary and evidence of the condition is checked (e.g. treatment card, medical report, diagnostic tests).

Potential NCD beneficiaries are selected from household assessments and will undergo a more in-depth phone survey prior to selection. The questions in the survey are related to their NCDs to assess whether the beneficiary has proof of having a NCD and requires ongoing treatment. From these calls, beneficiaries with proof of NCDs will be selected for verification at a CBO. During verification, beneficiaries will be asked to complete a NCD questionnaire and will have to provide the relevant documentation.

In exceptional cases, verification can be done at hospitals, or by phone if, for example, there is a medical emergency and verification cannot be conducted at the household in a timely manner.

3.4 SELECTION

For cases with other health needs, the Medair Health Officer completes a justification sheet (Annex A), detailing the condition and eligibility of the case. Medair uses the following thresholds for approval:

- 0-700 JOD by Health Manager
- 700-1500 JOD by Health Project Manager
- 1500 -7000 JOD by Deputy Country Director
- Over 7000 JD by County Director, in collaboration with the Health Project Manager and Health Advisor as needed

3.5 CASH TRANSFER/PAYMENT

Medair will encourage unregistered Syrian and non-Syrian beneficiaries to utilise Medair's affiliated hospitals in the relevant governorate, where Medair will conduct follow-ups and directly pay the accrued costs on a monthly basis.

For registered Syrian beneficiaries, Medair has pre-loaded ATM cards with varying amounts that can be distributed to beneficiaries expecting a delivery (NVD or CS). Beneficiaries are often grouped and invited to the bank for a distribution of ATM cards. Education and a reminder of the cash assistance and its intended use are given to each beneficiary during distribution. For other urgent health cases, Medair will pay the facility directly after treatment has occurred.

Reimbursements can be made to a beneficiary if proof of payment is provided, and if his/her household is assessed to be sufficiently vulnerable to be included.

In situations where payment cannot be completed through the banking system:

- For payments below 500 JOD, the Medair Health Officer making the payment can sign the distribution receipt; this can be countersigned by another Medair staff member to increase accountability
- For payments above 1,000 JOD, two Medair staff members are required (two Health Officers or one Health Officer and one staff member from Finance).

Payment for NCD beneficiaries will be made by ATM card. The size of cash transfer should be sufficient to attend follow-up visits and to purchase the required medication for a period of 3 months. Medair will recharge these accounts every 3 months on the condition that NCD beneficiaries can demonstrate compliance to their NCD management (e.g. receipts of medication, follow-up consultations with healthcare providers). Beneficiaries are often grouped and invited to the bank for a distribution of ATM cards. Education and a reminder of the cash assistance and its intended use are given to each beneficiary during distribution. ATM cards are distributed by two Medair staff members (usually one Health Officer and one staff member from Finance).

3.6 BENEFICIARY FOLLOW-UP

3.6.1 NEWBORN VISITS

For delivery cases, a Medair Health Officer or CHV focal point will conduct a newborn visit within 14 days of delivery. This visit will be used to discuss maternal and newborn care (including PNC and vaccinations). Beneficiaries are also asked to show their ANC card and the newborn's birth certificate. If possible, Medair will collect the delivery receipt during this visit.

3.6.2 NCD MEETINGS

NCD cases will be split into groups of 12-15 beneficiaries with a similar NCD type, and meet every 3 months with a Medair Health Officer to receive advice and support on how to better manage their condition, as well as for Medair to obtain feedback on the assistance given. All relevant receipts are also gathered at this time. The focus in these meetings is to assess the beneficiaries' compliance to the treatment plan and to reemphasise healthy behaviours aimed at preventing complications and improving quality of life.

3.6.5 POST-DISTRIBUTION MONITORING

Every quarter, Medair's MEAL team conducts a phone survey to a random sample of C4H beneficiaries from the past 3 months. These PDMs help to verify that beneficiaries received the appropriate assistance they were selected for and to obtain feedback on their experiences of the process. Additionally, regular FGDs are conducted with C4H beneficiaries to better understand the impact of the assistance and how the process can be improved.

3.6.6 FEEDBACK AND COMPLAINTS MECHANISM

Medair also operates a FCM hotline that is available from 9 a.m. to 3 p.m. on Sundays to Thursdays where beneficiaries can raise complaints or provide valuable feedback. This phone is operated by the MEAL team who ensures that all complaints are logged and followed up appropriately within a week. All assessed households are given details on how to use the FCM hotline.

3.6.7 HOSPITAL REPORTS

Medair will receive reports from the hospital regarding beneficiaries that have delivered or have received certain health interventions. Medair's Health Officer will conduct regular checks to ensure that each beneficiary's expenditure is accounted for.

3.6.7 BANK REPORTS

Medair also receives reports from Cairo Amman Bank on the utilisation of ATM cards for NCD cases. These reports are examined to ensure that each beneficiary has withdrawn their cash assistance during the project period.

4. SUPPORTING DOCUMENTATION AND RECEIPTS

For delivery cases among unregistered Syrian and non-Syrian beneficiaries in affiliated hospitals, Medair makes the payment after the service has been provided. The relevant receipts and reports need to be submitted to Medair prior to payment.

For delivery cases among registered Syrian beneficiaries, Medair makes the cash transfer in advance of the delivery and the receipt of ATM cards is used for Medair's records. Nonetheless, wherever possible, receipts of expenses incurred for the delivery are collected during newborn visits. This is done to decrease the likelihood that the beneficiary will use the same receipt to receive assistance from other agencies.

For all beneficiaries requiring a CS, a medical report justifying the need for this procedure is required prior to the delivery.

For any assistance where payment is provided directly at the health facility or reimbursed to the beneficiary:

- Prior to approval of a non-delivery case or any exceptional case, a justification report (Annex A) is provided by a Medair Health Officer as supporting documentation
- An itemised invoice/account statement is provided by the health facility with a breakdown of the costs. If no detailed invoice is available, the total cost is reviewed using the justification report
- All receipts provided in Arabic will require translation into English

Note: Justification reports (Annex A) are also used:

- i. whenever the payment takes place at a facility other than Medair's recommended option to the beneficiary*
- ii. when a beneficiary is selected as an exception to the standard procedures detailed in this document*

ANNEX A – JUSTIFICATION TEMPLATE

Justification Report for Cash-for-health

Date of report		
Completed by		
Beneficiary Name		
Date of birth		
Nationality		
Beneficiary UNHCR ID		
Mol card	<input type="checkbox"/> Beneficiary has a valid Mol card <input type="checkbox"/> This Mol card is compatible to the area <input type="checkbox"/> beneficiary is registered <input type="checkbox"/> Beneficiary has a camp Mol card <input type="checkbox"/> beneficiary is un -registered <input type="checkbox"/> Beneficiary has NO Mol card	
Medair ID		
Governorate		
Telephone number		
Beneficiary identified by	<input type="checkbox"/> Referral from agency. Name of agency..... <input type="checkbox"/> Community Health Volunteer <input type="checkbox"/> Other.....	
Household visited conducted	<input type="checkbox"/> Yes - By which Medair staff member..... <input type="checkbox"/> No	
VAF score of household		
Facility to be used for medical service	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Private Facility <input type="checkbox"/> NGO	
Is the cash transfer to pay for treatment occurring in the past or in the future? (state which month in either case)		
Documentation currently available or expected (eg. invoices, receipts, Doctor's Report)		
Description of case: <i>Include how the case was identified/assessed, and a description of the persons medical condition and required treatment. Is it expected to be a one-time medical treatment, or something requiring regular treatment</i>		
Amount of cash transfer (JOD)		
Method of cash transfer	Recipient of transfer	Price monitoring, only when no itemized invoice available:
<input type="checkbox"/> New ATM card <input type="checkbox"/> Re-charge ATM card, If existing ATM number <input type="checkbox"/> Physical Cash	<input type="checkbox"/> Medair to transfer to beneficiary <input type="checkbox"/> Medair to transfer direct to health facility	<input type="checkbox"/> Price is fair for required treatment in MoH clinic <input type="checkbox"/> Price is fair for required treatment in private clinic

Required signatures below for approval: Health officer to sign regardless of amount as a requester;
 Health Project Manager to sign up to 1500 JOD; DCD/CD to sign for above 1500 JOD

	Health Officer	Health Project Manager	DCD/CD
Name			
Date			
Signature			

ANNEX B - MEDICAL CONDITIONS COVERED BY MEDAIR

The below includes examples of treatment that is included and excluded from Medair's support. For cases that are not listed below, the Health Project Manager will determine if the condition sits inside or outside of Medair's assistance.

Deliveries for pregnant women	
<i>Included :</i>	<i>Excluded :</i>
<ul style="list-style-type: none"> - Women who are in their 8th month of pregnancy or further, or up to 1 week after delivery - Uncomplicated delivery and caesarian delivery - Further care following the pregnancy if there were complications for either the mother or infant after delivery(i.e. postpartum hemorrhage, eclampsia, obstructed labor requiring caesarian section, ruptured uterus, newborn resuscitation) - Miscarriages/spontaneous abortion 	<ul style="list-style-type: none"> - Induced Abortions
Other Urgent Health Cases	
<i>Included:</i>	<i>Excluded:</i>
<ul style="list-style-type: none"> - Obstetrics/Gynecology: Ruptured ectopic, incomplete abortion (=miscarriage), Severe pelvic inflammatory disease or other emergency obstetric care cases - Ovarian cyst with torsion - Neonatology: Preterm at/ > 26 weeks gestation, Respiratory distress and hypoxia, Sepsis, Neurological abnormalities/ seizures, Severe jaundice - General: Septic shock, Poisoning with complications, Acute renal failure, Severe anemia requiring blood transfusion, Diabetic ketoacidosis, severe kidney stones - Cardiac: Congenital heart disease with hypoxia, Acute MI and unstable angina, Cardiogenic shock/ cardiac failure, Arrhythmia with hemodynamic instability, Hypertensive emergencies - Respiratory: Acute respiratory distress with hypoxia/ failure, severe pneumonia, PE with haemodynamic instability, haemo/ pneumothorax, massive haemoptysis, tonsillitis leading to acute respiratory distress. - Neurological: Acute intracranial bleed including stroke, infectious Meningitis, Status epilepticus, Acute hydrocephalus - Surgical: Acute abdomen, Severe gastrointestinal bleeding, Strangulated hernias, Acute poly trauma, appendectomy and adenoidectomy - Injuries: Severe head injuries, Open fracture of long bones, Burns (> 10% BSA adults/ 5% in children) 	<ul style="list-style-type: none"> - Brain tumors with poor prognosis - Cosmetic, reconstructive, dental care, glasses - Non-evidence based, unproven or experimental treatment - Bone marrow and organ transplantation - Infertility treatment - Hernias without strangulation - Motor vehicle and work accidents where an insurance/ employer should be liable - Hemodialysis for chronic renal failure - Chronic care for haematological conditions such as haemophilia and thalassemia - Metabolic diseases - Antiviral therapy for hepatitis B and C - Prostatectomy - Long term treatment necessitating nursing care

Non-communicable Diseases	
<i>Included:</i>	<i>Excluded:</i>
<ul style="list-style-type: none"> - Diabetes - Hypertension - Heart Disease - Asthma/lung disease 	<ul style="list-style-type: none"> - Cancer treatment

Coverage for exceptions should be proposed using the Justification Template and reviewed by the Health Project Manager. Exceptions should only be made for cases where no action will lead to permanent disability or death and the available treatment will contribute to a significant improvement in health.

ANNEX C: REFERRAL SHEET



Medair eligibility criteria for finance assistance for health care

Medair operates primarily in Amman, Irbid, Mafraq and Zarqa governorates. In order to be eligible for Medair’s cash -for- health services a beneficiary must:

1. Be a refugee or Jordanian (for emergency cash)
2. Vulnerability of 3 or 4 from the Basic Needs scoring system through individual case assessment and recommendation.
3. A household member must have one of the following medical conditions:
 - Pregnancy: expecting either an uncomplicated delivery or caesarean section
 - Urgent medical need: This includes emergency surgeries that left untreated would lead to disability or death.
 - A Non-Communicable Disease (NCD) that requires recurring medical treatment such as diabetes and hypertension.

Qualifying individuals must not be receiving cash assistance for the same need by another agency – this will be checked on RAIS and in direct coordination with agencies known to be providing cash-for-health.

Completed forms need to be sent to referral-jor@medair.org, and healthpm-jor@medair.org.

Name of beneficiary	
Date of Birth	
Nationality	Syrian/Jordanian/Iraqi/Somali/Yemeni/Sudanese/ _____
UNHCR number	
Does the beneficiary have an MOI card	<input type="checkbox"/> Beneficiary has a valid (new) MOI card <input type="checkbox"/> Beneficiary has a MOI card but it is not valid (old) <input type="checkbox"/> Beneficiary has a camp MOI card <input type="checkbox"/> Beneficiary has no MOI card
Government ID/ MOI card number	
Phone number(s)	
Location	
Health issue (please give as much details as possible, what has been done so far, date of treatment that is planned)	
In case of pregnancy: Due date	
In case of Caesarean Section – do they have proof? Submit it with the referral please	
Do you have an estimation of costs?	
Where is the beneficiary planning to go for the treatment (MOH, private, other NGO) please provide the name of the facility	
Why is the beneficiary referred – is anyone else covering?	