# Cash Assistance for Refugees with Non-Communicable Diseases in Slovakia

## Cash and Voucher Assistance in Health

**LESSONS LEARNT REPORT**

# Contents

# Overview of the context and program

The escalation of the conflict in Ukraine in early 2022 resulted in a significant influx of Ukrainian refugees into neighboring countries, including Slovakia. As of February 29, 2024, over 139,000 displaced Ukrainians have requested Temporary Protection (TP) in the Republic of Slovakia since February 24, 2022, with 36% being male and 64% female, of which 68% are adults and 32% are children. With only around 5.5 million Slovak inhabitants, the country has struggled to host the comparatively large number of displaced people from Ukraine.

The International Federation of the Red Cross and Red Crescent Societies (IFRC) has launched a regional Emergency Appeal to ensure coverage of the basic needs of people from Ukraine. To meet the needs of displaced people from Ukraine, the Slovak Red Cross (SRC) in cooperation with the International Federation of Red Cross and Red Crescent Societies (IFRC) is providing assistance to those in need from Ukraine residing in Slovakia, particularly in the sectors of basic needs, seasonal assistance for winters, health care, mental health and psychosocial support and protection, gender and inclusion. Emergency assistance focuses on supporting displaced people from Ukraine through the provision of multipurpose cash assistance, a cash-for-shelter program for displaced people and host families, psychosocial support activities, livelihoods activities, access to information, communication services, community-based activities, first aid, and other services based on the needs of the displaced population.

In Slovakia, the health system operates on an insurance coverage scheme for access to free healthcare. There are currently three health insurance companies providing public health insurance in Slovakia: one state health insurance company and two private health insurance companies.

Ukrainians and third-country nationals residing in Slovakia with Temporary Protection (TP) status did not have automatic free healthcare. Access to healthcare, however, came gradually and in segments. From January 2023 only TP status holders below 18 had access to free emergency healthcare, primary healthcare, and all others had access to emergency life-saving services.

TP status holders with full-time employment can access insurance through insurance social benefits provided by their employers through obligatory payments. In June 2023, the Government of Slovakia announced that healthcare access laws for those displaced by the Ukraine conflict will change from September 2023 with new legislation that would permit everyone (including adults) to be covered with an extension of the social coverage, allowing access to primary healthcare services, including certain medications.

In response, the Slovak Red Cross and IFRC designed an innovative new cash-for-health program to support Temporary Protection status holders above 18 years of age with non-communicable diseases who are not covered by health insurance. The amount of financial assistance being provided was EUR 60 per month for three months, with an additional three-month extension for the most vulnerable individuals. This program aimed to cover a much-needed gap until the government adjusted the healthcare access legislation.

After months of preparations, the program was successfully launched in mid-2023. Slovak Red Cross has trained staff from five main branches on the new AccessRC app to support refugees with assisted registrations. The team rejected individuals who had applied while they were covered by full health insurance through employment, which can be checked in the national insurance system. In total, 1,222 people received their first payment in August 2023 through IBAN transfer or MoneyGram, and in November, the program was extended for 767 beneficiaries for three additional months.

# Methodology and guiding questions

The lessons learned report methodology involved different approaches to review the program to provide valuable insights that will improve future initiatives by incorporating practical experiences and feedback, from implementors to beneficiaries.

The program review occurred jointly between the IFRC Regional Office for Europe, the Slovak Red Cross, and the IFRC Office of Slovakia and involved both operational and technical teams outlining Cash and Community Engagement and Accountability (CEA) approaches, successes, and evolving strategies. These discussions engaged in technical discussions and inputs regarding the overall CVA implementation journey in Slovakia. These discussion sessions delved deeper into the encountered challenges, proposed solutions, and recommended actions for future programming.

**Methodology of data collection for this report includes:**

1. Structured and semi-structured interviews with key stakeholders, including the IFRC Slovak Country Office team, Slovak Red Cross Management team, Slovak Red Cross staff at Headquarters and branches, Slovak Red Cross helpline workers, and IFRC Regional Office team.
2. KOBO surveys given to Slovak Red Cross staff at branches, Humanitarian Service Points (HSP), and helpline workers.
3. PDM (post-distribution monitoring) sent to the recipients of cash assistance.
4. Focus group discussions with the recipients who were part of the 3-month and 6-month groups.

**The main questions asked for the staff involved in the program were as follows:**

1. Can you briefly explain what your role was during the cash implementation?
2. What worked well/What were the successes, achievements?
   a. CVA targeting, program details, and structure.
   b. CEA, communication with people, answering their questions.
   c. Capacity building for NS, did you access enough technical information?
   d. Engagement with HQ/Branches.
   e. Roles and responsibilities for both SRC and IFRC coordination.
3. What were the challenges? How have you overcome these challenges?
   a. CVA targeting, program details, and structure.
   b. CEA, communication with people, answering their questions.
   c. Capacity building for NS, did you access enough technical information?
   d. Engagement with HQ/Branches.
   e. Roles and responsibilities for both SRC and IFRC.
4. What needs to be improved and how? What are your recommendations?
5. Recommended actions for future programs.

# Achievements and successes

- Positive leadership and partnership between the IFRC and Slovak Red Cross (SRC), and taking co-leadership roles on CVA implementation in Slovakia, SRC's buy-in, and continuous engagement from the team, both in HQ and the field, were critical for the program's success.
- Effective coordination through weekly CVA updates involving regional IFRC CVA and health teams and the SRC team ensured ongoing communication and alignment with SRC priorities.
- Effective communication between the Headquarters (HQ), branches, Humanitarian Service Points (HSPs), and Helpline workers was facilitated through dedicated online meetings, ensuring prompt communication and case management to resolve issues when they occurred.
- Effectively identified and supported the most vulnerable cases, surpassing the beneficiary target, and granted extensions for an additional three months to those in need, which ensured continuous access to essential healthcare for the most critical cases.
- Successfully conducted two Post-Distribution Monitorings (PDM) and four Focus Group Discussions in two cities with a total of 29 individuals in attendance.
- The program significantly benefited from innovative solutions that increased digitalization and automatization during various phases - the self-registration app 2.0 through a smartphone app provided by IFRC and RedRose, incorporation of automated biometrics and ID checks, which required people to fill out the registration form. A 2-week guided registration period through a network of 14 SRC's Humanitarian Service Points, branches, and Community Services (this was critical for elderly people without smartphones or those with limited digital literacy), as well as the dissemination of the program through partners, ensured that the most vulnerable in the community were targeted. A subsequent two-week nationwide full launch was conducted to ensure everyone across the country could apply for the program in addition to the guided registration.
- National Society Capacity Development: 50 Slovak Red Cross staff and volunteers from different branches, as well as case workers and Helpline operators, were provided training on the Cash for Health program and AccessRC.

## Community Engagement and Accountability (CEA)

Throughout the implementation of the cash-based health program for Ukrainian refugees in Slovakia, the National Society (NS) demonstrated commendable growth in their Community Engagement and Accountability (CEA) capacity. Initially, efforts focused on raising awareness and fostering understanding of CEA within the Slovak Red Cross, particularly in response to the crisis in Ukraine and its affected regions. Over time, the NS exhibited a deepened understanding and appreciation for CEA principles, actively practicing various elements both remotely and on-site through Humanitarian Service Points. The CVA in Health program seamlessly integrated CEA into its operations, incorporating information dissemination, feedback collection mechanisms, and responsive actions based on received. A notable initiative was the establishment of a Call Centre (Helpline) for displaced people from Ukraine in Slovakia, operating Monday to Friday from 09 am to 05 pm in four languages: Slovak, English, Ukrainian, and Russian. Staffed with professionals trained in managing sensitive feedback, the centre prioritized a supportive and empathetic approach. It provided specialized contact details for different referral services, accompanied by a Code of Conduct for all personnel involved. Communication channels were streamlined with the ESPO CRM system, ensuring seamless and efficient information sharing with headquarters and caseworkers, facilitating effective support for those seeking assistance or information.

Continuous communication channels were established between the helpline workers, the NS cash coordinator, and the IFRC IM focal point, facilitating prompt responses to feedback and necessary adaptations to the program. Clear information materials, including criteria for program participation, were prepared and disseminated in a timely manner by relevant program colleagues from both NS and IFRC. Videos demonstrating how to use AccessRC and FAQ pages were also published online for easy access by the beneficiaries. The engagement of program focal points as implementers and facilitators throughout the program cycle significantly contributed to the integration of CEA principles into program operations.


*Over time, the National Society deepened understanding and appreciation for CEA principles.*

## RECOMMENDATIONS FOR CEA IN FUTURE PROGRAMS:

**Based on the experience gained from the cash-based health program, several recommendations can be made to enhance CEA in future CVA in Health programs:**

1. Emphasize a participatory approach in program design through community meetings or Focus Group Discussions (FGDs) to gather input and suggestions from the affected population, ensuring programs are more community-centred for greater success.
2. Involve the community in the planning and program design processes, particularly regarding the selection criteria for beneficiaries of cash assistance, ensuring transparency, respect, and sensitivity to local contexts.
3. Regularly assess and adapt CEA strategies based on feedback from the community and program stakeholders, fostering continuous improvement and responsiveness to the evolving needs and preferences of the affected population.

# The Evolution of the Slovak Red Cross

Before 2022, Slovakia, like other European countries, lacked experience in responding to emergencies on the scale of the Ukrainian crisis. Consequently, the preparedness and emergency contingency measures for the National Society were limited, mirroring the majority of European nations. However, following the outbreak of the conflict, the Slovak Red Cross demonstrated remarkable capacity in enhancing its capabilities both at its Headquarters and field branches. This enhancement encompassed not only the physical infrastructure of the national society but also the refinement of the skills possessed by its staff and volunteers. As a result, the Slovak Red Cross successfully devised and implemented several innovative programs across various sectors to address the influx of refugees from Ukraine, including the CVA in Health program. Over the past two years, through its commendable response efforts, the Slovak Red Cross has earned respect and a significant role within the national emergency response mechanism. Moreover, it has solidified its societal position by gaining the trust of both the host community and beneficiaries. This successful evolution and development of the Slovak Red Cross have been pivotal in the seamless implementation and acceptance of this program by the host community.

Throughout the program, the relationship between the IFRC and the Slovak Red Cross has thrived, highlighting the importance of enhancing the capacities of national societies for sustainability. The implementation of the CVA in Health program by the IFRC was not isolated but integrated an essential capacity-building component for its staff and volunteers. While further efforts are required in terms of contingency planning and establishing foundational components of the national society's emergency response, programs of this nature leave a lasting impact on national societies. By equipping them with the necessary skills and resources, such initiatives empower national societies to independently implement similar programs in the future.

# Challenges faced during intervention's implementation and mitigation recommendations for future programs

## Challenge: Beneficiary Coverage

Furthermore, the program lacked broader national visibility as it was not widely promoted. While it was briefly shared through the Cash Working Group and Health Working Group networks for a period of two weeks, broader dissemination through channels such as the NS website or social media platforms was absent. This restricted outreach may have led to eligible individuals being unaware of the program, potentially excluding them from accessing essential assistance.

Additionally, despite holding meetings with other relevant actors in Slovakia, such as UNHCR (United Nations High Commissioner for Refugees), there was limited coordination for beneficiary lists to prevent duplication of beneficiaries between organizations. Although the UNHCR program was a one-time payment for their cash for protection program that included health needs in the scope of target, improved coordination would have significantly decreased the risk of redundancy and improved the reach of assistance coverage among the general beneficiary population.

**Mitigation Recommendations for Future Programs:**

1. Enhanced Interagency Coordination:
   a. Establish a robust coordination mechanism among all stakeholders involved in cash-based programs to facilitate the sharing of beneficiary lists and prevent duplication of assistance.
   b. Foster regular communication channels between organizations to exchange information and coordinate program activities effectively.
2. Comprehensive Outreach Strategies:
   a. Develop comprehensive outreach strategies to ensure the program is widely known and accessible to all eligible beneficiaries, including those who may not have previous engagement with the NS.
   b. Regularly review and adjust outreach and enrolment strategies based on feedback from beneficiaries and stakeholders to improve inclusivity.
   c. Utilize various communication channels, including the NS website, social media platforms, community networks, and local media, to promote the program and reach a broader audience.
3. Targeting New Beneficiaries:
   a. Implement mechanisms to identify and target new beneficiaries who have not previously engaged with the NS or benefited from other programs.
   b. Conduct community assessments to identify underserved populations and tailor outreach efforts to reach them effectively.

> “With this program, I did not have to stay awake at night worried about where I can get money for my medication.”

Igor,
63 years
old


*Slovak Red Cross successfully conducted 4 Focus Group Discussions in two cities with a total of 29 individuals in attendance.*

## Challenge: HR Capacity and Team Collaboration

The program served as a compelling demonstration of the necessity to involve health technical teams not only in the selection of diseases or conditions addressed within the response but also in evaluating the practicality of attaining health objectives in a CVA in Health program. This comprehensive approach ensures that the chosen interventions are both relevant to the context and feasible to implement effectively.

Notably, the absence of a dedicated health focal point within the national society during the program's planning phase posed a challenge. To bridge this gap, the regional unit played a pivotal role by providing essential health expertise and guidance. This collaboration underscored the importance of inter-organizational support and knowledge exchange in enhancing program effectiveness and ensuring that health considerations remain central to humanitarian responses.

By leveraging external resources and expertise, the program exemplified adaptability and resilience in overcoming operational hurdles. Moving forward, integrating health technical teams into the planning process from the outset will be essential for fostering holistic and sustainable approaches to health-focused interventions within humanitarian programming.

**Mitigation Recommendations for Future Programs:**

1. Establish a Technical Working Group comprising of the different departments involved in the program, including the health technical experts, to provide guidance and oversight on health-related matters throughout the program lifecycle.
2. Capacity Building: Invest in training and capacity-building initiatives to empower staff and volunteers with the requisite knowledge and skills to address health challenges effectively. This may include workshops, seminars, and skill-building exercises tailored to the program's specific needs.
3. Partner Engagement: Strengthen partnerships with local health authorities, NGOs (Non-Governmental Organizations), and academic institutions to leverage their expertise and resources in addressing health-related challenges. Collaborative efforts can enhance program effectiveness and sustainability.
4. Resource Mobilization: Allocate adequate resources, including funding and personnel, to support the establishment and operation of the program including having a dedicated health focal point within the national society and providing supplemental technical support from the IFRC regional or cluster level. This will ensure ongoing support and expertise in addressing health concerns.

# Challenge: Transfer Value

Defining the transfer value for the cash-based program proved to be a challenging task, primarily due to several factors that impacted its determination.

Firstly, the absence of a published minimum expenditure basket by the Cash Working Group hindered efforts to establish a standardized benchmark for transfer values. Partners within the group often relied on the Government of Slovakia's Ministry of Labour, Social Affairs, and Family (MoLSAF) program[1], which provided cash transfers to vulnerable households through their Material Needs allowance social benefit.

The amount provided by this benefit was calculated based on the number of family members and their ages.

- Children < 3 years: 160 Euros
- Children 3-18 years: 60 Euros
- Adults: 80 Euros

While this benefit was extended to include refugees from Ukraine, its simplified scale based on age and vulnerability criteria lacked specificity and flexibility, potentially limiting its adequacy in addressing diverse needs. To mitigate this, the National Society attempted to supplement transfer value calculations by considering invoices from select branches. However, not all of these invoices aligned with the specific diseases outlined in the program's eligibility criteria, rendering them inadequate for accurately assessing costs.

Furthermore, the absence of a comprehensive market assessment and continuous changes of the national health legislation further complicated efforts to understand the true cost landscape. An in-depth market assessment could have revealed discrepancies in the costs associated with different illnesses covered by the program's eligibility criteria. While some illnesses may have been covered by existing government programs at minimal costs, others could have incurred substantial expenses. However, the Slovak Red Cross could not predict when the government's healthcare coverage scheme for the Ukrainians was to be implemented. There was also a lack of information on how much coverage it would be for individuals as the coverage was dependent on individual patient conditions and needs. This lack of insight led to disparities in the adequacy of transfer values, resulting in varying levels of financial coverage per beneficiary.

The disparity in financial coverage per beneficiary became apparent during the focus group discussions conducted as part of the program evaluation process. While all participants expressed satisfaction with the program overall, there were notable discrepancies in the extent to which the provided amount covered their healthcare expenses.

For example, participants with diabetes and hypertension reported that the allocated funds were sufficient to cover not only their medical needs but also groceries and other essential expenses. In contrast, individuals with other illnesses mentioned that the 60 euros provided only covered a fraction of their healthcare expenditure, leaving them struggling to afford necessary medications and treatments.

The program highlighted the large need for a more global methodology for determination of cost transfer values for CVA in health programs, as it would provide an efficient and effective guide in program planning and resource allocation.

**Mitigation Recommendations for Future Programs:**

1. **Development of a standardized minimum expenditure basket** in collaboration with the Cash Working Group to provide a baseline for defining transfer values.
2. In coordination with the global CVA in health working group, create a guidance tool to develop an effective methodology for calculation of transfer value of CVA in Health programs.
3. **Enhance coordination with government programs** to align transfer values with the actual needs of beneficiaries.
4. **Conduct comprehensive market assessments** to accurately gauge the costs associated with specific illnesses and services targeted by the program.
5. **Regularly review and adjust transfer values** based on updated market assessments and beneficiary feedback to ensure adequacy and effectiveness in addressing diverse needs.

1. Assistance in material need > ÚPSVaR (gov.sk)

# Challenge: Beneficiary Eligibility Verification

Verifying the eligibility of beneficiaries is essential. It ensures that assistance reaches those who truly need it while preventing fraud or misuse and is an essential step that is widely taken in programs across the globe by partners in the Red Cross and Red Crescent Movement as well as partner organizations that implement cash and voucher assistance. Beneficiary eligibility verification is conducted in various methods such as face to face verification at branches or service points or through the upload of supporting documentation to a secure application/software contracted by the implementing partner while considering General Data Protection Regulation (GDPR).

In the planning phase of this program, although the National Society rigorously investigated all possible verification methodologies, a lot of challenges were faced when trying to create a system for beneficiary verifications. The National Society did not have the technical HR capacity to do the beneficiary verification face to face in the different branches and did not want to delay the program until concerns of GDPR are addressed because of the significant health gap in the targeted community, especially with the unclarity with national health legislations.

Thus, it was decided that the program will depend on self-attestation for eligibility verification. In essence, it will depend on the beneficiary to self-testify on the registration application RedRose that they meet the eligibility criteria, including the illnesses without providing supporting documentation or going for a verification of this self-attestation. The risk to benefit rationale justified the decision for the lack of a systematic beneficiary eligibility verification.

Despite these challenges, the National Society put in a few control measures in the program to decrease possible inclusion error. A partial control measure put in place by the National Society was that because the number of beneficiaries was only 1000 individuals, the participant targeting is done by the branches, to try to have individuals that the NS knows to have medical issues register. Another control measure taken was to check with the National Health Insurance database during the registration phase who was already under the health insurance through their employer and excluding these individuals from the initial program registration eligibility. This resulted in only having individuals without insurance approved for the program.

During 3 of the 4 focus group discussion sessions, concerns on eligibility verification were raised by the beneficiaries, thus making it an apparent issue. One of the beneficiaries suggested that if there was verification, more money would have been available for those that are sick for a longer time. It is not possible to define exactly how many individuals that did not meet the eligibility criteria enrolled in the program.

**Mitigation Recommendations for Future Programs:**

1. Implement Random Spot Checks: Despite the initial decision to depend on self-attestation, introduce a system of random spot checks to verify the accuracy of beneficiary information. This can involve selecting a sample of beneficiaries for face-to-face verification or document review to ensure compliance with eligibility criteria.
2. Utilize Data Matching: Collaborate with relevant authorities or databases to cross-reference beneficiary information for verification purposes. This could include verifying insurance and other national healthcare services against existing health databases to validate eligibility claims.
3. Offer Voluntary Documentation Submission: Provide beneficiaries with the option to voluntarily submit supporting documentation, such as medical records or prescriptions, to verify their eligibility, face-to-face. Ensure that any documentation submitted is securely handled in accordance with GDPR requirements.
4. Explore Alternative Verification Methods: Investigate alternative verification methods that minimize the collection of personal data while still ensuring program integrity. This could include innovative technologies or community-based face to face verification approaches that prioritize privacy rights.
5. Engage Stakeholders in Decision-Making: Involve beneficiaries, community representatives, and relevant stakeholders in decision-making processes regarding beneficiary verification methods. Seek feedback and input on potential strategies to balance GDPR compliance with program effectiveness.
6. Address Beneficiary Concerns: Acknowledge and address concerns raised by beneficiaries regarding the lack of verification and its potential impact on program fairness and effectiveness. Communicate transparently about the rationale behind verification decisions and any steps taken to mitigate risks.

“When I was getting the money, I felt better. I did not have to skip doses to save money, I did not have to choose between taking my medication and buying food for my family.”

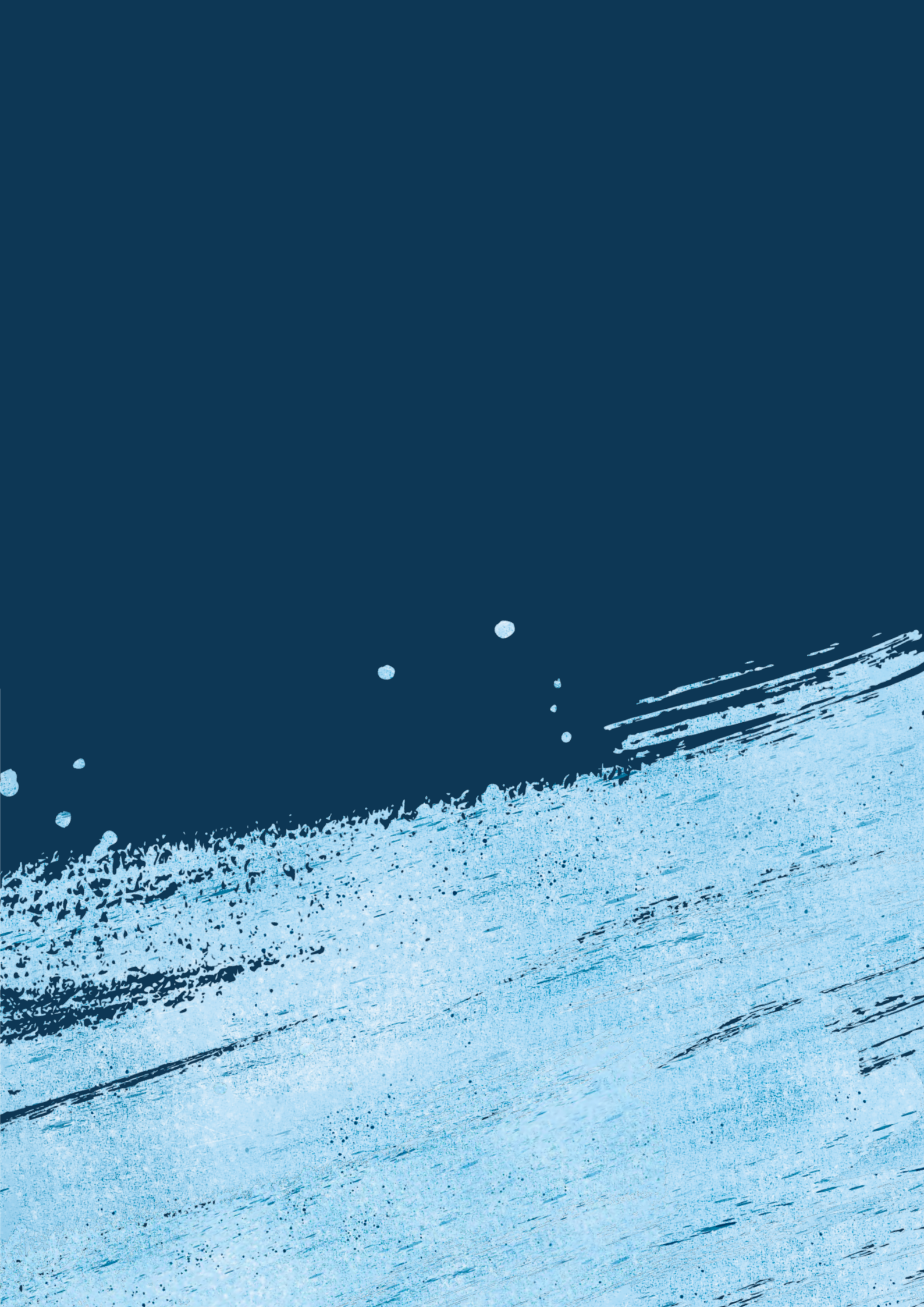
Anna, mother of two children

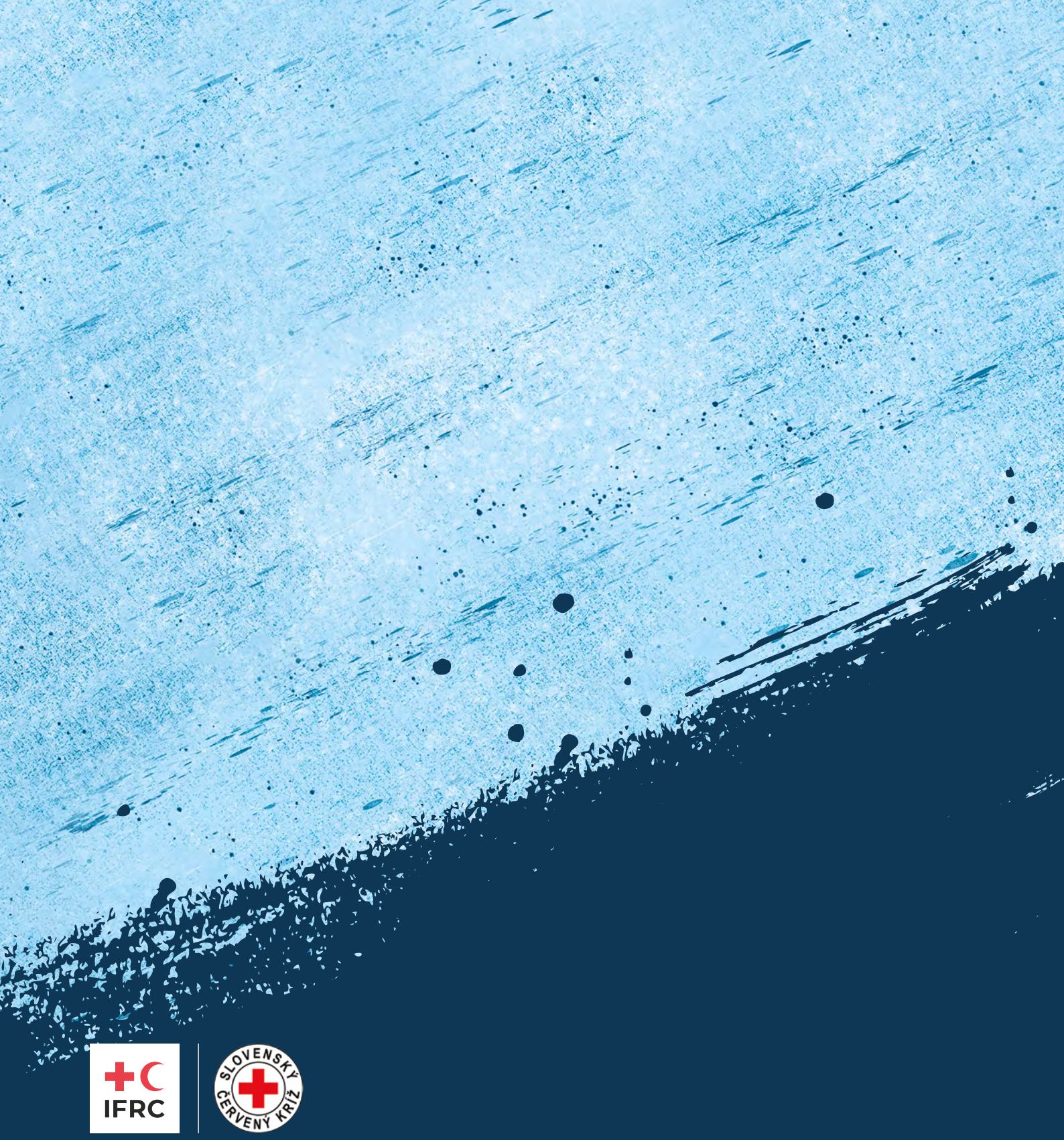
# Challenge: General Data Protection Regulation and CVA in Health

Reflecting on the challenges faced during the implementation of the cash transfer program for people displaced from Ukrainian in Slovakia's health sector, it's evident that embracing innovative approaches and establishing clear guidelines are crucial for navigating the complex landscape of data protection regulations, particularly under the stringent framework of the GDPR. While the GDPR aims to safeguard individuals' privacy and data rights, it unexpectedly became a substantial obstacle rather than a facilitative tool in creating this program. Compliance with GDPR requirements added layers of complexity to beneficiary verification and aid distribution, hindering our efforts to efficiently deliver assistance to those in need. There is an evident need for the International Federation of the Red Cross and Partner National Societies to engage in proactive dialogue with regulatory bodies and stakeholders to advocate for the development of guidelines that strike a delicate balance between safeguarding personal data and ensuring efficient aid distribution. Despite our commitment to upholding privacy rights, the rigid framework of GDPR complicated our ability to effectively identify and support beneficiaries, highlighting the need for more flexible approaches in humanitarian initiatives.

**Mitigation Recommendations for Future Programs:**

1. Enhance Data Security Measures: Strengthen data security measures by investing in secure data encryption, anonymization techniques, and robust cybersecurity protocols. This ensures that personal data is adequately protected against unauthorized access or breaches.
2. Monitor and Evaluate Compliance: Regularly monitor and evaluate compliance with GDPR requirements throughout the program implementation process. This includes conducting internal audits, reviewing data processing activities, and addressing any identified non-compliance issues promptly.
3. Develop Tailored Guidelines: Work with regulatory bodies, legal experts, and stakeholders, including cash and health working groups, to develop tailored guidelines that provide clear instructions on how to navigate GDPR compliance while implementing CVA in health programs. These guidelines should balance data protection requirements with the need for efficient aid distribution.
4. Implement Data Minimization Strategies: Adopt data minimization principles by collecting and processing only the minimum amount of personal data necessary for beneficiary verification and aid distribution as well as creating more innovative methodologies for beneficiary verification. This reduces the risk of GDPR non-compliance while still fulfilling program objectives.
5. Collaboratively designing frameworks that incorporate robust data protection measures alongside streamlined verification processes that can enhance the effectiveness of humanitarian initiatives while upholding privacy rights. Additionally, investing in technological solutions such as secure data encryption and anonymization techniques can bolster the integrity of beneficiary verification processes, offering a promising avenue for navigating the intersection of humanitarian action and data protection in today's digital age.





# Cash Assistance for Refugees with Non-Communicable Diseases in Slovakia

## Cash and Voucher Assistance in Health

## LESSONS LEARNT REPORT

**Vesal Kuchumov**
Health and Cash Delegate
Health and Care Unit
IFRC Europe Regional Office

**Gabriela Šujanská**
Volunteer Manager
& Community Engagement
and Accountability Focal Point
Slovak Red Cross
gabriela.sujanska@redcross.sk