

# Red Cross Red Crescent Movement

## Cash and Voucher Assistance for Health Technical Working Group - Webinar

### 10 March 2022



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	Agenda	Speaker
3 mins	Housekeeping	<b>Viviana Olivetto</b> , Senior Health Advisor, British Red Cross - Moderator
10 mins (incl. Q&A)	Cash for Health Outcomes Paper	<b>Danièle Wyss</b> , Institutional Cash & Voucher Assistance Programme Officer, ICRC
17 mins (incl. Q&A)	Cash for Health in Emergencies, Kenya Red Cross	<b>Fredrick Orimba</b> , formerly the CVA focal point with Kenya Red Cross Society, and now German Red Cross Technical Lead for CVA and Social Protection
5 mins	CVA and Health Emergency Response Units (ERUs)	<b>Ansa M. Jørgensen</b> , Cash and Health Coordinator, Norwegian Red Cross
20 mins	Discussion	<b>Viviana Olivetto</b> , Senior Health Advisor, British Red Cross - Moderator

Will start at advertised time (TIME: 10:00 Geneva / 12:00 Nairobi /17:00 Kuala Lumpur)

– please complete poll while waiting

Cash for Health Outcomes Paper

**Danièle Wyss**, Institutional Cash & Voucher Assistance Programme Officer, ICRC

Stop sharing slides so Daniele video feed can be seen in full

# KENYA RED CROSS SOCIETY

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## CASH FOR HEALTH IN EMERGENCY

October 2020- July 2021

*RCRCM Webinar on the use of CVA for Health  
Outcomes. Experience sharing 10<sup>th</sup> March 2022*

# CASH FOR HEALTH IN EMERGENCY



**Funding** - British Red Cross **Project area:** Taita Taveta County (Mata, Mahoo and Challa wards)

## **Objective**

COVID-19 response project used CVA to promote maternal health, including access to post-natal and ante-natal care, hospital deliveries, child health and nutrition.

It sought to address both demand side (reducing financial barriers, meet indirect costs of healthcare & incentivizing behaviour) and supply side to improve health outcomes

## **Target population**

Pregnant women/girls, lactating women/girls, children under five years

## Progress indicators:

- # ante-natal clinic visits by expecting mothers/adolescent girls.
- # post-natal clinic visits by mothers
- # hospital/skilled deliveries.
- # of children under five immunized

# PROJECT DESIGN



- Conditional but unrestricted monthly cash transfers to target women/adolescent girls
- Transfer amount prorated with government value for social protection benefits (Ksh 2,000 – approx. USD 20)
- Case load of 915 women/adolescent girls for 10 months
- Implemented through the Ministry of Health systems – Community Health Strategy (Working with CHVs, CHAs, PHOs and Local health facilities) – HH visits
- Created demand for health services as well as provision of health services (medical health outreaches)
- Mother/child health card and health facility records used to verify uptake of health service.

# Stakeholders engagement: County and Sub County Health Management teams



*Inception Meeting with the Sub County Health Management Team*



*Review meetings with Sub County Health Management*

# Training of Healthcare volunteers on the MNCH services



Sub County Public Health Officer training 40 Community Health Volunteers, 5 CHAs – identified from 6 community units



# Community sensitization sessions



# Beneficiary targeting and registration – KoBo collect



**A KRCS volunteer conducting beneficiary registration in Njoro-Masaini**

**Beneficiaries supported per ward**

Ward	# people	# villages
Mata	558	31
Mahoo	181	9
Challa	176	16
<b>TOTAL</b>	<b>915</b>	<b>56</b>

# Integrated Medical Health Outreaches

## Services provided:

- Immunization
- Family planning
- Nutrition counseling
- Post-natal care & growth monitoring
- Malaria tests/Tx
- General ailments
- COVID—19 sensitization

Outreaches addressed health service supply challenges caused by few medical/healthcare workers, industrial strike, wide coverage/long distances & insecurity from wild animals attack



## Review meetings at health facility with CHVs



### Review meetings at health facilities with CHVs:

- Malukiloriti dispensary
- Rekeke health centre
- Nakuruto health centre
- Mahandakini health centre
- Mata health centre
- Ndilidau dispensary

### Community feedback sessions



# Monitoring & Verification through health facilities



**Verification of health records with the Public Health Nurse before cash transfers**

Done in all catchment facilities both private and public health facilities

- Rekeke health facility
- Mata dispensary
- Mahandakini
- Taveta Hospital
- Meditech Private facility
- Alphata private facility
- Ndilidau dispensary
- Challa hospital

# Disbursed cash to 915 beneficiaries successfully



Project beneficiary making cash withdrawal at a mobile money agent

# Post Distribution Monitoring



- PDM was key to collect feedback from communities (both benefitting and non benefitting people)
- Some women (approx. 3%) were receiving cash through proxies (husbands)
- Monitor cash fluidity among mobile money agents

# Best Practice



- Sensitizations through community engagement sessions provided and opportunity to remain in touch with the communities and address some of their fears/misconceptions about health services and strengthened behaviour change
- Data verification for service uptake from both public and private health facilities, with the support of the sub county public health nurse showed real time results.
- Project realized multiplier effects on sensitization on SGBV/GBV and FGM as pre-disposing factors to pre and post pregnancy complications
- Medical outreaches in partnership with the Sub County health team (Nurses, PHOs, Clinical officer, Sub County Community Unit team leader, CHVs and KRCS volunteers) addressed supply issues.



# Lessons learnt



- Engagement of health sectors at design phase of the project is key to develop and implement such a project effectively and improve health outcomes
- Working within the existing community structures both administrative and health systems is key for success and sustainability.
- People feel safe to seek health services from facilities far from area of stay in rural areas for privacy and confidentiality. This in the other hand contributes to poor health seeking behaviour especially among the poor communities.

# Challenges

- Healthcare workers' industrial strike
- Loss to tracking due to:
  - Relocation/migration of beneficiaries to other counties/areas/urban areas
  - Seeking health services across the border of Kenya and Tanzania or in health facilities far away from the project site
- Not easy to verify the actual spending of the unrestricted cash transfers (people are unlikely to prioritize immunisations for example when they don't have food)

# Cash Readiness in Health ERU

## Webinar

Ansa Masaud Jørgensen

Senior Advisor, Cash and Vouchers

NorCross

10 March 2022



# Objectives

- To make Emergency Hospital cash ready
- To develop expertise and capacity in CVA for health to improve health outcomes for patients
- Partners: ICRC

# Health ERU Cash Readiness

## CVA Innovation within hospital care

### Mapped Financial Barriers of Patients

- Access to field hospital from rural and distant areas
- Needs of vulnerable patients for additional specialized care locally and follow-up
- Referral pathways linkage to cash support
- Rehabilitation of injured civilians and financial pressure
- Follow up of specific health care needs of other groups of patients : women, children, elderly, injured, injured burden from the war and follow up etc

# ERU Cash Readiness Review

- Look back study to help inform organization's cash readiness
- NorCross and ICRC
- 7 country contexts
- Case studies, KIIs, literature review and online survey

# ERU Cash Readiness Review

- HR
- Capacities
- Operational modalities
- Potential Cash Options for ERUs
- Cash delivery mechanisms
- Partnerships
- Risk Analysis



# Tools

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- CVA Health Assessment
- Cash options matrix
- Targeting Criteria
- Criteria
- Cash and Health Delegate Roster
- Training and E-Learning





# Training

- Cash and Health Training Module
- What and How
- Face to face session module
- E learning module
- 2 modules: ERU delegates+ National Society Partners
- Scenario based

# Discussion space

- What barriers come up with reduce your ability to consider or undertake CVA for Health outcomes?
- In relation to CVA and Health what questions do you have? What do you want to hear more about?

*Please post summary of point/question you want to raise in the chat and then the moderator will unmute you so you can share directly.*

## Potential discussion topics related to CVA and Health:

- Applications
- Targeting criteria
- Timing of programme
- Where vouchers are used – best/better practice?
- Examples where RedRose has been used to support CVA for Health?

# Thank You

- **Danièle Wyss**, Institutional Cash & Voucher Assistance Programme Officer, ICRC
- **Ansa M. Jørgensen**, Cash and Health Coordinator, Norwegian Red Cross
- **Fredrick Orimba**, formerly the CVA focal point with Kenya Red Cross Society, and now German Red Cross Technical Lead for CVA and Social Protection
- **Viviana Olivetto**, Senior Health Advisor, British Red Cross - Moderator
- **Attendees**

## Key Resource Locations:

<https://cash-hub.org/resources/cash-and-health/>

<https://www.who.int/health-cluster/about/work/task-teams/cash/en/>

<https://www.calpnetwork.org/themes/sector-specific-cva/health-and-cash-and-voucher-assistance/>

<https://www.calpnetwork.org/publication/cash-and-voucher-assistance-for-health/>