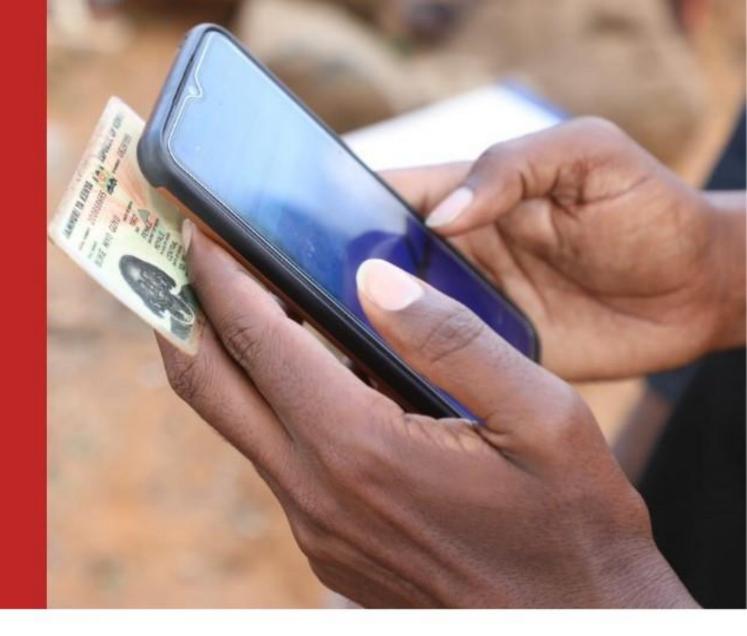
Using CVA for Health: Showcasing National Society Experiences

Tuesday 5th December 11:00 CET





CashHub

Thank you for joining









Please kindly mute your microphones when not speaking Following the call, we will share the presentation slides and the relevant materials with all of you Please be advised that today's session will be recorded

There will be a Q&A session at the end of the webinar

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	Agenda	Speaker	
5 mins	Housekeeping & Opening	Cara Wilson, Cash Hub Helpdesk Manager, British Red Cross	
10 mins	Overview of CVA for Health	Ansa Jørgensen, Senior Advisor, Cash & Health, Norwegian Red Cross	
20 mins	Somalia, Kenya and Slovakia Case Studies	Abdisalam Hussein, PMERL Manager, Somali Red Crescent Jeff Otieno, Disaster Management Programme Officer-CVA, Assessments, Food Security, Operations and Shelter, Kenya Red Cross Society Samuel Zlatos, CVA Coordinator, Slovak Red Cross	
20 mins	Panel Discussion with Audience Q&A		
5 mins	Wrap Up		

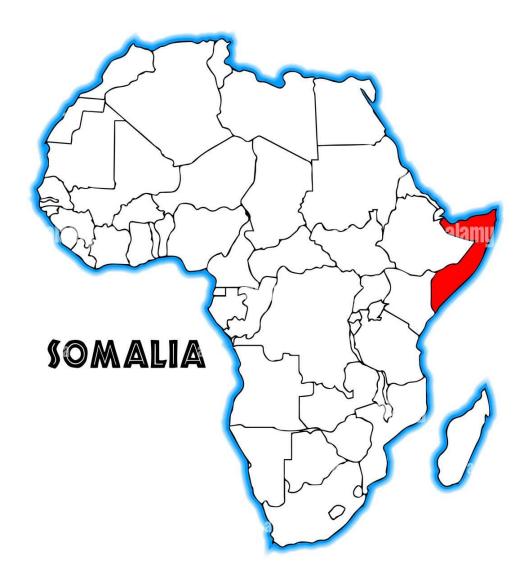
Somalia



PMERL Manager at Somali Red Crescent

Background/context

- Somalia is a country that location in East Africa
- Recurrent drought 2019 through to 2022.
- Persistent insecurity and conflict across the country
- Russia Ukraine Global supply and high rocketing prices,
- **SRCS** is one of the potential organizations in the country.
- CVA project in SRCS supported facilities in Sool, Nugal and Mudug





What was the planned health outcome?

What type of CVA was planned/delivered?

Ensure the immediate health and nutritional needs of drought affected populations (PLW, children <5 SAM/MAM) are met

Transfer value

 Computed based on MEB developed by CWG.

Qualifying conditions

- Monthly attendance at the clinics for check ups.
- Unrestricted.

Planned

Conditional cash transfers/vouchers to cover emergency health needs to access health service for most priority patients facing malnutrition and disease outbreaks, maternal health and child nutrition needs resulting from the drought crisis.

Delivered

Conditional cash transfers (CCT) to cover emergency health needs to access health service for most priority patients facing malnutrition and disease outbreaks, maternal health and child nutrition needs resulting from the drought crisis.

Key Learnings

Each CVA for Health intervention must take into account the stock requirements for the additional caseloads generated as a result of the CVA for Health interventions. Drugs can be procured/prepositioned to support these higher caseloads, particularly in longer programs.

A system for tracking nomadic beneficiaries is essential. SRCS needs to devise an effective system that's operable in their contexts. Options to consider include embedding volunteers within the nomadic communities and having a digital system between health facilities so beneficiaries can attend facility visits at different health facilities and still be captured in one system. This will additionally aid in identifying beneficiary location, should there be a need to conduct PDMs, KIIs, FGDs etc.

The existing SRCS finance systems to manage a Cash for Health intervention, including monthly cash payments for beneficiaries, proved overwhelming for SRCS staff. This provides an opportunity for NorCross <u>to provide specific</u> <u>technical and capacity building</u> <u>support</u> in finance to further strengthen the HNS capacity.

Beneficiary preferences (cash vs vouchers) must also be established prior to the implementation of any future CVA interventions.

Key Recommendations

A minimum set (menu) of standards on Assessments and Reporting needs embedded in programme planning. To include a comprehensive Rapid Need's and Vulnerability Assessment including Market Assessment) Response Analysis and Baseline Assessment. Guiding programme decision including choice of modality, conditionality, choice of locations and defining the target groups for support, PDM scheduling and being clear on an Exit strategy.

Establish committed community feedback mechanism, conducting PDM for several times

Prepare staff technicality to do smooth implementation by giving staff CALPI CVA training Unconditioned cash transfer can be considered to support non health beneficiary priorities and protect conditional amount provided



Kenya Red Cross Society

CVA for Health

Planned health outcome:

Reduced Malnutrition rates among drought affected populations

Type of CVA delivered:

Conditional cash grant through use of vouchers

Key Learnings

Health Market infrastructure could not support the use of vouchers

Commodity stockouts within the health facilities



Slovak Red Cross

Cash Assistance For Refugees With Non-Communicable Diseases in Slovakia

Samuel Zlatos, CVA Coordinator



CVA interventions in Slovakia since the onset of the crisis in Ukraine



Program	Period	Transfer amount & installments	# of cash recipients	Total cash disbursements
Multi-Purpose Cash Assistance	May 2022 – Jan 2023	5 x 380 € max.	5223 individuals	1,400,000 €
Cash for Education Grant	Nov 2022	1 x 120 € per child	1120 children	150,000 €
Winterization Top-Up Payment	Dec 2022	1 x 150 € per individual (400 € max)	4500 individuals	600,000 €
Cash for Shelter	Sep 2022 – Feb 2024	6 x rental assistance / host family support	391 rental assistance 241 hosting families 67 Slovak families	2,400,000 €
Cash for Health	Aug 2023 – Jan 2024	3 x 60€ per individual (add. 3 x 60€ extension)	1165 individuals (743 individuals)	270,000 €
Grocery vouchers	May 2023 – Feb 2024	3 x 30 € max. per household	1000 vouchers	30,000 €
Winterization Grant for Hosting Families	Nov 2023 – Feb 2024	150 € per host	500 households	100,000 €



CVA for Health



Overall objective:

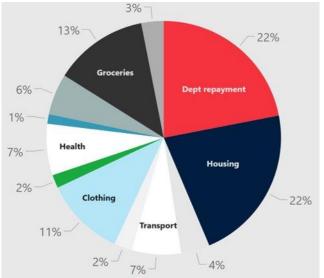
Enable Ukrainian refugees with chronic non communicable diseases (NCDs) and without health insurance coverage in Slovakia to access essential health services by contributing to recurring expenses related to their medical condition such as essential medical treatments, consultations, medicine and other health-related expenses.

Program's Health Outcome:

Ukrainians and third country nationals displaced from Ukraine living in Slovakia with chronic noncommunicable diseases have reduced vulnerabilities due to better coverage of their recurring costs for essential medical treatments, consultations, medical devices, medicine and other health-related indirect expenses.

Type of CVA that was planned/delivered:

- Exceeded target of 1000 individuals (1165 approved & enrolled)
- > 3 months of cash assistance of 60 EUR per month
- Additional 3 months extension for the most vulnerable cases (743 people)
- > Hybrid registration model (individually through smartphone or in-person)
- Different payment methods (bank transfer, digital & physical cash pickup) helped to achieve 99% pick-up rate



Lessons learned



Key challenges:

- Prolonged needs & context analysis phase
- Lack of medically trained staff
- during the initial phase
- Verification process v. Data protection laws (GDPR)
- Coordination with other actors
- Need for capacity building



Key Learnings:

- Triangulation of findings during needs assessment
 & narrowing down priorities
- Smooth scale-up with innovative solutions (AccessRC self-registration app, RedRose Lite & Classic, ESPO, KOBO)
- Critical role of Information Management
 (platforms management, data collection, payments, messaging, case management, trouble-shooting)
- Alternative solutions (backup FSP for payments processing, hybrid registration e.g.)



The importance of integrating Protection, Gender and Inclusion measures into CVA programmes.

Monday 11th December, 2023 13:00 CET/ 15:00 EAT







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Cash Helpdesk

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Questions and technical supports requests can be submitted through the Helpdesk's query form. The form is available in **English**, **French**, **Spanish and Arabic**.

cash-hub.org/helpdesk

REQUEST TECHNICAL SUPPORT HERE

Cash Hub - Helpdesk

Welcome to the Cash Hub Helpdesk. The Helpdesk offers remote technical support to staff and volunteers of the Movement related to CVA for preparedness, response and recovery. The Helpdesk is monitored by technical CVA specialists from across the Movement. We may forward your enquiry onto other experts where a specific expertise, knowledge of a specific context or language skills are required to support you.

We are committed to responding to your enquiry within 24 hours.

* Required

1. Your name *

Enter your answer

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English (United States)