Using CVA for Health: Showcasing National Society Experiences

Tuesday 5th December
11:00 CET
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
## Using CVA for Health Needs; Showcasing National Society experiences.
5th December 2023

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins Housekeeping &amp; Opening</td>
<td>Cara Wilson, Cash Hub Helpdesk Manager, British Red Cross</td>
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<tr>
<td>10 mins Overview of CVA for Health</td>
<td>Ansa Jørgensen, Senior Advisor, Cash &amp; Health, Norwegian Red Cross</td>
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</tbody>
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| 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?

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.

What type of CVA was planned/delivered?

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