Topic: ***Advancing Cash for Health in MENA***
Date: 18-6-2025

Q & A Webinar Summary Document:

Technical Questions about CVA in Health

- **What are the risks of distributing CVA in conflict-affected areas?**
  → Risk assessment and mitigation plans are essential. CVA may not always be feasible; decisions should be based on a cash feasibility study.

  In terms of the risk , various risk category could be consider like (security , operational , reputation , data security , Market , and institutional as well) , to know more about the risks , go to

  - MENA risk register: https://cash-hub.org/resource/mena-cva-risk-register

- **What if there is no Financial Service Provider (FSP) in the area?**
  → In such cases, and based on the context, there are many solutions to apply (if possible):

  - Multi agent solution: Coordinate with other organizations or clusters to pool resources and advocate for infrastructure development.
  - Joint contracting with FSPs may make service expansion more viable.
  - Use Cash-in-Envelopes Distribution, through third party, or by the organization.
  - Discover alternative delivery modalities (In kind _ voucher) r assistance may be a more viable option—especially where local markets are functional.

- **If part of CVA ends up supporting facility operational costs, should this be acknowledged in proposals?**
  → CVA is demand-side support (to people), while support to facilities is supply-side financing. Both are valid and complementary but should be clearly framed and reported differently.

- **How can CVA for health be used where infrastructure is damaged, especially for non-communicable diseases (NCDs)?**
  → CVA enables access where services exist. In areas with no functioning services, direct health interventions are required. CVA can complement, but not replace, service delivery.

Implementation Questions

- **When should cash for health be introduced if MPCA is already in place?**
  When health needs are urgent, not covered by MPCA, or when there's a need to track health-specific outcomes—e.g., for maternal health, chronic diseases, or emergencies.
- **What amount is typically used in cash for health interventions?**
  It varies by context and need—typically between $25–$200 depending on service type (e.g., medications, childbirth, consultations). A cost assessment should guide the amount.
- **Is cash for health appropriate during emergencies?**

Yes—if health services are functional and markets exist. Often used in the early recovery phase for priority needs like safe deliveries or chronic treatments.

Strategic & Integration Comments

- **CVA for health should be linked to resilience and DRR strategies.**
  → Agreed. CVA can increase access to preventive health services, contributing to stronger community resilience.
- **Why is cash for health not more commonly implemented?**
  → Health-related CVA often requires longer-term programming, referral systems, and a strong exit strategy. As a result, health needs are often addressed under MPCA unless a dedicated mechanism exists but cash for health programming for health outcomes are encouraged if needed and feasible.

Strategic Integration & Design

- **Are CVA for health interventions part of broader health programmes or standalone?**
  → They are often integrated into broader Health Emergency Appeals or programmes, but can also be standalone depending on context and funding streams.
- **Is there an exit strategy in place when supporting chronic disease cases with CVA?**
  → Yes, CVA for chronic diseases should include a referral pathway or transition strategy—either to public systems, subsidized services, or long-term programming.
- **Are there recommended monitoring tools using qualitative and quantitative methods to track CVA for health outcomes?**
  → Yes, tools should combine health outcome indicators (e.g., service uptake, treatment adherence) with financial access data. Both qualitative feedback (FGDs, KIIs) and quantitative surveys are essential to show direct and indirect impact.

Thematic Expansion: Zoonosis & Epidemics

- **Has the Movement studied or applied CVA in response to zoonotic disease outbreaks or livestock culling?**
  → Not systematically. The use of CVA in this context is emerging. Interest in piloting CVA for livelihoods protection (e.g., compensation during culling) is growing, especially in fragile contexts. More research and case studies are needed.
- **Can someone be connected with CVA experts on zoonosis?**
  → Some information are present here, but definitely more research is needed.

  https://www.livelihoodscentre.org/

Operational Considerations

- **Q: How can CVA address service gaps where health infrastructure is damaged, and how do we ensure it reaches patients with NCDs?**
  → CVA can support access where services or private providers still function. It must be linked to a health market assessment and prioritize target groups (e.g., NCD patients). Where no services exist, direct health interventions are needed.

- **Q: Has it been more effective to use unrestricted vs. restricted CVA for health (e.g., open cash vs. vouchers for medication)?**
  → Success varies. Restricted vouchers (for medicine, transport) can ensure funds go directly to health but limit flexibility. Open cash offers dignity and autonomy but requires strong awareness and targeting to ensure health outcomes. Both have been used successfully depending on the context.

Requests & Practical Follow-ups

- **Will the recording or presentation be shared?**
  → Yes, both will be shared after the webinar.

- **Sources for shared Statistics:**

  →

  - Cash transfer programmes were associated with a 20% reduction in the overall risk of death among adult women and an 8% reduction in the risk of death among children aged <5 years. https://voxdev.org/topic/health/cash-transfers-reduce-adult-and-child-mortality-rates-low-and-middle-income-countries?utm_source .
  - The effects of the cash varied amongst recipients, with greater impact for some , How Does Unconditional Cash Affect Health? (https://www.openresearchlab.org/findings/how-does-unconditional-cash-affect-health-2?utm_source)
  - What evidence is there that cash based response is value for money with respect to improving humanitarian outcomes and reducing the cost of the response? (https://www.gov.uk/research-for-development-outputs/cost-effectiveness-in-humanitarian-work-cash-based-programming?utm_source)
  - Cash is used to pay for health expenditure & Cash may be facilitating timely access or influencing care-seeking behavior . (https://www.calpnetwork.org/wp-content/uploads/2020/03/Webinar-presentation-3-Cash-and-Health-Presentation-Sana-Khan-IRC.pdf)

- **Suggestion: Include FSP training on PSEA, human rights, and women's issues**
  → Noted as an action item.

Appreciation & Final Reflections

- Participants emphasized the importance of gender-sensitive design in health-related CVA, and the need for integrated, long-term approaches.

- Several praised the relevance of the topic and expressed interest in seeing more implementation examples from the region.