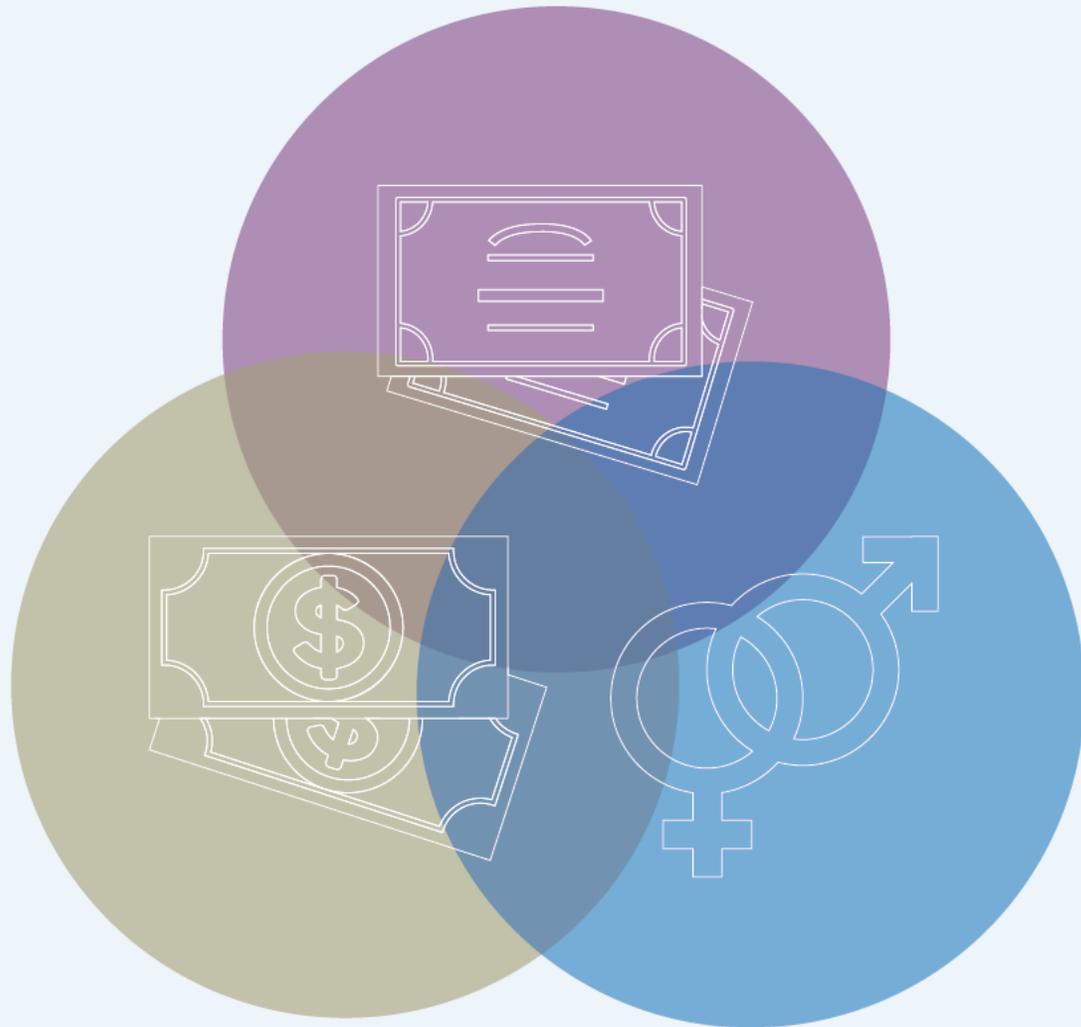


# **Sexual and Reproductive Health - Opportunities for using cash and voucher assistance (CVA) in emergencies**

02 April 2020

# Outline

1. Sexual and Reproductive Health and Rights (SRHR) during emergencies
2. Potential role of cash and voucher assistance (CVA) to reduce financial barriers to SRHR services
3. Existing evidence on the use of CVA for SRHR from development and humanitarian settings
4. Considerations on the use of CVA for SRHR during emergencies



# Consultation Meeting

Evidence and feasibility of cash and voucher assistance for sexual and reproductive health services in humanitarian emergencies

5 - 6 March 2020, Amsterdam

# **Sexual and Reproductive Health and Rights during emergencies**

# Sexual and Reproductive Health and Rights (SRHR)

“Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.

Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.

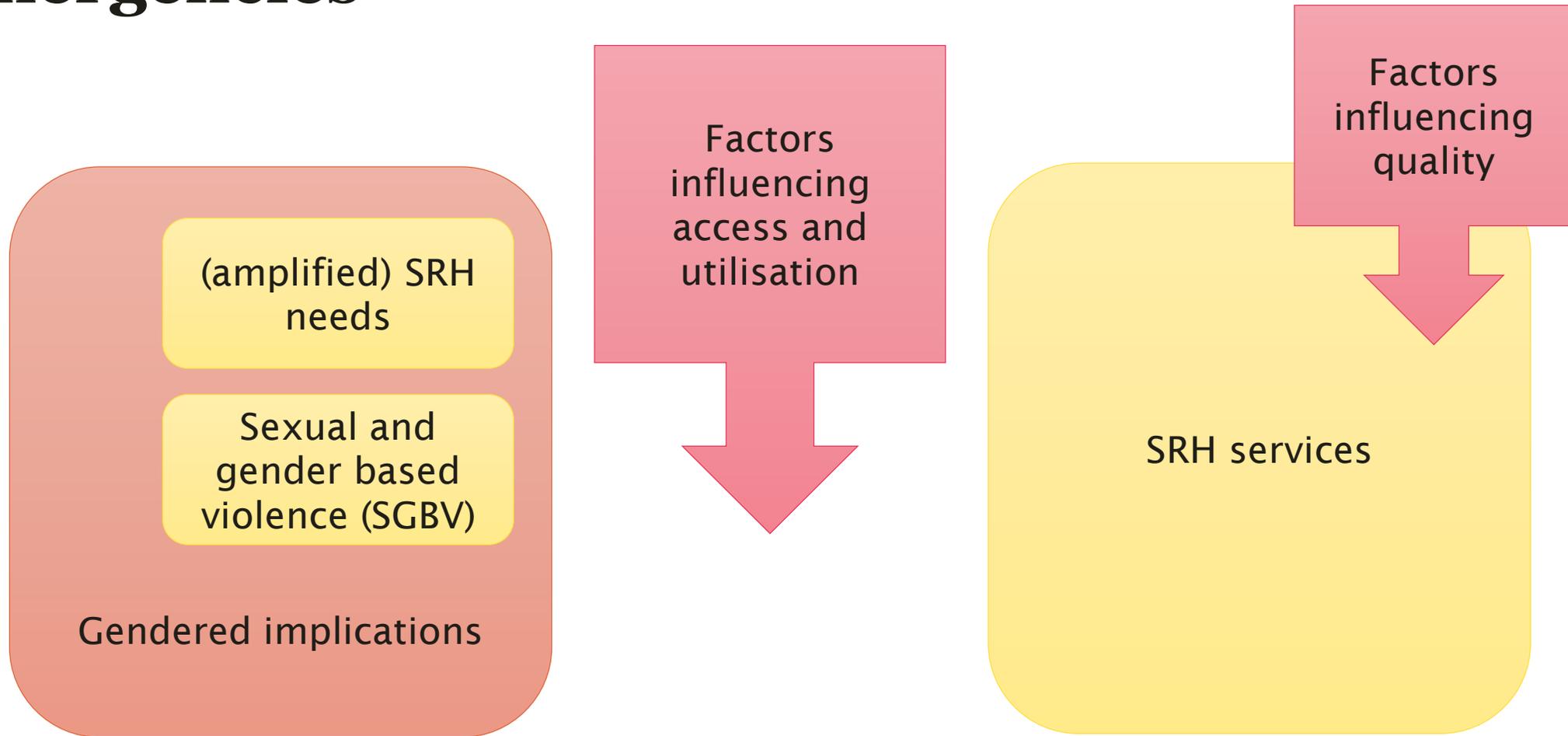
All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals...”

- Detailed description of the SRH rights of people -

“...Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.”

- Detailed description of the range of SRH services -

# Sexual and Reproductive Health during emergencies



# Potential effects of COVID-19 on provision of SRHR services

Examples of potential effects on the supply side:

- Diversion of –already scarce– resources (human and material)
- Diversion of financial resources (at international and national level).
- Disruption of supply chains leading to shortage of drugs and medical products

Examples of potential effects on the demand side:

- Increased barriers to seek for care resulting from prioritization of other household activities
- Increased barriers to reach health services
- Increased financial barriers due to reduced income

# **Role of cash and voucher assistance (CVA) to reduce financial barriers to SRHR services**

# Cash and Voucher Assistance (CVA)

Voucher schemes and cash transfers have a place under the family of Results Based Financing (RBF) interventions. Both are modalities of assistance aimed at “enabling households and individuals to meet their basic needs for food, non-food items, and/or services, or to buy assets essential to resume economic activity”

(OECD, 2017).

The effect of voucher schemes and cash transfers mostly affects “users” of the health system. Therefore, they are called demand-side interventions.

# Potential effects of COVID-19 on provision of SRHR services

Examples of potential effects on the supply side:

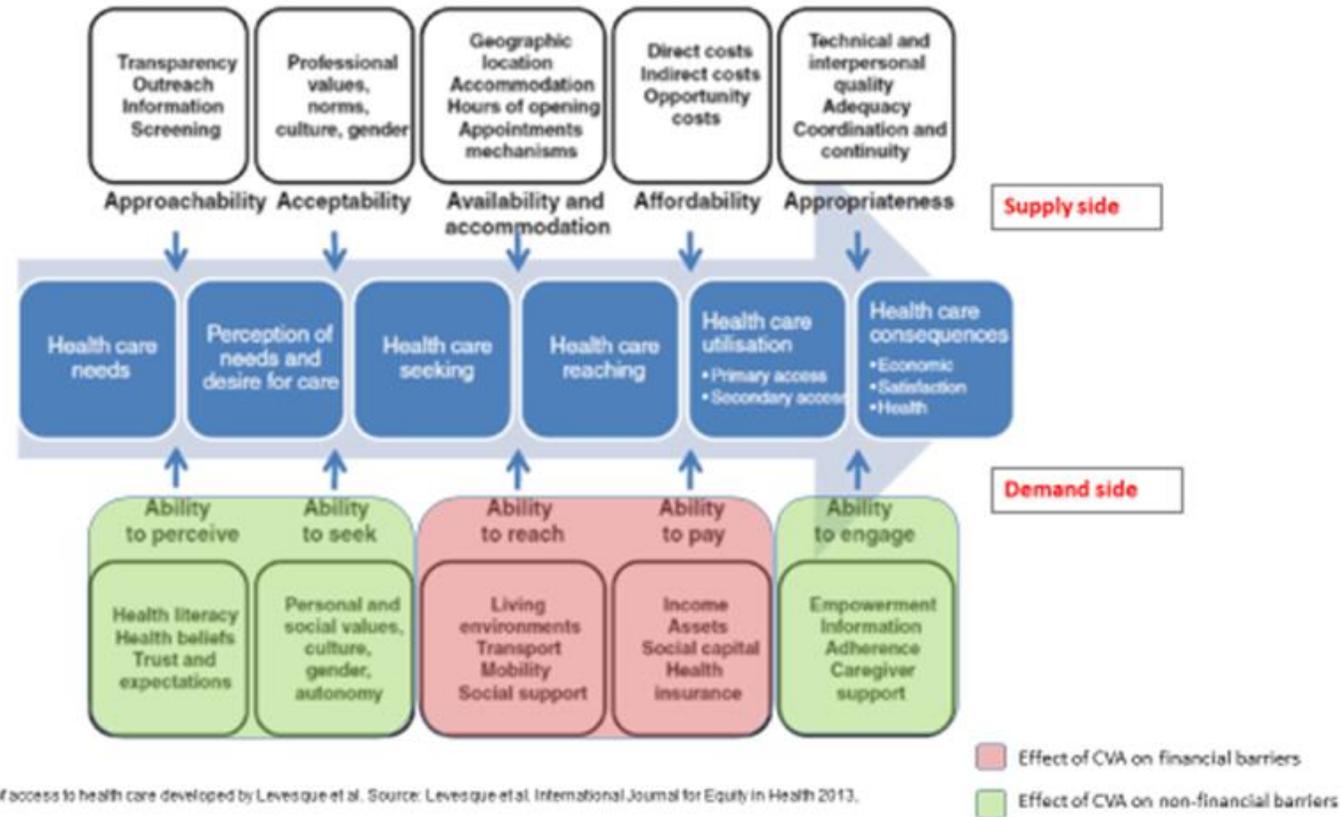
- Diversion of –already scarce– resources (human and material)
- Diversion of financial resources (at international and national level).
- Disruption of supply chains leading to shortage of drugs and medical products

Examples of potential effects on the demand side:

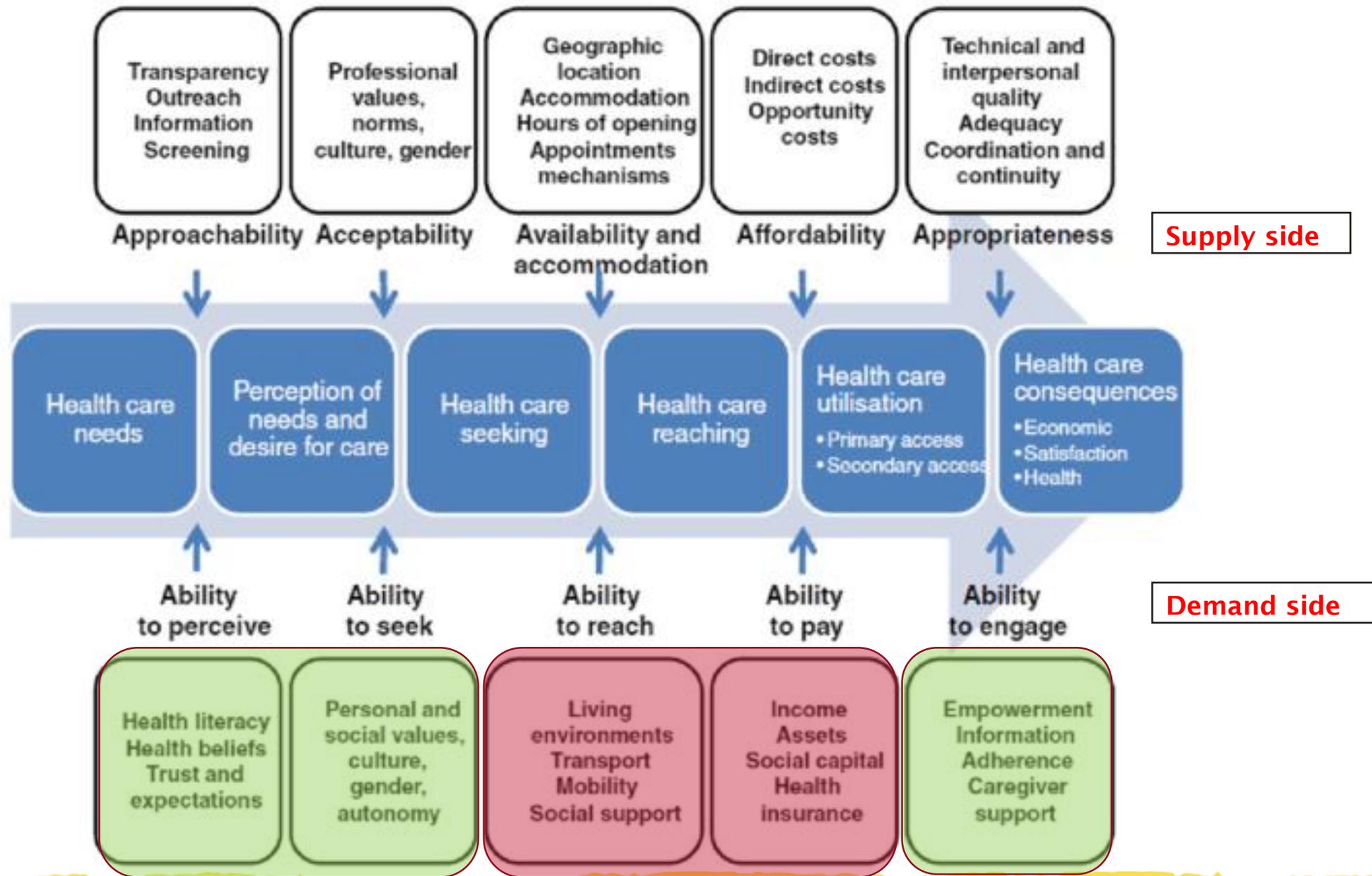
- Increased barriers to seek for care resulting from prioritization of other household activities
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# Framework of access to health care



Source: A conceptual framework of access to health care developed by Levesque et al. Source: Levesque et al. International Journal for Equity in Health 2013, 12:1



# **Evidence on the use of CVA for SRHR from development and humanitarian settings**

# Summary of evidence on CVA for SRHR in development settings

Effects reported on the demand side	Effects reported on the supply side
<p>A large number of systematic, landscape and literature reviews as well as individual studies of CCT and voucher programmes show that:</p> <ul style="list-style-type: none"><li>- <u>Robust evidence that vouchers increase service utilisation</u>: ANC (including earlier and more frequent ANC), skilled attendance at birth, institutional delivery and PNC</li><li>- A complex picture of experiences with CCTs which reflect the <u>importance of financial and other cultural, social, geographical and health systems factors as barriers to accessing care</u></li><li>- <u>CCTs have shown little effect on MNH outcomes</u> (mortality, low-birthweight, post-delivery behaviours, fertility)</li><li>- <u>Emerging evidence that vouchers are cost-effective and can change health seeking behaviour in a sustainable manner</u>. Some evidence that CCTs can affect behaviours and learning in the longer-run (i.e. once CCT stopped)</li></ul>	<ul style="list-style-type: none"><li>• The majority of studies underline the <u>need for concurrent (or staggered) supply-side investments</u> to overcome important barriers to access</li><li>• <u>Increased demand and utilisation of services puts pressure on already constrained service delivery capacities</u></li><li>• <u>Modest evidence that vouchers can increase quality of services</u>. <u>CCTs have no effect</u> on improvements in quality of maternity care unless accompanied by supply-side investments</li><li>• Strong evidence that <u>vouchers can reach underserved populations</u> (effective targeting)</li></ul>
<p>Adapted from presentation from Anna Gorter (2020) RBF for health applied in the development sector. Amsterdam</p>	

# Key findings of literature review on CVA for SRHR in humanitarian settings

Effects reported on the demand side	Effects reported on the supply side
<p>Quantitative (SM and FP):</p> <ul style="list-style-type: none"><li>• Increase in use of services (LARC/IUD/ANC), on institutional deliveries, and higher odds of institutional delivery</li><li>• 1 project smaller effect on poorer group (Edmond et al. 2019)</li><li>• Cost effective against status quo (Alfonso, N et al. 2013)</li></ul> <p>Qualitative (SGBV):</p> <ul style="list-style-type: none"><li>• Cash perceived by women (Jordan) to reduce household tensions/positive effect on psychosocial benefits and social cohesion</li><li>• Cash did not appear to influence underlying factors making individuals vulnerable to SGBV (Lebanon)</li><li>• Effect on prevention and mitigation of GBV (Ecuador) (But in Kenya low uptake because of stigma, fear, shame of reporting GBV)</li><li>• Cash + Psychosocial support combined perceived as helpful</li><li>• Increased awareness of FP services</li></ul>	<p>Vouchers (SM and FP):</p> <ul style="list-style-type: none"><li>• Providers (including private) motivated to offer services</li><li>• Services running in spite of conflict</li><li>• Opens doors for PPP (potential to increase scope and coverage)</li><li>• Expands client base</li><li>• Improved quality (also for clients not part of CVA)</li><li>• Upgrade health facilities</li><li>• Standardized quality assurance</li><li>• Access to improved provider training</li><li>• Increase in workload when not supported with intervention on supply side (clinical and admin staff)</li><li>• Cumbersome administrative work</li></ul> <p>CCT (SM):</p> <ul style="list-style-type: none"><li>• Active CHWs (Afghanistan) in spite of conflict / incentives made them feel appreciated and compensated</li></ul>

# Considerations on the use of CVA for SRHR during emergencies

# Considerations while using CVA for SRHR in emergencies

- Evidence shows that CVA can lead to increased utilization of SRH services
- Barriers to access SRH services not only financial ones
- Evidence suggests that in emergencies CVA is mostly used in projects focusing on safe motherhood, family planning, and GBV
- Evidence on effects of CVA focus almost exclusively on indicators of service utilization

# Considerations while using CVA for SRHR in emergencies

In relation to COVID-19

- Given the burden of the COVID-19 epidemic on health systems, efforts need to be done to secure additional resources to ensure continuity of provision of essential health services, including SRH services
- Being a demand-side intervention, CVA does not have any effect on supply-side issues or problems. Specific actions need to be put in place aiming to strengthen the health system
- CVA can have a role in reducing the financial burden at home and in reducing financial barriers to access health services.

**Thank you**