

## CASH AND VOUCHER ASSISTANCE:

### Breaking down barriers to SRH care in humanitarian settings



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## The approach

Global commitments to universal health coverage mean that all people should have access to a full range of quality health services without financial hardship. Despite these commitments, populations affected by emergencies often face heightened barriers to accessing health services due to disruptions to services and loss of livelihoods. For women and girls with sexual and reproductive health (SRH) needs during emergencies, this can lead to catastrophic health expenditures, harmful or even deadly delay of treatment, and increased reliance on negative coping mechanisms to grapple with their SRH challenges.

To address financial barriers to accessing SRH services in emergencies, UNFPA provides cash and voucher assistance (CVA) aimed to improve women, girls, and other key populations' access to health services and thus avoid delay of treatment or use of negative

coping mechanisms. In doing so, UNFPA lowers financial barriers to accessing SRH goods and services by addressing both the direct costs (i.e. cost of the product or service) and ancillary costs (i.e. the cost of transport to get to an SRH service, childcare costs while accessing a service, costs related to a hospital stay, etc.) of access. Through this, UNFPA has been able to enhance health-seeking behaviors and access to SRH services, ultimately contributing to safer pregnancies and childbirth and saving lives.

UNFPA is building an evidence-based foundation to bolster and refine this approach. UNFPA's research has highlighted the potential of CVA in motivating positive health-seeking behaviors, particularly in the context of encouraging and enabling the utilization of SRH services such as antenatal care, facility-based deliveries, and postnatal care, as well as participation in educational awareness sessions covering topics like menstrual health and hygiene management (MHM) and family planning. With this, the approach also positions CVA for SRH as a valuable gateway for UNFPA to facilitate referrals to other SRH and GBV services during CVA outreach, registration, and delivery while simultaneously providing access to essential SRH services as well as dignity items and goods related to family planning and MHM. It is important to bear in mind that CVA should be used as a complementary intervention within a comprehensive SRH framework that aims to enhance service provision, promoting and implementing supply-side interventions such as support to health facilities, strengthening the healthcare workforce, and capacity building for traditional birth attendants.

## Country highlights

In 2022, UNFPA reached over 93,500 women, girls, and other key populations with CVA in more than 15 countries around the world in order to support their access to SRH services and help them avoid resorting to delaying or foregoing treatment or relying on negative coping mechanisms.

The following sections detail some of the ways that UNFPA country offices have used CVA in recent years to meet the SRH needs of women, girls, and other key populations in humanitarian contexts.

### Access to and uptake of antenatal care, postnatal care, facility-based deliveries, and other SRH services through CVA covering the costs of transport, service fees, and/or other out-of-pocket SRH expenses

As part of the Maguindanao humanitarian response that began in 2021, **the Philippines** provided cash incentives to encourage pregnant women and adolescent girls to visit health facilities for prenatal, delivery, and postnatal and neonatal care. Cash transfers were provided conditionally based on attendance to the medical services, with amounts ranging from USD 4 for check-ups to USD 46 for delivery. The money was distributed through local partners and financial service providers. An [evaluation](#) of the intervention conducted jointly with Johns Hopkins University found that the cash recipients were significantly more likely to have facility-based deliveries compared to those who did not receive cash assistance (86.4% vs. 58.7%) and planned to continue doing so for future pregnancies (95.8% vs. 64.0%) due to safety benefits for themselves and their babies.

“ I will definitely recommend the facility to other mothers because they can ensure that the pregnancy is safe and well taken care of. I can visit the facility frequently because the cash assistance helps me with my fare.

*A cash recipient in the Philippines*



In response to cyclical disasters, in 2022 **Bangladesh** provided cash assistance for pregnant women facing obstetrics emergencies in flood-affected areas of the country's northeast. The emergency cash assistance aimed to ensure the pregnant women could access adequate medical care in a timely manner by covering transportation costs and other costs related to their hospital visits. In these same areas, conditional cash assistance was also provided to pregnant women who would deliver in facilities. The cash was delivered as cash-in-hand or through mobile operator BKash which is widely used in Bangladesh. This approach has since been replicated in other emergencies in the country.

“ It is very expensive for these pregnant women [facing an obstetrics emergency] to travel to the district hospital... the consequences of not going can simply mean the death of the mother and the baby

*A midwife in Bangladesh*



**Ukraine** launched cash assistance in the wake of the armed conflict to enable pregnant and lactating women to address their SRH needs before and immediately after giving birth. UNFPA worked with IOM to identify pregnant and lactating women (from 28 weeks pregnant to 6 weeks postpartum) within households already receiving multipurpose cash assistance for their basic needs. To address women's supplementary needs during pregnancy and the postpartum period, UNFPA and IOM provided an SRH top-up of 200 USD per woman. Cash was directly transferred to their bank accounts, with IOM's contracted payment service provider managing the cash disbursements while UNFPA was responsible for beneficiary information management and payment processing.

To address barriers to utilization of maternal health services, **Yemen** used vouchers that aimed to contribute to improved uptake of essential reproductive health services for pregnant and lactating women, enhance service quality in remote and underserved areas, and facilitate referrals to contracted government healthcare facilities. Local midwives were hired to assist in distributing the vouchers, mobilizing communities and supporting





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outreach, and referring beneficiaries to the identified health facilities in an effort to increase facility-based deliveries and antenatal care visits. The vouchers provided through the program aligned with the Ministry of Public Health and Population-recommended service package and helped to support the ongoing financing of the health facilities. A service quality assessment tool was developed to assess reproductive health service quality at accredited facilities, while individual interviews were conducted with voucher recipients to collect feedback on their access to and utilization of SRH services.

CVA for similar objectives related to the uptake of SRH services and access to SRH items and services has also been implemented in **Bangladesh, Burkina Faso, Colombia, Democratic Republic of the Congo, Indonesia, Iran, Moldova, Sri Lanka, Whole of Syria, Vietnam,** and **Yemen**.

“ This cash comes on time since my husband has debts and couldn't afford the cost of my delivery in a health facility any more. ”

*A pregnant woman in Syria who received cash assistance*



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## Access to menstrual health and hygiene management items and awareness

**Lebanon, Jordan, Bangladesh, Moldova, and Myanmar** country offices worked with local partners to combat period poverty by providing CVA to enable women and girls of reproductive age to purchase quality health and hygiene management (MHM) items and reduce their reliance on negative coping methods like missing work or school or using unsafe materials to manage their menstruation. In [Lebanon](#) and [Jordan](#), vulnerable adolescent girls and women of reproductive age received cash transfers after attending MHM awareness sessions which aimed to dispel stigmas and myths about menstruation. Similarly, in [Bangladesh](#) women and girls received block-chain based vouchers for the purchase of menstrual pads in addition to a small cash transfer following their participation in MHM training and learning sessions. In Moldova and Myanmar, women and girls of reproductive age received physical vouchers to purchase menstrual products from local shops, helping them to meet their menstrual hygiene needs while also serving as an entry point for GBV referrals and programming. These programs ultimately helped to empower women and girls to manage their periods confidently and with dignity, with the CVA boosting participant retention in awareness sessions and enabling the participants to purchase quality menstrual products. The integrated approach has been found to have had strong positive effects on psychological well-being, intergenerational relationships, confidence in managing menstruation, and decreased reliance on negative coping mechanisms.



## Access to ARV treatment and counseling for people living with HIV

To address financial obstacles faced by people living with HIV (PLHIV) and female sex workers and exacerbated by COVID-19, **Indonesia** introduced a cash assistance program in 2020 with involvement from government partners. This initiative aimed to enhance their access to services, sustain their adherence to antiretroviral (ARV) treatment, and meet other SRH needs. Cash assistance was provided conditionally requiring verified attendance at ARV treatment visits and medication pick-ups. It was also provided to enable access to other services such as tuberculosis treatment, reproductive and maternal health check-ups, COVID-19 testing, and mental health counseling based on the preferences and willingness of the recipients. Transfers were made through mobile e-wallets, with the number of transfers (between three to eight) and transfer amount determined based on transport costs and recipient characteristics (e.g., pregnant PLHIV, young PLHIV, tuberculosis comorbidity). **Monitoring** revealed a notable 21% increase in the number of PLHIV attending ARV treatment between the initial phase and expansion of the project, indicating a positive response.

“ Now I have more money for transportation to pick up the medicine. There was a period where I would get the ARV late, however now thankfully I receive the ARV regularly. ”

*A cash recipient who used to travel 45 minutes by motorcycle from their home to the hospital*

## Access to essential SRH medicines

**Jordan** piloted a voucher system in order to ensure the continuous provision of essential SRH medicines related to antenatal and postnatal care and other gynecological needs to pregnant and lactating women accessing services at UNFPA health clinics. The market-based support intervention is based on the provision of vouchers that can be redeemed against prescribed medicines directly from implementing partner-contracted local pharmacies. Through this, the voucher system aimed to reduce delays related to procurement, stock management, and distribution at UNFPA-supported facilities while relying on robust quality assurance provided by the Jordan Food and Drug Administration.

## Access to family planning

**Pakistan** provided technical assistance to the Pakistan government on a project for increased access to family planning for women beneficiaries of a flagship government social protection programme. The technical assistance included support for the set-up of a digital transfer management system with service providers to reimburse the cost of services and transport, thereby helping the government strengthen its programme with enhanced access.



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## CVA for SRH within Anticipatory Action

Under the CERF Anticipatory Action mechanism, **Bangladesh, Nepal, and the Philippines** have all planned and prepared for the provision of cash assistance to pregnant women in pre-identified disaster prone areas. Upon the activation of an agreed-upon trigger, cash assistance is provided to the pre-identified pregnant women within the few days preceding the disaster (e.g. flood, cyclone) in order to give them the timely financial support necessary to continue to access maternal services such as prenatal care, facility-based delivery and postnatal care and to fulfill the other immediate needs of pregnant women even in the event of evacuation or displacement. Cash assistance was disbursed under the Anticipatory Action scheme for the first time in Nepal in October 2022 following a trigger activation related to flooding.

