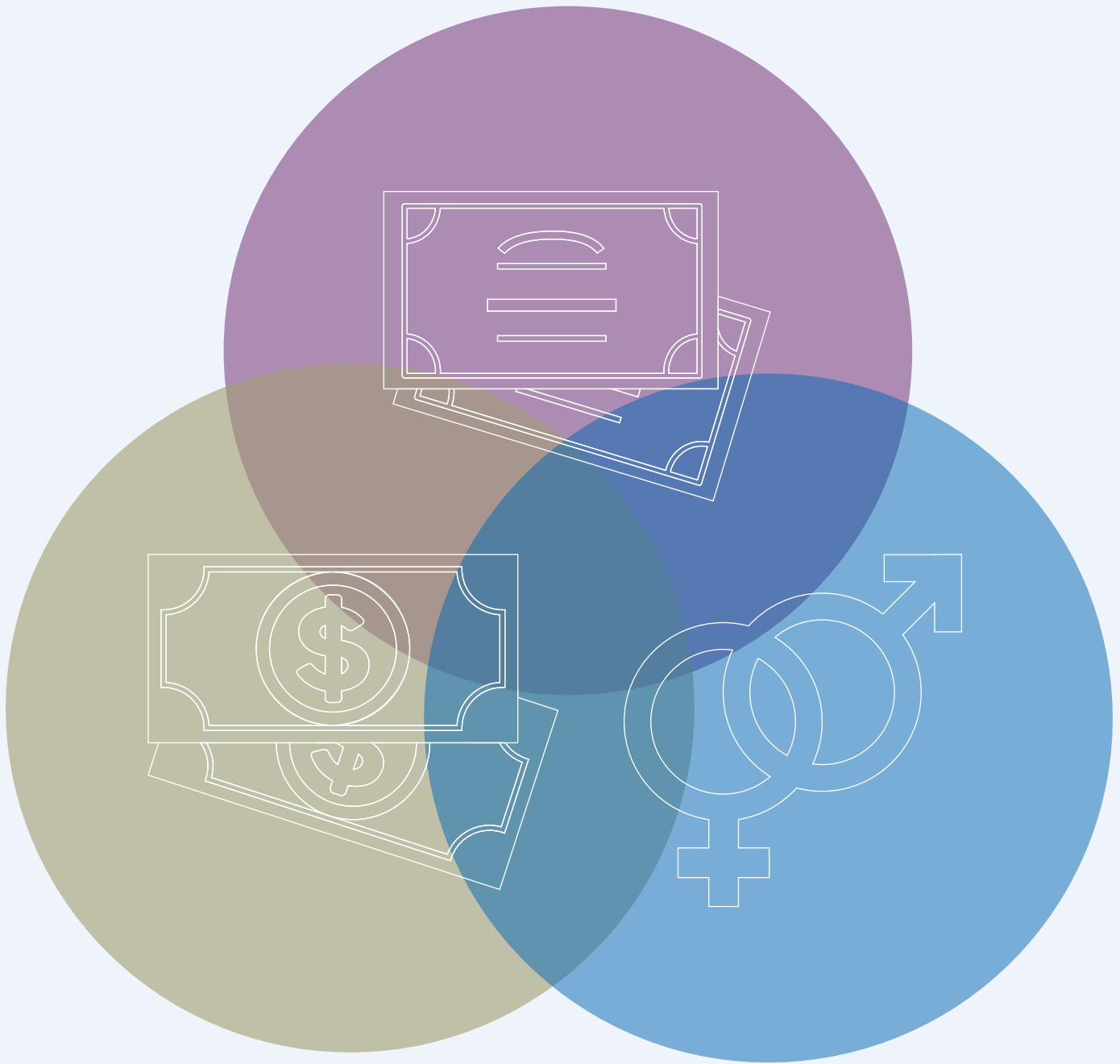




Evidence and feasibility of cash and voucher
assistance for sexual and reproductive health
services in humanitarian emergencies

A Compendium of Tools and Guidelines

This compendium of tools and guidelines on feasibility and implementation of CVA for SRHR services in humanitarian settings adds on to the CaLP Programme Quality Toolbox, a set of common standards and actions for quality cash and voucher assistance (CVA).

Following the programme cycle, it is designed as a step-by-step list of actions to define what needs to happen for quality CVA. The overall actions and principles for achieving quality in CVA programmes are relevant to establish CVA for SRHR in humanitarian settings, however they may not provide the specific information required in detail.

Tools and guidelines specifically addressing CVA for SRHR in humanitarian settings are still scarce and this compendium would not provide sufficient information on its own. Therefore, this compendium consistently links to, and needs to be used hand-in-hand with the CaLP programme quality toolbox.

Overall

See CaLP for:

Terminology and naming conventions, Coordination

<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

Tip sheet CVA-COVID-19-SRH, UNFPA, 2020

<https://www.alnap.org/help-library/cash-voucher-assistance-and-covid-19-tip-sheet-for-gbv-srh-programming>

Guidance note menstrual hygiene and CVA, Plan int, 2019

[https://reliefweb.int/sites/reliefweb.int/files/resources/Guidance note - Menstrual Hygiene Management kit and Cash and Voucher Assistance Programming.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Guidance%20note%20-%20Menstrual%20Hygiene%20Management%20kit%20and%20Cash%20and%20Voucher%20Assistance%20Programming.pdf)

Cash based response in humanitarian settings, OECD 2017 (not on SRHR specifically)

<https://www.oecd.org/development/humanitarian-donors/docs/cashbasedresponse.pdf>

10 common principles for MPC in humanitarian needs 2015 (not on SRHR specifically)

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/concept_paper_common_top_line_principles_en.pdf

Guidelines for cash transfer programming, ICRC, IFRC, 2007 (not on SRHR specifically)

https://www.icrc.org/en/doc/assets/files/other/icrc_002_mouvement-guidelines.pdf

Working paper for considering CTP for health in humanitarian contexts (not on SRHR specifically)

<https://www.who.int/health-cluster/about/work/task-teams/working-paper-cash-health-humanitarian-contexts.pdf>

Humanitarian Guidance Note: Cash transfer Programming DFID

<https://www.calpnetwork.org/wp-content/uploads/2020/01/dfid-cash-transfer-programming-humanitarian-guidance-note.pdf>

The use of cash and voucher in humanitarian crises, DG ECHO funding guidelines, 2013

https://ec.europa.eu/echo/files/policies/sectoral/ECHO_Cash_Vouchers_Guidelines.pdf

Preparedness

See CaLP for:

Organizational preparedness, Programmatic preparedness, Partnership preparedness:
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

Example quality improvement tool, Yamaan/Yemen



Cash Transfer Programming toolkit, Mercy Corps, page 12
https://reliefweb.int/sites/reliefweb.int/files/resources/mercy_corps_cash_transfer_programming_toolkit_part_1.pdf

Situation Analysis

See CaLP for: Needs assessment, Market assessment, Financial service provider assessment, Risk and opportunity assessment:
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

CVA for GBV prevention and response: CVA and GBV compendium: Page 33
https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf

EMMA: Emergency Market Mapping and Analysis toolkit
<https://www.emma-toolkit.org/toolkit>

Protocol for assessing GBV survivors financial needs, Women's Refugee Commission
<https://s33660.pcdn.co/wp-content/uploads/2020/04/Protocol-for-GBV-Case-Workers.pdf>

Cash Transfer Programming toolkit, Mercy Corps, page 13
https://reliefweb.int/sites/reliefweb.int/files/resources/mercy_corps_cash_transfer_programming_toolkit_part_1.pdf

Response Analysis

See CaLP for:

Market analysis, Vulnerability analysis, CVA appropriateness, Feasibility analysis:
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

CVA for GBV prevention and response: CVA and GBV compendium: Page 33
https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf

Cash feasibility and response analysis toolkit, UNHCR, 2017 (not on SRHR specific)
<https://www.unhcr.org/5a8429317.pdf>

Programme Design

See CaLP for:

Targeting; Selection of delivery mechanism; transfer value, frequency and duration; selecting/developing project indicators:
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

CVA for GBV prevention and response: CVA and GBV compendium: Page 34
https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf

Implementation

See CaLP for:

Registration and data protection; delivery; communication and accountability
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

CVA for GBV prevention and response: CVA and GBV compendium: Page 40
https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf

Cash transfer implementation guide, Mercy Corps, 2017
<https://www.mercycorps.org/sites/default/files/2019-11/CashTransferImplementationGuide.pdf>

Monitoring

See CaLP for:

Process and output monitoring; market monitoring; outcome monitoring
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

CVA for GBV prevention and response: CVA and GBV compendium: Page 41
<https://www.mercycorps.org/sites/default/files/2019-11/CashTransferImplementationGuide.pdf>

Post distribution monitoring for cash for GBV survivors (Women’s Refugee Commission)
<https://www.womensrefugeecommission.org/research-resources/mainstreaming-gender-based-violence-considerations-cash-voucher-assistance/>

Example questionnaire for assessing client satisfaction, Yamaan/Yemen



Evaluation

See CaLP for:

Overall evaluation
<https://www.calpnetwork.org/es/learning-tools/programme-quality-toolbox/>

Sexual and Reproductive Health and Rights in humanitarian settings:

Example evaluation Yemen: The gendered Dimension of Multi-Purpose Cash Supporting Disaster Resilience, CARE, 2019
https://reliefweb.int/sites/reliefweb.int/files/resources/1564153324.CARE_ACF_Gendered_Dimension_MPC_Disaster_Resilience.pdf

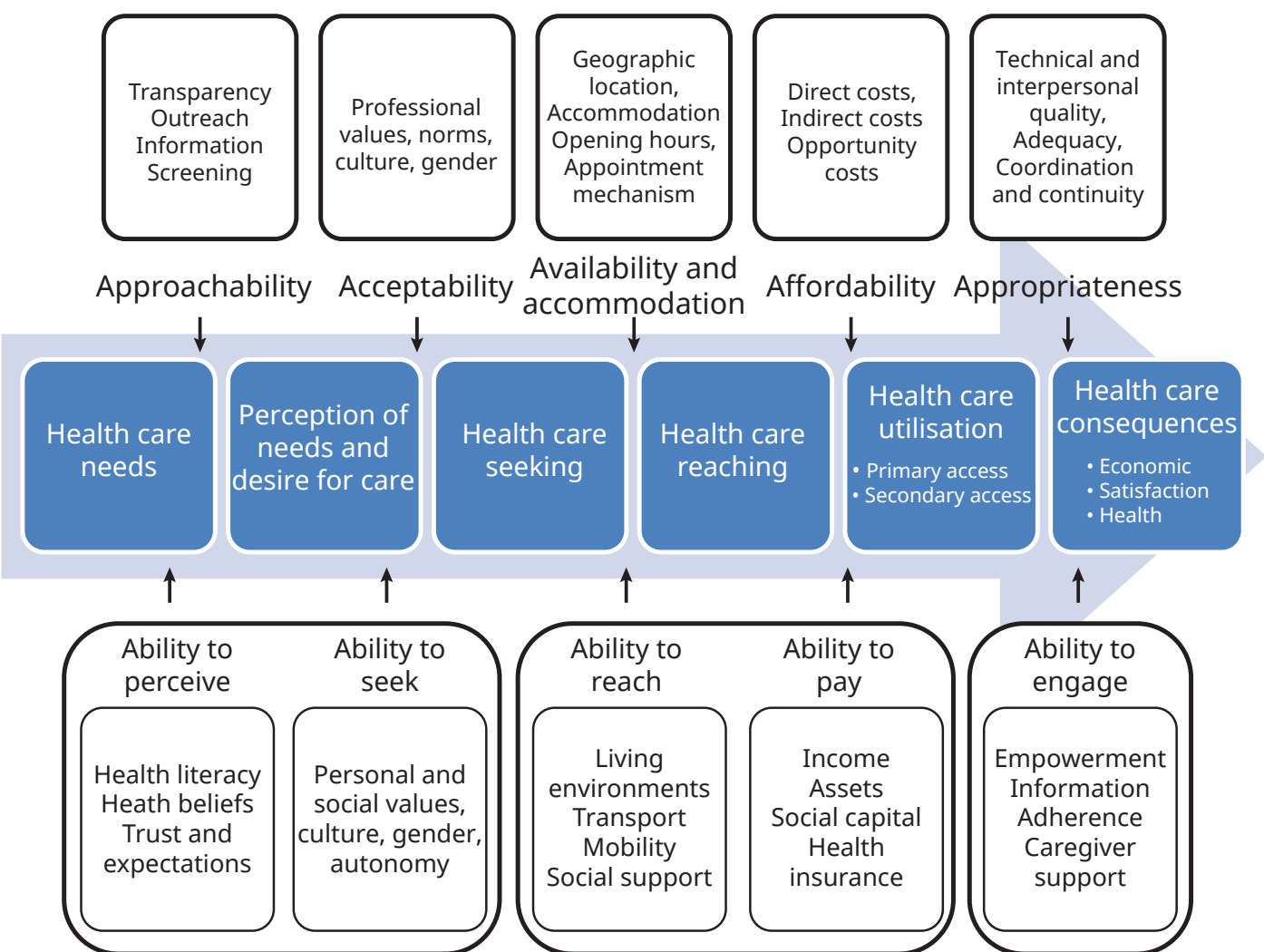
Example evaluation Jordan: Integrating cash transfers into gender based violence programs in Jordan, IRC, 2015
<https://www.rescue.org/sites/default/files/document/634/gbv-and-cash-transfers-jordan-full-report.pdf>

Short guidance through existing guidelines

The next pages aim to guide the reader to and through existing guidelines, some of which are general, while others refer to specific needs or specific modalities or options.

The guidance around the applicability and feasibility of Cash and Voucher Assistance (CVA) in the specific case of access to health services is following the subsequent broad steps:

1. **Identifying and defining the needs** that need to be addressed: these needs can be multiple and overlapping (food, livelihood, access to education, access to health services, water and sanitation, security, shelter, etc.). The current document focuses on access to health services, either basic (primary care) services, or specialized (referral) services. Analyzing the determinants of access can be done more systematically by applying the Levesque model, that contemplates both supply and demand factors. CVA is implicitly addressing the demand factors, but when applying decision tools as to the appropriateness and feasibility of CVA, the Levesque model is also useful in identifying supply factors, that may be conditional and/or complementary to the application of demand side interventions for CVA.



2. **Assessments: Appropriateness, Market and Feasibility.** Once the need has been clearly defined, a decision tools can be used to answer the following questions: (See the generic CVA decision support tool on page 9 of this document, as well as the more specific tool that addresses access to health services on page 10.)

- a. Is CVA the **most appropriate option** to address the need(s) identified in this particular context.
- b. **Market analysis:** are there services available that could respond to the needs identified, are these services affordable, convenient (e.g. security concerns), culturally and political-ly acceptable (trustworthy and not being identified with one the fighting fractions), and of good quality.
- c. **Other feasibility considerations:** what is the feasibility in relation to cash, vouchers or another demand side option like insurance? (see page 6, Cash Feasibility and Response Analysis Toolkit, UNHCR, June 2017: a document discussing various feasibility areas).

3. **Options:** Conditional cash, unconditional cash (like multipurpose cash transfers), vouchers or insurance (the last two options are, or can be, restricted to the use of health services); the decision tool above help to ascertain whether and which of these options is most appropriate, and whether one of these options should be combined with supply side inter-ventions. (See page 12, Table 1)

A distinction is made into conditional/unconditional (applies to whether activities or obli-gations must be fulfilled to receive CVA, that may be health related, e.g. vaccinating chil-dren, regular ANC consultations, etc.). Although eligibility in terms of means could be seen as a condition, this eligibility criterion is referred to as targeting.

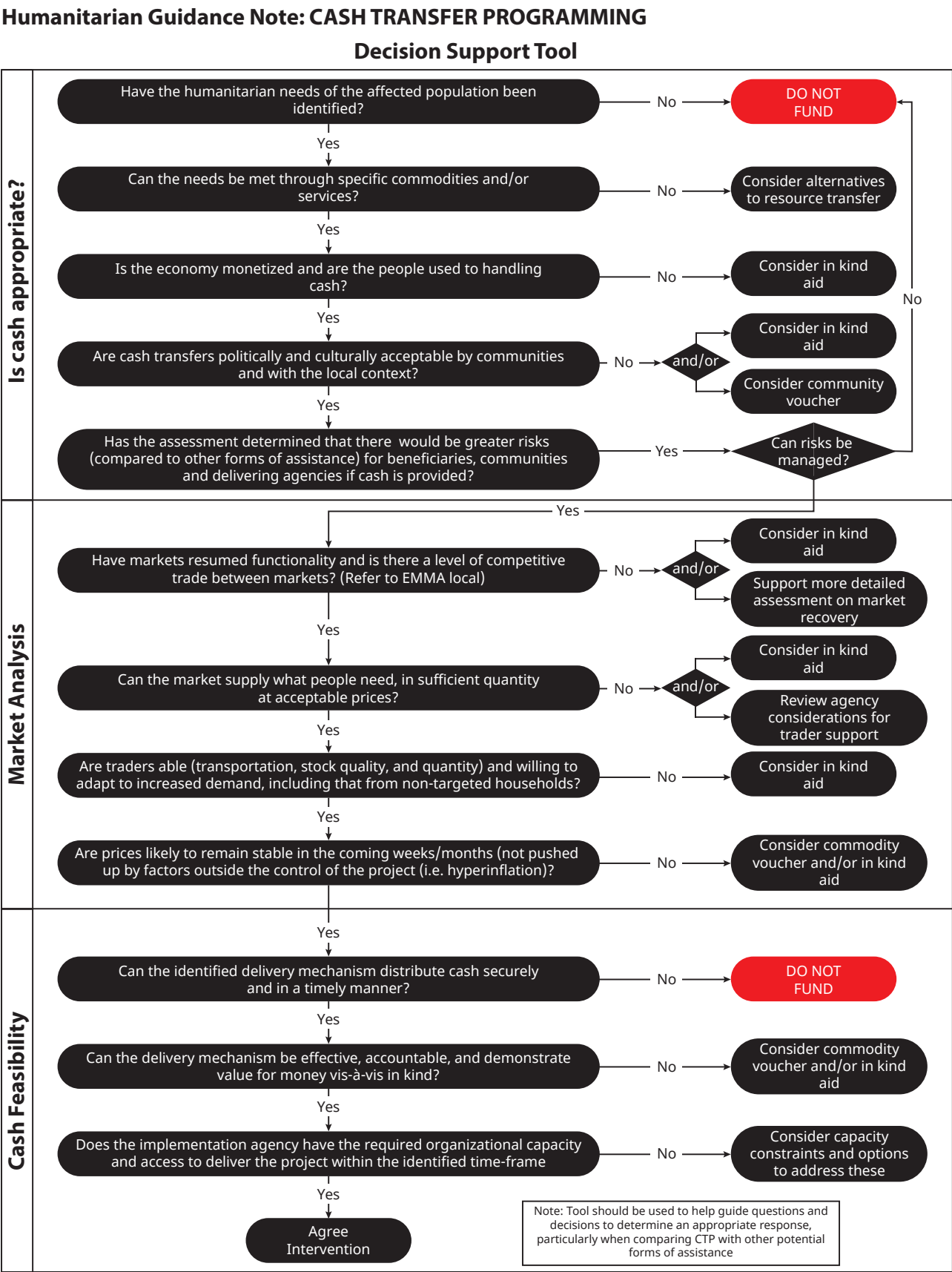
Another distinction is between restricted/unrestricted, this refers to the use that can be made of the CVA: multipurpose cash transfers are unrestricted, whereas in vouchers and insurance options, the use of CVA is restricted to specific health services or commodities, or to an entitlement package in case of insurance.

4. **Design and operationalizing the option chosen: following an operation management cycle** (See page 9 for a diagram, and page 10 for detailed considerations following the steps of the management cycle)

- a. Participation of various stakeholders, including beneficiaries
- b. GBV: as target to address GBV with CVA; versus avoiding risk of GBV within CVA (See page 15 of this document)
- c. Standard Operating Procedures: funder dependent?
- d. Financial procedures
- e. M&E, including a complaints procedure
- f. Contemplate exit strategy

The use of cash and vouchers in humanitarian crises. DG ECHO funding guidelines. March, 2013.

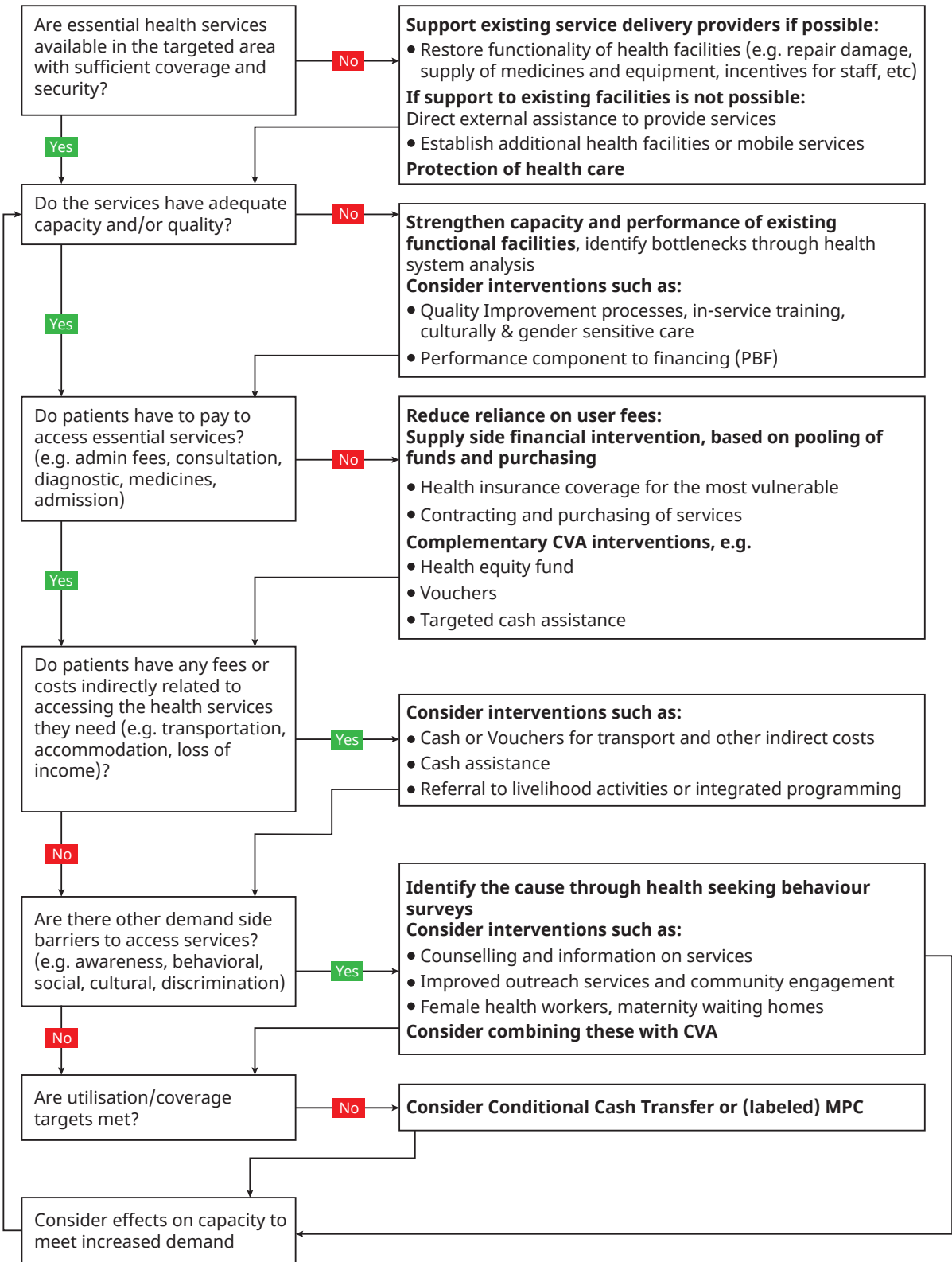
Short guidelines (29 pages) with an interesting decision tree for response options (The diagram below is similar, but comes from the DFID Humanitarian Guidance note: cash transfer programming, page 6):



Pages 6-9 present a general checklist that can be used together with the above decision tree. These are generic tools that can also be used alongside specific organization specific guidelines.

While the above decision tree applies to general CVA purposes, across broad needs areas (food, education, health etc.), the Health Response Option Analysis below mainly covers the market analysis for health service provision (in terms of service availability, affordability and the existence of other constraints to access, such as security, discrimination, etc.).

Health Response Option Analysis



Operational Guidelines for Cash-based Interventions in displacement settings, UNHCR, 2015.

These guidelines are meant to support UNHCR and partner staff to:

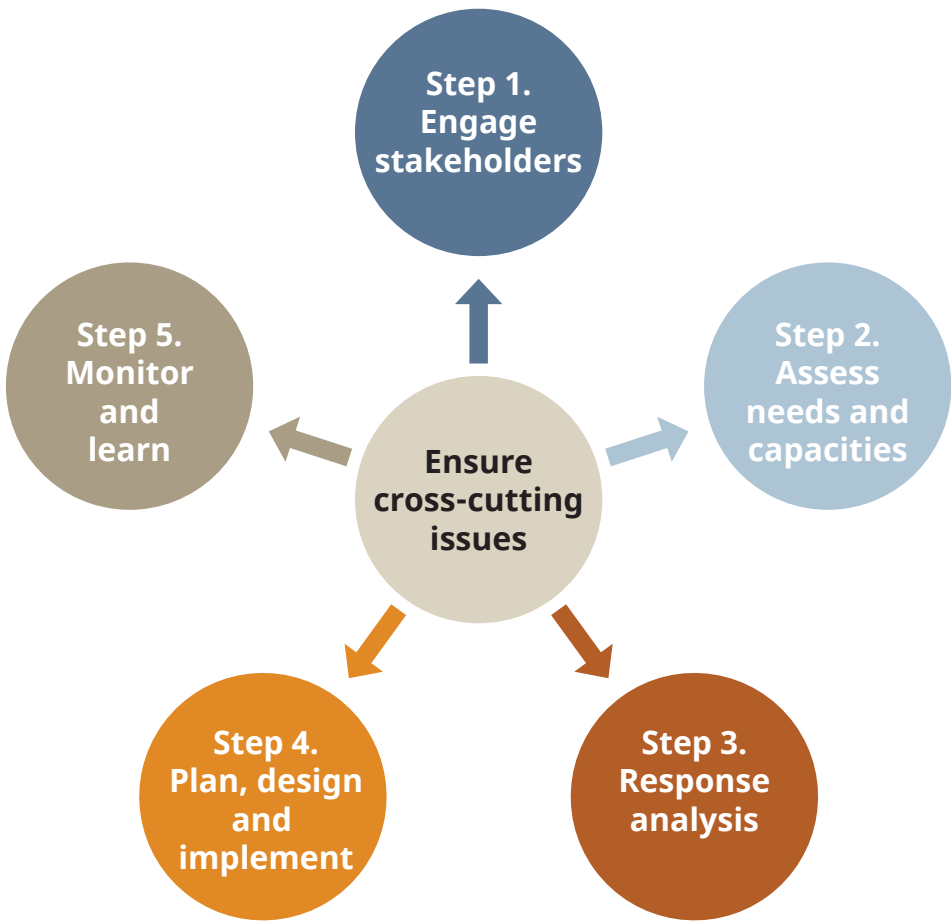
- Determine if and when cash-based interventions (CBIs) are appropriate to meet the needs of refugees and other persons of concern
- Aid the design, implementation and monitoring of CBI programmes

Scope:

- Addresses needs of refugees, but also other groups of concern.
- The administrative and financial procedural aspects of cash-based interventions are NOT discussed in detail.

Apart from an index (pages 4-6) the document starts with a checklist (pages 2-3) for cash-based interventions that is structured along a set of questions that guide the user systematically through the different steps that they want more information on, with page links to the corresponding tools and steps discussed in the document.

The operations management cycle (Discussed in Part II of these guidelines: pages 23-86) pictures these steps in a diagram (see below and in the guidelines page 23, Figure 5):

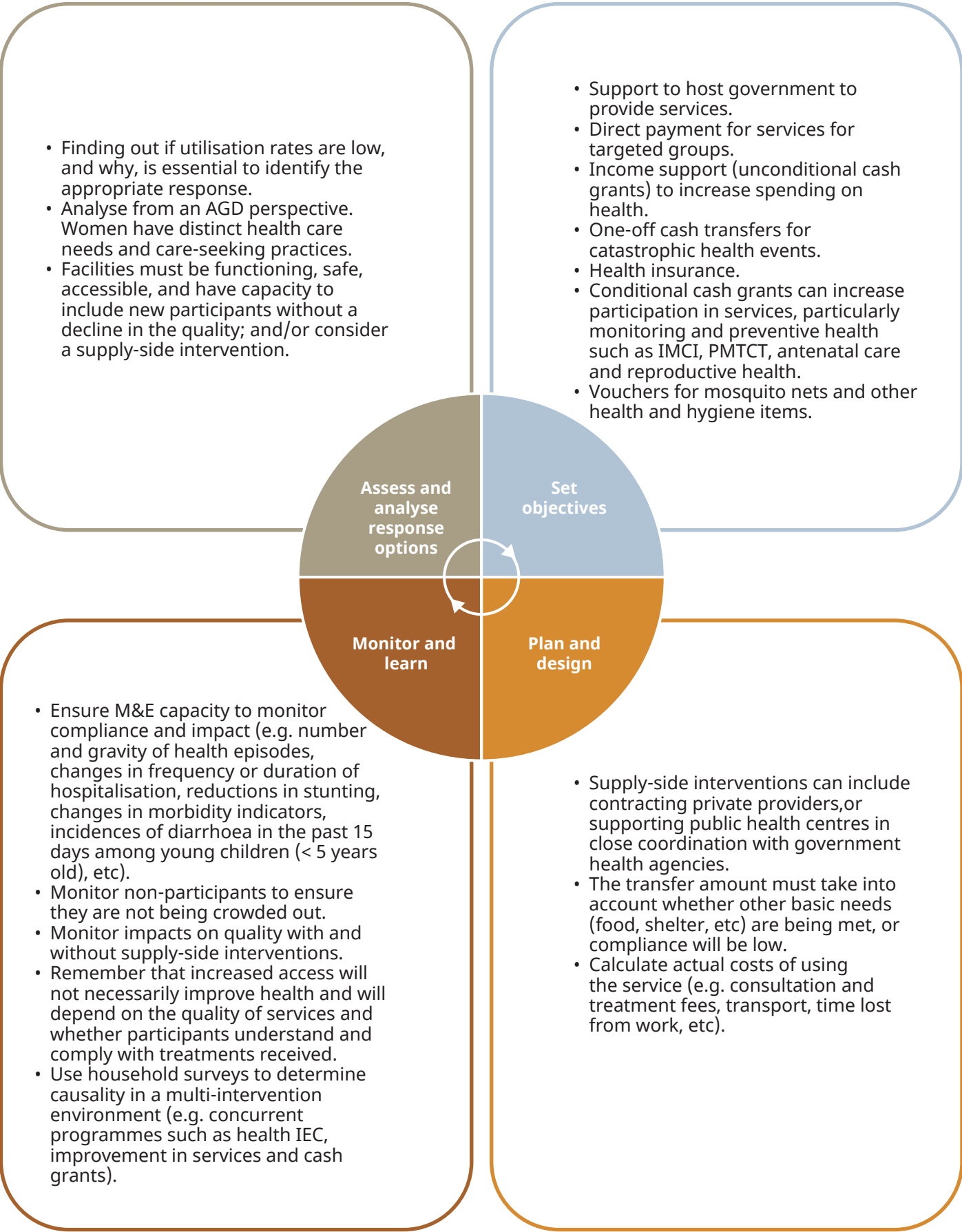


Part III provides sector-specific operational guidelines, of which Section 5 (pages 98-100) deals with Ensuring access to health. Table 1 below (on page 98 of the guidelines) provides an overview of the modalities and the common needs covered in the area of access to health.

Table 1: Common uses of cash-based interventions for increasing access to health care and ensuring availability and quality of services	
Unconditional cash grants	Cash transfers for minimum basic needs, which includes the health-related costs (income support)/
Conditional cash grants	To individuals: the most common eligibility conditions for preventive services include attendance at mother and child care health services (e.g. antenatal clinics, nutritional education, growth monitoring, etc). Conditional use grants include one-off catastrophic health care grants. To host governments: conditional use grants include funds for the rehabilitation or construction of health clinics and other infrastructure, the payment of health personnel, or purchase of medical supplies and medicines.
Vouchers	Provided for health services, medical supplies and medicines, redeemable at contracted health providers, clinics and pharmacies.
Insurance	Similar to a voucher, provides access to health services, medical supplies, and medicines based on need. Can be specified to include preventive, curative and/or catastrophic health assistance.

Page 99 shows in an overview (figure 22) of all the important considerations to keep in mind, organized along the steps of the operations management cycle:

KEY CONSIDERATIONS TO MEET HEALTH OBJECTIVES



Cash Feasibility and Response Analysis Toolkit, UNHCR, June 2017.

This is a complement to the above guidelines and focuses on technical aspects of the decision making process **concerning the feasibility of cash based interventions**, after an initial needs assessment has been done.

These guidelines bring new tools and knowledge as of June 2017, in addition to the UNHCR Operational Guidelines for Cash-based Interventions.

It brings together 2–3 pagers on the following areas: (see pages 4-5 for the key questions and issues addressed in each section, with page links to the sections you need)

- Market access and capacity
- Financial risks and benefits
- Political context
- Transfer mechanisms and delivery options
- Cost-efficiency
- Skills and capacity

After the feasibility questions, the actual design of the intervention starts. This is not covered in the tools of this document.

Resources on cash-based interventions and health

UNHCR (2013) Draft Strategic Plan Public Health Section 2014–2018

UNHCR (2012) A Guidance Note on Health Insurance Schemes for Refugees and other Persons of Concern, see: <http://www.unhcr.org/4f7d4cb1342.pdf> (a.o. 20.02.2020)

UNHCR (2011b) Ensuring Access to Health Care: Operational Guidance on Refugee Protection and

Solutions in Urban Areas, see: <http://www.unhcr.org/4e26c9c69.html> (a.o. 20.02.2020)

UNHCR (2008b) UNHCR's Principles and Guidance for Referral Health Care for Refugees and Other

Persons of Concern, see: <http://www.unhcr.org/4b4c4fca9.html> (a.o. 20.02.2020)

Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners. A companion guide to the IASC GBV guidelines, May 2019.

The **Learning objectives** defined in this compendium (page 7) provide a good summary of what the reader can expect to get from going through the different parts of this guideline:

After reading this compendium, the reader should be able to:

1. Differentiate between i) GBV risk mitigation in CVA, and ii) potential ways in which CVA can contribute to GBV prevention and response.
2. Identify practical actions that CVA and/or sector specialists and other humanitarian actors can take to identify and mitigate the risks of GBV in CVA.
3. Identify practical actions that GBV specialists can take to incorporate GBV-protective CVA in their GBV programming.

The compendium links to both the GBV guidelines and to the Cash Learning Partnership Programme Quality Toolbox.

A distinction is made between **mitigation** on the one hand (anticipating GBV as a potential consequence of CVA programs: mostly aimed at CVA and humanitarian coordinators); and **prevention and response** (using CVA as a means to either prevent or address GBV: mostly aimed at GBV specialists, and for the prevention part also humanitarian program coordinators).

Section I (pages 10–15) discusses general cross-cutting considerations regarding the prevention, mitigation and response to GBV in humanitarian settings and across all actors. It intends to create awareness on GBV risks, and calls for the participation and inclusion of vulnerable and at-risk groups (e.g. women, girls, disabled people)

Section II (pages 16–31) provides important guidance for CVA or humanitarian sector specialists or managers to do a situational analysis (not necessarily through primary data collection) in order to mitigate GBV risks. The situational analysis has a general component on the GBV situation, a market analysis specific to the beneficiaries and traders concerned in the CVA approach, and a GBV risk analysis for CVA programs.

At the end, there is a section on two tools or steps to be applied:

- A modality decision tree (page 29)
- GBV Risk assessment for CVA (page 31)

Section III (pages 32–41) is meant to guide GBV specialists on the use of CVA to either prevent (address root causes) or respond to existing GBV practices. Note: mixed evidence on the effectiveness of CVA in preventing or responding to GBV, depending on the context.

Other guidelines (funder specific or country specific):

DFID has a 6 page Guidance note on Cash Transfer Programming that provides an overview of key components of CVA in emergencies:

<https://www.calpnetwork.org/wp-content/uploads/2020/01/dfid-cash-transfer-programming-humanitarian-guidance-note.pdf>

International Red Cross and Red Crescent Movement, ICRC, Guidelines for cash transfer programming, 2007. https://www.calpnetwork.org/wp-content/uploads/2020/03/icrc_cash-guidelines-en-1.pdf Mostly generic, with a few references to health applications.

SDC Cash Workbook: A practical user's guide for the preparation and implementation of Cash Projects, 2007. https://www.calpnetwork.org/wp-content/uploads/2020/03/sdc_cash-workbook_en-1.pdf Generic, no specific references to health.

Many more can be found at the **Cash Learning Partnership** (CaLP) website: <https://www.calpnetwork.org/library/?keyword=Guidelines#listing>

Due to the limited availability of tools online, this compendium is not a comprehensive set of tools and guidelines. We encourage everyone to share new tools and to see what other people have shared via these links:

Upload new tools:

<https://www.dropbox.com/request/6NgOn54CNk60nYsAYHJS>

View and download new tools:

<https://www.dropbox.com/sh/k0qv1j120w044ai/AADA2wpDSNVclu3W3XDxtw2Ra?dl=0>