Cash Transfer Programming in the health sector
Cash Transfer Programming (CTP) refers to all programs where cash or vouchers for goods or services are directly provided to beneficiaries (individuals, households, communities); NOT to governments or other state actors (CaLP, 2017)

CTP modalities: e.g cash in hands, debit cards, vouchers (paper, electronic)

It can be conditional, unconditional, restricted, unrestricted, multipurpose, multisectoral

Other terminology in use: Cash Based Interventions (CBI), Cash Based Transfers (CBT),
Do I have to do/complete something to get the cash assistance?

- Yes
- No

Can I spend the cash the way I want?

Yes

No

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Multipurpose Cash Grant (MPG)

- Basic needs objective
- Minimum Expenditure Basket
- Health often an item in the MEB
- Post Distribution Monitoring surveys (sector expenditures and negative coping strategies)
A changing context

• Cash Transfer Programming is growing in scale and scope

• Lack of experience and evidence for Cash for health outcomes in emergencies. Existing CTP tools not necessarily adapted to the health sector specificities and needs

• **Persistent financial barriers to access health services, despite efforts to reinforce health facilities’ performance and coverage.**

• **Cash monitoring surveys reveal that health is often one of the top expense in the household budget**

• Grand Bargain commitments: “cash should be considered equally and systematically alongside other forms of humanitarian assistance, and where cash is considered feasible, it should be the preferred and default modality”.
Some challenges for using CTP in the health sector

- Targeting
- Transfer Value and Frequency
- Quality of Health Services and Medicines Purchased
- Ensure Supply of Drugs at Health Facilities
- Often Low Demand for Preventive Care
Goals of the working paper:

- Discuss the potential added value and limitations of CTP to achieve health outcomes
- Discuss complementarity of CTP to other health financing options
- Not meant to be an operational guidance on CTP for health

Will evolve as we learn from experience and evidence
1. Cash Transfer Programming (CTP) can be useful to improve access to and utilisation of health services in humanitarian settings, by reducing direct and indirect financial barriers and/or by incentivising the use of free preventive services.

2. When health services are available with adequate capacity and quality but user fees are applied, the preferred response option is through provider payment mechanisms, with CTP to be considered complementary to such supply side health financing strategies, and not aim to replace these.

3. CTP to purchase health services should in principle be targeted to patients when they need to use a priority service, the amount of the transfer should cover to the direct and indirect costs of seeking treatment, and only be obtained from pre-selected providers that meet minimum standards for effectiveness and quality.
1. Cash Transfer Programming (CTP) can be useful to improve access to and utilisation of health services in humanitarian settings, by reducing direct and indirect financial barriers and/or by incentivising the use of free preventive services.

- Demand side health financing

Examples of associated costs with access and utilization of health services: transport, communication, drugs, food, clothes, mobility devices,

- Direct benefits of CTP on health status
- Indirect benefits of CTP on health status
2. When health services are available with adequate capacity and quality but user fees are applied, the preferred response option is through provider payment mechanisms, with CTP to be considered complementary to such supply side health financing strategies, and not aim to replace these.

Different supply side financing options:
- Coverage under a health insurance fund
- Contracting providers to deliver prioritised health services
  - Input based contracts
  - Output based contract
  - Performance based contracts
3. **CTP to purchase health services** should in principle be targeted to patients when they need to use a priority service, **the amount of the transfer should cover to the direct and indirect costs of seeking treatment, and only be obtained from pre-selected providers that meet minimum standards for effectiveness and quality.**

### Possible approaches:

- Vouchers for reimbursement of costs of consultations, diagnostic tests and/or medicines

- Value voucher or cash for specific health services, drugs or associated indirect costs (e.g. Antenatal care consultation, C-section top-up, transportation, food and accommodation for patients and caretakers, etc)

- Unconditional/unrestricted cash: using a proportion of the MPG for health

- Health items in the Minimum expenditure basket
4. Following the commitment on the use of cash transfers from the Grand Bargain, **all health cluster/sector coordination should consider CTP systematically in the health response options analysis**, even if a transfer is not designed to include health:

- Household surveys for Basic Needs Assessment (that also look at health needs, health seeking behaviour, barriers and health expenditures)
- Reflect health expenditures in MEB
- Use results from Post Distribution Monitoring (proportion of MPG used for health, changes in negative coping mechanisms for health, etc.)
CTP and coordination

- CashCap and CaLP worked on a Cash Coordination Guidance (under review)

- Sectoral cash to be managed by clusters

- Cash working groups mainly support MPG, but can also be asked to provide specific support to clusters
Evidence on CTP for health from development contexts cannot always be extrapolated to humanitarian contexts. As there is very little evidence for the use of CTP in humanitarian settings, we need to promote research and start documenting current practice for learning.

- Priorities of the Cash Task Team research agenda
- Promote documentation of experiences
- Learn from new research findings
Simplified decision tools for CTP in Health

| Annex 1: A proposed hierarchy in selecting preferred financing options including cash transfer modalities for health |
| Annex 2: CaLP classification of cash transfer modalities |
| Annex 3: Comparing characteristics of different financing modalities |
| Annex 4: Health Response Option Analysis (decision tree) |
Annex 1 to consider selecting preferred financing options, including cash transfer modalities for health, based on the comparative advantages

1. Subsidised coverage under national health insurance
2. Purchasing prioritised services through contracting, possible health emergency pooled fund

If not (yet) possible:
3. Service or commodity vouchers
4. Value vouchers for people with predictable health needs
5. Unconditional cash for a defined health need with pre-commitment to seek the service from a qualified provider
6. Add amount for health expenditures to MPG

*Giving unrestricted and unconditional cash for health is easiest and most efficient, but has worst characteristics for equity and financial protection*
Annex 4: Simplified decision tree

Key questions to see if CTP can be appropriate:

• Are essential health services to address the main causes of morbidity and mortality available with sufficient capacity?
• Are there any major financial barriers to access essential services?
• Are there other barriers to access services?
• Are utilisation/coverage targets met?
Conclusion

• Cash Transfer Programming is a tool that contribute to improve access to health services

• To achieve health outcomes, CTP should not be considered as a stand-alone intervention, but part of a broader health financing policy and health programming for direct support to service delivery

• Coordination between health actors and MPG actors is crucial
Thank you for your attention!

Any questions?
Suggested resources

• **General resources**
  ODI (2016), Cash transfers what does the evidence say?
  ODI (2018), The Grand Bargain Annual Independent report

• **Specific to Cash and Health:**
  UNHCR (2015), CBI for health in refugee settings: a review
  ODI (2011), Rethinking cash transfers to promote maternal health
  UNDP (2014), Cash transfers and HIV prevention

• **Online trainings**: [https://kayaconnect.org/local/search/](https://kayaconnect.org/local/search/)
  ➢ Cash Transfer Programming-the fundamentals (Level 1&2)
  ➢ Coordinating multisector CTP
  ➢ CTP and social protection