

CVA CASE STUDY



USE OF CASH ASSISTANCE
FOR ENHANCED ACCESS TO
SEXUAL AND REPRODUCTIVE
HEALTH CARE IN SRI LANKA

BACKGROUND

From 2022 onwards, Sri Lanka has faced its most severe socio-economic crisis since independence, manifesting in critical shortages of supplies, equipment, and medicines within its once robust healthcare system. This crisis has directly affected the provision of sexual and reproductive health (SRH) services, including access to contraceptives, and maternal healthcare. Concurrently, protection mechanisms for vulnerable women and girls, notably survivors of gender-based violence (GBV), have been severely compromised. Despite escalating risks of violence against women and girls highlighted in a May 2022 UN survey, essential support services such as health, police, shelter, and hotlines lack adequate financial resources to sustain life-saving assistance for survivors.

While implementing an emergency response, that included the first pilot of a Cash and Voucher Assistance (CVA) component for SRH and protection, UNFPA Executive Director, Dr. Natalia Kanem, stressed, "The current economic crisis has far-reaching consequences for women and girls' health, rights, and dignity. Right now, our priority is to respond to their unique needs and safeguard their access to lifesaving healthcare services and support."

In 2023, the compounding impacts of the COVID-19 crisis, ongoing economic turmoil, and drought in certain regions of the country intensified financial hardships for many, leading to a significant reduction in disposable income. This financial strain hindered individuals' ability to afford essential services, notably antenatal care for pregnant women, resulting in unattended births and jeopardizing the progress achieved in maternal healthcare, family planning, and survivor mechanisms for victims of gender-based violence over the past decade.

In response to this urgent situation, UNFPA Sri Lanka, supported by the Government of Australia and drawing upon its previous Cash and Voucher Assistance (CVA) initiatives, swiftly implemented cash assistance programs from July to September 2023. These initiatives reached over 50,000 beneficiaries across more than 10 districts, in collaboration with Save the Children Sri Lanka and governmental bodies such as the Ministry of Health and the Ministry of Women, Child Affairs, and Social Empowerment. Integrated within a broader sexual and reproductive health (SRH) and protection framework, this CVA component was an integral part of UNFPA's comprehensive response to the crisis.

"UNFPA remains dedicated to addressing the urgent health and protection needs of women and girls," stated Kunle Adeniyi, UNFPA representative in Sri Lanka, in 2023. "Our focus is on fortifying sexual and reproductive health services and combating gender-based violence, aiming to mitigate the long-term repercussions of the current crisis."



UNFPA appeals for \$10.7 million to meet the urgent needs of 2 million women and girls affected by the economic crisis in Sri Lanka



FEASIBILITY & ASSESSMENTS

The Sri Lankan context provides an ideal setting for UNFPA's CVA program, supported by several favorable factors:

- The proactive approach of UNFPA's country office and dedicated staff, who courageously initiated their first CVA pilot within an emergency response in 2022, bolstered by strong support and involvement from management.
- Sri Lanka benefits from the widespread availability and coverage of financial services providers.
- Extensive prior experience in cash transfers by both the government and other humanitarian partners lays a solid foundation.
- Despite challenges, markets and essential services demonstrate resilience and sustained functionality.
- A significant portion of the population holds bank accounts, with approximately 89% of adults having access to financial services.
- Cash transfers are already integrated into the government's social protection schemes.

Feasibility assessments and transfer value design were meticulously conducted, emphasizing market and service evaluations, considering inflation, currency depreciation, and potential disruptions like fuel shortages affecting physical access.

In the risk analysis, particularly concerning gender-based violence (GBV) and protection risks associated with CVA, consultations with women and adolescent girls were prioritized. Attention was paid to community tensions, stressors, and safety concerns, including risks posed by power cuts affecting travel times. Measures were taken to ensure the adequacy and safety of physical cash delivery mechanisms.

UNFPA Sri Lanka adhered closely to UNFPA processes, actively participating in the National Cash Working Group (CWG) and providing valuable recommendations for GBV risk mitigation within CVA, leveraging its leadership role in the GBV sub-cluster.

OBJECTIVE

In 2023, UNFPA Sri Lanka launched a project aimed at enhancing access to SRH services for vulnerable groups, including pregnant women, adolescent girls, and persons with disabilities. Through this initiative, cash assistance was provided to cover transportation costs for accessing critical health and protection services. Additionally, beneficiaries were equipped with financial resources to procure essential hygiene and maternal and newborn items. Aligned with global UNFPA CVA guidelines, the cash assistance formed a crucial component of a comprehensive SRH program. This multi-faceted approach encompassed the provision of medical supplies, capacity building for healthcare providers (including midwives), the distribution of maternity kits to pregnant and lactating mothers, and dignity kits to vulnerable women and girls and persons with disabilities.

DESIGN



TARGETING

UNFPA Sri Lanka set out to assist 50,000 women, girls, women-headed households, and persons with disabilities, enhancing their access to SRH, Maternal and Child Health (MCH) services, and addressing other health needs. Targeting criteria were established through a dual-layered approach.

GEOGRAPHIC TARGETING

UNFPA Sri Lanka focused on pregnant women and others with SRH needs in Anuradhapura, Puttalam, Gampaha, Galle, Mullaitivu, Kandy, Batticaloa, Monaragalla, and Ratnapura districts. These areas lack government nutritional support for pregnant mothers and suffer from heightened poverty.

ECONOMIC AND SRH NEED TARGETING

Save the Children identified economically marginalized households, within which those with SRH needs were singled out. This encompassed pregnant women in their second trimester to 3 months post-delivery, mothers under 21, female breadwinners (especially those with disabilities) who are widowed, separated, or divorced, and families requiring specialized medical support.

DESIGN

The beneficiary lists were developed in consultation with National and District level government stakeholders, headed by District secretaries. They included the provincial Ministry of Health representatives, civil society organizations, and community-based organizations working in the respective districts. The Public Health Midwives' existing working structure supported the targeting of pregnant women specifically. Implementing partner Save the Children then engaged with stakeholders and the group of volunteers trained to verify the credibility of the identified list of individuals that require support for cash assistance to access SRH services. Upon verification of the actual vulnerabilities, the list of beneficiaries was finalized for all nine districts to meet the target number based on the level of vulnerability.

As a measure of control, the cash transfer transactions were recorded and monitoring helped triangulate and further ensure that the cash transfers were duly received by the right recipients. This process was further strengthened with the involvement of district-level government administrative units, field staff of UNFPA, and Save the Children the community-level volunteers.

IMPLEMENTATION MODEL - KEY PARTNERSHIP

UNFPA Sri Lanka partnered with Save the Children Sri Lanka for its CVA for SRH programming and GBV survivor support. This also allowed UNFPA to benefit from the country and global experience of Save the Children, their capacity, and their tools.

TRANSFER MODALITY

UNFPA Sri Lanka provided unconditional and unrestricted cash assistance under this project component, to give the maximum flexibility for each recipient to meet their own specific individual SRH needs with the cash amount provided.

DELIVERY MECHANISM

UNFPA benefited from Save the Children's pre-existing systems in cash support and experience for cash delivery. For the delivery of the cash transfers, they worked through bank transfers for the recipients who already owned accounts and physical cash in hand for those who didn't.

TRANSFER AMOUNT AND FREQUENCY

UNFPA provided a one-time cash transfer of 10,000 LKR (USD 32) as a one-off transfer to help boost the targeted recipients' access to SRH services and essential items. The amount was calculated to cover transportation to services like ante-natal care, post-natal care, and facility-based deliveries, or for the indirect costs linked to access to health care centers for other SRH needs, as well as for a few individual items like hygiene items, clothes for the mother and baby, nutrition complement or medicines. This also covered the menstrual health needs of women and girls and the needs of persons with disabilities. This was duly communicated with the national cash working group, that UNFPA is a member of, for their information and mapping purposes.

DESIGN

COMMUNICATION WITH RECIPIENTS

The purpose of the cash assistance and its duration were communicated to the recipients through the community sensitization process to avoid misconceptions and miscommunications in the process. In addition, referral pathways and other awareness information on SRH and GBV were provided by UNFPA to the recipients. A complaints and feedback mechanism was established to assist recipients in case of any issues specific to the cash delivery process, enabling an additional level of transparency and accountability for higher results.

DATA PROTECTION

In addition to UNFPA's adherence to the UN Personal Data Protection and Privacy Principles, UNFPA Sri Lanka benefitted from Save the Children's regulations, rules, and policies when it comes to Data Protection for cash transfers. Both organizations made sure that personal beneficiary information was safeguarded, ensured clear role-based access, and limited the sharing of data as much as possible. The consent of recipients with regard to their personal information was secured during the orientation process.



KEY STEPS OF IMPLEMENTATION

The cash assistance project implementation was defined by UNFPA and its partner Save the Children in six steps:

- **STEP 1**
Information dissemination
District level selection committee
Division level selection committee
- **STEP 2**
Community sensitization
Recipient selection
- **STEP 3**
Verification
Registration of recipients
- **STEP 4**
Data validation
Finance validation
- **STEP 5**
Cash transaction
Reconsolidating of rejections
- **STEP 6**
Post-Distribution Monitoring



LEVERAGING TECHNOLOGY TO TRACK THE IMPLEMENTATION PROGRESS

The cash assistance component had its own live dashboard, fed directly from the field, offering real-time insights into implementation progress, including cash transfers disbursed and recipients per district.

PROGRESS ON REGISTRATION - UNFPA CASH PLUS SUPPORT

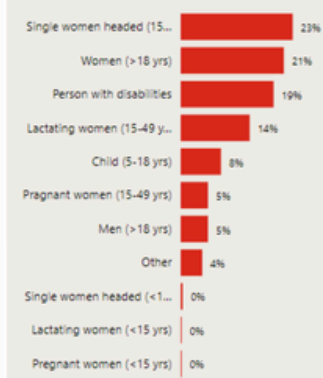
101.66% Completed | 50830 # Registered | 257 # DS Divisions | 4890 # GNs



surveys completed by District



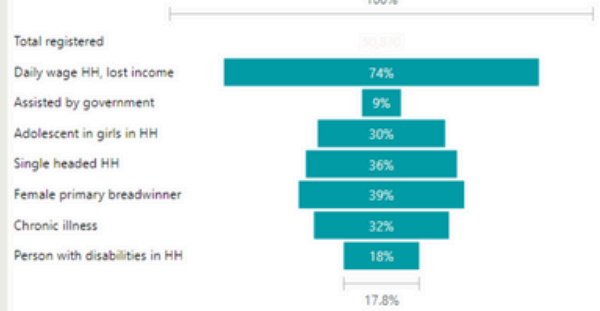
Key categories of the beneficiaries selected



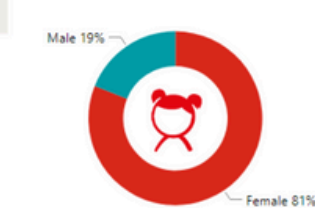
Vulnerability score



Key vulnerabilities with the individuals



Percentage of individuals by Sex



Our focus

The Power BI dashboard succinctly synthesizes crucial insights extracted from the dataset. It aids in comprehending the essential characteristics of individuals chosen for the Cash Plus intervention funded by UNFPA, spanning nine targeted districts. The project's objective is to extend support to approximately 50,000 vulnerable individuals within households, enhancing their accessibility to protection and Gender-Based Violence (GBV) related services.

Cash transferred and Cash in hand distributed

Percentages were computed considering the number of individuals who successfully completed the registration process and indicated their favored modality for receiving cash assistance, which encompassed bank transfers and physical cash disbursement.



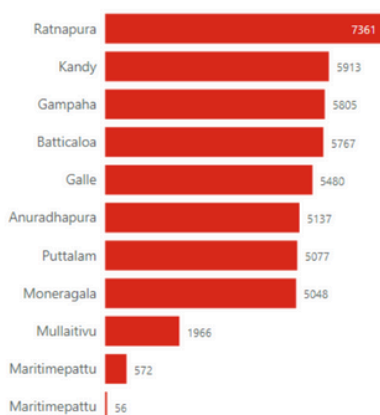
95%

Transfer completed from registered

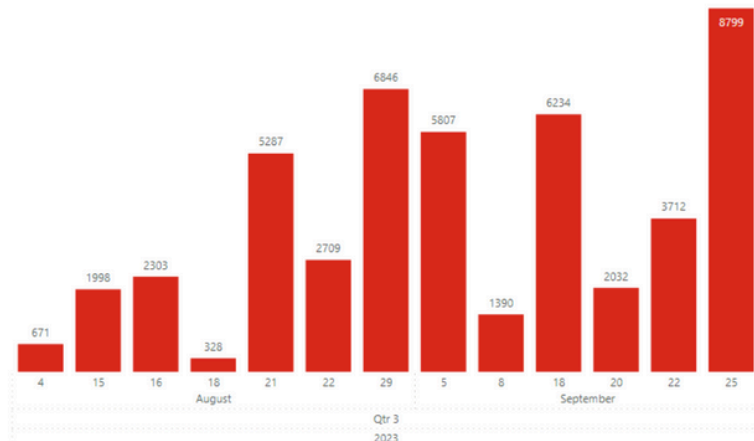
96%

Transfer completed from target

No. of transfers completed by District



No. of transfers by Date



MONITORING RESULTS

Cash assistance has been disbursed successfully to 50,691 individuals (101% completion). The CVA process has facilitated the support of 9,923 pregnant women and 9,439 persons with disabilities. Additionally, it has assisted 23% of single women-headed families in accessing sexual and reproductive health (SRH) services, maternal and child health services, and purchasing necessary health-related items. Surplus funds supported an additional 592 people in Batticaloa and Ratnapura districts, including 43 persons with disabilities, 314 women aged 15-49, and 182 pregnant and lactating women. Joint monitoring by UNFPA and Save the Children staff ensured safety and satisfaction during physical cash distributions and post-distribution, ensuring the cash met recipients' SRH needs.

The project tracked the following:

Cash delivery outputs:

- 50,691 beneficiaries received cash transfers.
- 1,917,430.20 USD of cash transfers executed.
- 50,000 (planned) v 50,691 (actual) 101% completion rate.

Cash delivery outcomes:

- 89% of the beneficiaries reported that the cash assistance led to a positive transformation in their well-being.
- 82% report improved access to SRH services and protection needs.

Cash delivery process monitoring:

- 64% of respondents have stated that they are very satisfied with the assistance they received while 31% stated they are satisfied.
- Beneficiaries articulated specific challenges that influenced their spending decisions. Access to transportation, for example, was a recurring theme, with a considerable portion of the cash being allocated to cover the costs associated with travel to access services and markets. This necessary expenditure reflects broader infrastructural issues that inadvertently shape spending behavior and could inform transfer value adjustments in the future.
- 86% of the beneficiaries expressed a heightened sense of safety after receiving the cash assistance within the project.



50,691 individuals



9,923 pregnant women



9,439 persons with disabilities



1,917,430.20 USD distributed



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86% expressed a heightened sense of safety after receiving the cash assistance

BEST PRACTICES & LEARNINGS

UNFPA's successful integration of cash assistance into SRH responses over two years underscores its commitment to learning and adaptability. Moving forward, UNFPA will strategically leverage cash assistance across its programs to advance its transformative goals, including ending preventable maternal deaths, addressing unmet family planning needs, and combating gender-based violence.

Incorporating lessons from Sri Lanka and global experiences, UNFPA will explore opportunities for sustained impact, potentially through recurring cash transfers to individuals and influencing social behaviors in the medium term.

Moreover, UNFPA will prioritize forging strategic partnerships for cash assistance, leveraging the expertise and delivery systems of both local and national partners. By integrating cash assistance into comprehensive programming, UNFPA aims to address financial barriers to accessing services, thereby amplifying the impact on SRH outcomes.

ACKNOWLEDGEMENTS

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Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled

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