CVA CASE STUDY

Cash Assistance to Access Sexual and Reproductive Health Services and Reduce Maternal Deaths in the Philippines

SUMMARY OF FIELD LEARNING

UNFPA Philippines provided cash for health to pregnant women in four municipalities and one city in Lanao del Sur, Philippines. UNFPA delivered conditional, unrestricted cash assistance to pregnant women when they attended preventive maternal health services (antenatal care and postnatal care) and delivered in a quality health facility. In addition, the program provided conditional, unrestricted cash to selected traditional birth attendants who successfully referred pregnant women to the local health units for maternal health services. Cash for health aimed to subsidize the cost of facility-based delivery and thus contribute to a reduction in home births.

The project encouraged pregnant women to access at least four antenatal consultations, deliver in a health facility providing quality care (skilled birth attendance and relevant equipment), and access one postnatal care visit. Each pregnant woman partnered with one traditional birth attendant throughout the program.

The program targeted **1,000** pregnant women and **50** traditional birth attendants. The program resulted in more frequent health access.

The percentage of pregnant women attending a first antenatal visit increased from **31**% to **96**%.

Percentage of women delivering in a facility increased from **28**% to **68**%.

Percentage of women attending one postnatal consultation increased from **38**% to **87**%.

74% pregnant women received four antenatal consultations throughout their pregnancy.

1,000
pregnant women

50
traditional birth attendants

The program also aimed to contribute to longer-term linkages between traditional birth attendants and the formal health system in order to contribute to addressing the practice of unsafe home births.

The team found that strong collaboration and partnerships with local stakeholders was critical to program uptake, that preparation such as registration set-up, quality assessment of health services, and financial service provider and risk assessments were key to strong program design.

Cash for health in the Philippines resulted in:

- **A significant decrease in home-births and an increase in facility-based deliveries.**
- **An increase in the percentage of women accessing antenatal and postnatal consultations.**

INTRODUCTION

A health worker provides life-saving reproductive health services and oversees the maternal health tents provided by UNFPA in Kidapawan City @ UNFPA Philippines

Humanitarian Context in the Philippines

In 2017 more than 360,000 people were displaced in the Islamic City of Marawi, the capital of Lanao del Sur, due to fighting between security forces and armed insurgents. The damage had a major impact not only on the city but also on the nearby municipalities in Lanao del Sur and neighboring provinces. Recovery and rehabilitation efforts were expected to take decades. The situation was complicated by pre-existing poverty in Lanao del Sur with 62% of the population living below the poverty line in 2018[1], compared to a national poverty rate of 36%.

In June 2017, Task Force Bangon[2] Marawi (TFBM), established by the national government, led a needs assessment and the development of a recovery plan. Two years later, 66,000 people were still living in evacuation centers and required assistance. UNFPA in the Philippines, as part of the Humanitarian Country Team and guided by the TFBM, responded to the humanitarian, protection and recovery needs of vulnerable people severely affected by the conflict, with a particular focus on women and girls.

1 Philippine Statistics Authority Bangsamoro Autonomous Region in Muslim Mindanao http://rssoarmm.psa.gov.ph/statistics/poverty

2 Bangon meaning rise/rise up

The insecurity and poverty described above combined with strong cultural and traditional birth practices including home-based delivery were some of the key factors affecting women and girls' access to sexual and reproductive health services in the region.

Synopsis of UNFPA Cash Assistance

UNFPA implemented cash assistance as part of a program to contribute to sexual and reproductive health and rights and reduce the risk of gender-based violence for women and girls. The program ran from August 2019 to June 2020 in the province of Lanao del Sur and the city of Marawi, and aimed to improve reproductive health facilities and care for women by working with governmental agencies and local health services.

Overall, the program aimed to:

- Strengthen service delivery by providing essential reproductive health kits in five rural health facilities and one referral facility,
- Ensure that pregnant women maintained uninterrupted sexual and reproductive health access from primary health facilities through cash for health and the provision of maternity packs,
- Partner with traditional birth attendants to identify pregnant women and encourage facility-based deliveries, and
- Hold inter-generational conversations with women, men, girls and boys on the practice of home births, family planning and child marriage.

Pregnant mother being consulted in the planning phase of the cash assistance @UNFPA Philippines.

The program included a cash for health component

1) to address financial barriers to access to sexual and reproductive health services; and

2) to incentivize health-seeking behavior for facility-based delivery.

Cash for health encouraged pregnant women to access at least four antenatal consultations, deliver in a health facility providing quality care (skilled birth attendance and relevant equipment), and access one postnatal care visit. Each pregnant woman partnered with one traditional birth attendant throughout the program. UNFPA preferred that the pregnant women deliver in the same facility where they received antenatal care to ensure continuity of care and access to detailed antenatal care history in case of complications. For complicated pregnancies, the project encouraged the pregnant women to deliver in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities.

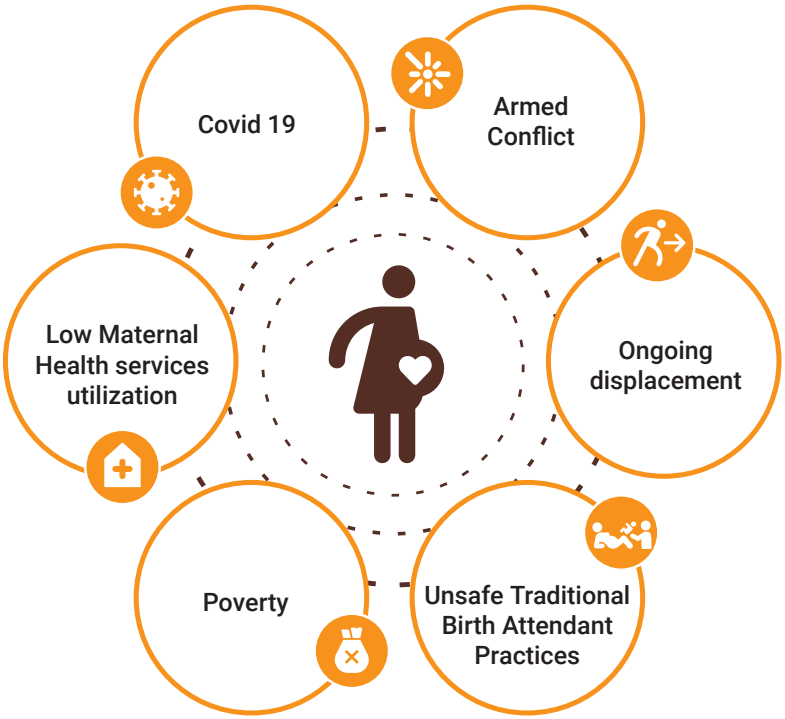
After each appointment they attended (up to four antenatal visits, one facility-based delivery and one postnatal visit), pregnant women were provided with unrestricted cash intended to cover their transportation fees, purchase of nutritious food, and any other ancillary costs related to accessing health services at the facilities. Traditional birth attendants were also provided with incentive payments for their effective outreach to pregnant women.

With cash assistance, UNFPA aimed to encourage pregnant women to seek care from health facilities, with a view towards changing mindsets and forming long-term habits of health-seeking behavior for facility-based care. It also encouraged traditional birth attendants to bring women to facilities by providing cash incentives relative to their performance.

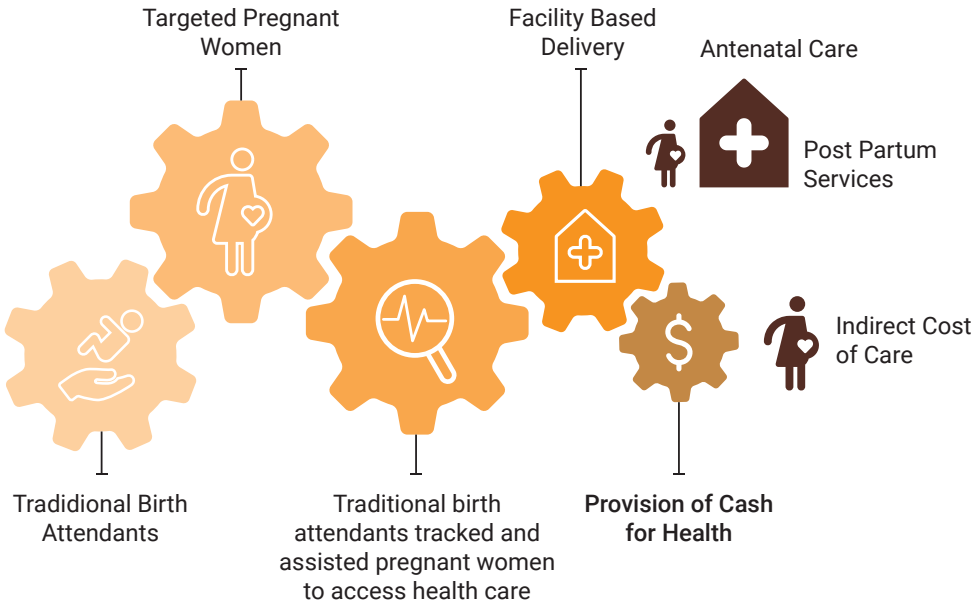
The program hypothesized that cash for health and the uptake of facility-based delivery would contribute to one of UNFPA's transformative results: zero maternal deaths.[3] In addition to the preexisting cultural, social and economic barriers that prevented pregnant women from receiving healthcare, COVID-19 added an additional psychological barrier such that women feared going to health facilities due to perceived risk of exposure to the virus.

3 In the Philippines National Demographic and Health Survey 2017 for the Region of Mindanao, which includes Lanao del Sur and Marawi, 66% of births were assisted by traditional birth attendants, 31% of pregnant women sought antenatal care from a health professional, 28% of women delivered at a health facility, and 38% of postpartum women sought a postnatal visit with a health professional.

MULTIPLE BARRIERS FOR PREGNANT WOMEN IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION



MODEL OF CASH ASSISTANCE CONTRIBUTING TO BETTER HEALTH-SEEKING BEHAVIOR AND REDUCED MATERNAL DEATH



UNFPA's local partners led inter-generational discussions among women and men, young girls and boys about key issues affecting sexual and reproductive health and rights. This intergenerational dialogue provided a safe space to challenge cultural practices and norms on home births, family planning, and child marriage, and aimed to increase awareness among women and youth on their rights regarding their body and their health.

PROGRAM DESIGN

Assessments

In 2020 the Mindanao Humanitarian Team, a group of humanitarian organizations (UN, INGOs and NGOs) led by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and including UNFPA, conducted a needs assessment in Lanao del Sur and Marawi and found that humanitarian needs included access to health services, safety and security in transitional sites, access to education, cash for food, livelihood support and others. The displaced population experienced difficulty accessing primary health facilities due to distance and transportation-related expenses, including:

- Limited access to essential health services including sexual and reproductive health services, especially in evacuation centers, transitional shelters and unrecognized settlements and among home-based internally displaced persons (IDPs),
- Limited supply of basic drugs, medicines and supplies, and family planning commodities,
- Inadequate number of adolescent-friendly health facilities in Marawi and Lanao del Sur to deliver age-appropriate health information and services to young people (there is only one adolescent-friendly health facility in Lanao del Sur and none in Marawi City),
- Health risks associated with continued practice of home-based and traditional birth attendance.

The program also used data from the 2017 National Demographic and Health Survey (NDHS)[4] on the access of pregnant women to antenatal care, facility-based delivery and postnatal care.

Selection of geographic areas and health facilities for the cash for health intervention was determined by:

- Low proportion of births delivered in a health facility, high proportion of births delivered by a traditional birth attendant, low proportion of births delivered by a health professional, low proportion of pregnant women with at least four antenatal care visits, and the Integrated Provincial Health Office (IPHO) rating.
- High proportion of traditional health workers in relation to the population, high poverty incidence, low ratio of physicians, nurses, and midwives in relation to the population, and security situation.
- Health facilities providing Basic Emergency Obstetric and Neonatal Care (BEmONC) (a) that included a medical doctor, nurse and midwife, (b) were licensed by the Department of Health to provide BEmONC, and (c) preferably, were accredited by the Philippine Health Insurance Corporation for BEmONC services.
- Existing service delivery provider network within the area that linked community/village health teams to Rural Health Units and to a referral hospital catering to all levels of care. While the program provided complementary support to develop city- and provincial-level reproductive health coordinating teams, there was no additional intervention to strengthen existing service delivery networks.

4 Philippines National Demographic and Health Survey 2017

- Availability of a Financial Service Provider (FSP) with coverage in the areas selected.

A total of five Rural Health Units and one referral facility were selected for the program. They were located in four municipalities from Lanao del Sur province, the City of Marawi, and a district hospital that also provided CEmONC.

Risk Analysis

UNFPA co-identified several risks and mitigation mechanisms with local stakeholders for the implementation of the project:

- Clear communications on the targeting and purpose of the cash assistance was also provided.
- To avoid raising expectations of continued cash assistance, pregnant women and girls were informed that cash assistance was time-bound and informed of its end date.
- The safety of pregnant women accepting cash assistance and the implementing partner delivering the cash assistance was a concern. Cash assistance was calibrated based on the cost of transportation and indirect expenses. Irregular routes were used by the partners on the way to the health facilities.
- Staff members explained to stakeholders from health facilities that no cash payments would be provided to health workers, since health facilities are paid for by the local and national government. However, it was emphasized that the increased facility-based deliveries may increase the revenue of health facilities as they would receive additional reimbursements from the National Health Insurance Program.

Eligibility Criteria and Targeting

The program aimed to reach 1,000 pregnant women with cash assistance, who were selected using data from the Rural Health Unit list of pregnant women. In total, 553 women in Marawi and 447 women in the four municipalities of Lanao del Sur participated in the programme.

A total of 50 experienced traditional birth attendants were selected for the program, evidenced by their assistance in at least ten deliveries. This was also an indication that they had acquired community trust for their traditional practice. The traditional birth attendants were trained in pregnancy follow-up as they assumed a new and active role in the formal health system. This allowed each traditional birth attendant to have a maximum of 20 pregnant women each with whom to follow up during program implementation. Traditional birth attendants who followed up and referred pregnant women to health care services then received periodic cash payments based on fulfillment of duties throughout the program.

The Local Health Unit with support from UNFPA's implementing partner registered both the participating pregnant women and traditional birth attendants or health workers for the programme.

Modality and Delivery Mechanism

Due to the remote nature of the target areas and lack of a suitable FSP, the implementing partner directly provided cash to beneficiaries. The implementing partner coordinated with the local government partners on the security situation in the project sites. All travels to and from the sites were

done during daylight hours for additional security. Moreover, the implementing partner used different vehicles during each cash distribution.

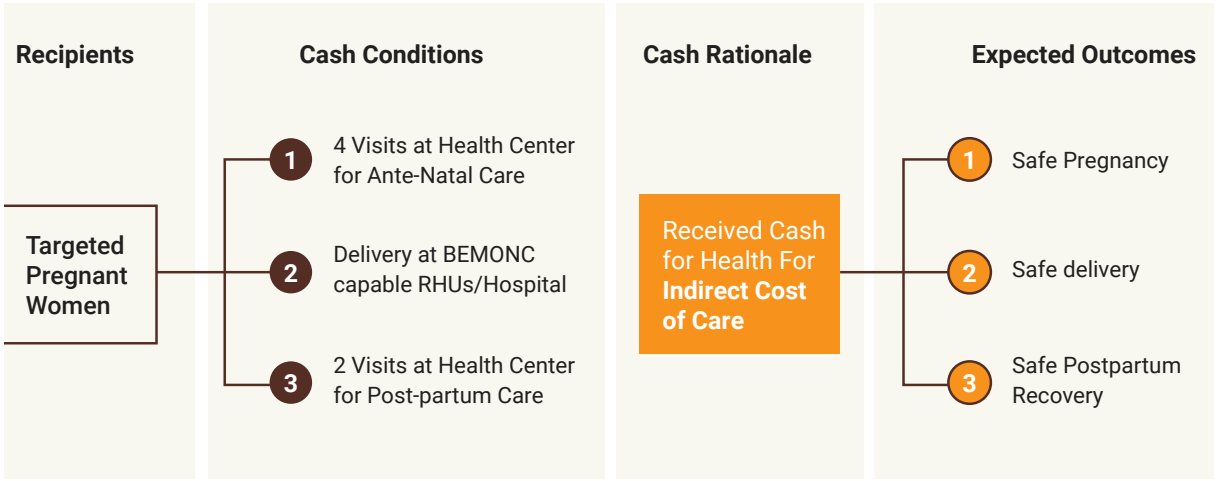
The cash disbursement was conducted by the implementing partner. During the antenatal consultations, pregnant women received guidance on the possible BEmONC-capable health facilities where they could deliver.

Transfer Amount, Frequency and Conditionality

Cash assistance to pregnant women was conditional upon and provided at each health visit as described above, in the following amounts:

Recipient	Cash Assistance (in USD)		
	Antenatal Care	Facility-Based Delivery	Postnatal Care
Pregnant woman	1st - $4 2nd – $4 3rd – $4 4th –$4	$20	$4

Process flow for cash for health



Complementary Activities

Complementary to cash for health, UNFPA provided maternity packs to pregnant women which contained items for postpartum mothers and newborn clothes. UNFPA's partners led intergenerational dialogues targeting women, men, and young people to discuss the practice of home births, family planning, and child marriage. In the city of Marawi, there were pre-existing UNFPA interventions such as maintaining women-friendly spaces and facilitating sessions on women's rights and gender-based violence prevention and response.

Prior to UNFPA's program, birthing facilities in both Lanao del Sur and Marawi lacked critical equipment, medicines, and supplies. As part of the project, UNFPA addressed this limitation by providing life-saving reproductive health kits to six BEmONC facilities and one CEmONC facility.

The project also organized the Reproductive Health coordinating team called *Bangsamoro Regional Implementation Team (BRIT) for Responsible Parenthood and Reproductive Health Law.* The BRIT ensured that the named law on SRH was implemented, strengthened its maternity mortality death monitoring and surveillance, and advanced the implementation of a Minimum Initial Service Package for Sexual and Reproductive Health in Emergencies.

> *"Even with COVID-19, I knew where to go to keep my unborn baby and myself healthy and safe."*
>
> Margie

Margie, 30 years old, recounts her experience as a pregnant mother after the earthquake hit her hometown @ UNFPA Philippines

MONITORING AND LEARNING

UNFPA gathered regular feedback from partners and staff of participating health centers and hospitals, conducted on-site monitoring at health centers, and conducted its usual project and financial monitoring of cash for health. UNFPA staff conducted physical and phone interviews with government partners as well. A registration and service recording system (a manual system belonging to the Local Health Unit) was used for tracking and monitoring the access of enrolled pregnant women and as the basis for computation of incentive payments to traditional birth attendants.

During on-site monitoring, UNFPA staff interviewed health staff and cash for health beneficiaries and observed the process of registration and distribution of cash. On a weekly basis, the implementing partners were required to submit reports on the number of cash distributions and amount of funds disbursed. UNFPA staff regularly called a random sample of pregnant women to validate whether they had received their cash.

The cash for health intervention showed the following results[5]:

- **97%** (967/1,000) of targeted pregnant women in Lanao del Sur and Marawi received at least one antenatal consultation from a skilled health professional.
- **74%** (737/1,000) pregnant women received four antenatal consultations throughout their pregnancy, while 9.5% (95/1,000) and 10.8% (108/1,000) received three and two antenatal visits, respectively. 96% of pregnant women in the cash for health program accessed at least two antenatal consultations, compared to 2017, wherein 31% of pregnant women accessed at least two antenatal consultations.
- **66%** of those in the cash for health program delivered at facilities, compared to 28% of women delivering at health facilities in 2017.
- **87%** of women in the cash for health program accessed at least one postnatal consultation, compared to 38% of women who accessed at least one postnatal consultation in 2017.

While these improved figures for health-seeking behavior by pregnant women cannot solely be attributed to the cash for health program, if the NDHS 2017 Survey is considered a baseline for the region, cash for health has contributed positively to the uptake of facility-based health care in 2019-2020. Facility-based health care of adequate quality can contribute to reduced maternal deaths.

Project implementation faced numerous challenges. First, the COVID-19 pandemic severely affected access to health facilities as well as whether pregnant women were willing to go to health centers for antenatal care. The fear of contracting the virus and the limited transportation options due to community lockdowns resulted in a reduced number of women who delivered at the hospitals. Another challenge was the insufficient number of health workers and limited supplies at the government facilities, and a reason for which UNFPA continued to support health facilities with reproductive health kits. Lastly, the implementing partner faced the risk of carrying a significant amount of cash in remote areas due to lack of reliable financial service providers. This was mitigated by the measures noted above.

5 Philippines National Demographic and Health Survey 2017

Key learning points

- Cash for health was an effective way to increase pregnant women's access to antenatal care, facility-based delivery, and postnatal care in displacement- and COVID-affected areas of Lanao del Sur province. It was effective in building a community-based coalition and reducing unsafe home births in communities during the lifetime of the cash assistance.

- Critical to the success of cash for health were: (a) a functional health facility and referral network, (b) the presence of sufficient and motivated health staff, and (c) health facilities that were of appropriate quality, i.e., equipped with necessary supplies and equipment.

- Factors contributing to home-based deliveries during cash for health were identified as earlier onset of labor vis-a-vis the expected date of delivery and a lack of available transportation. In the future, UNFPA will consider providing a larger transportation top-up to cash for health payments to overcome this barrier to access.

- Partnership and buy-in of local stakeholders, including government, local partners and women who participated in the program, were important to ensure that cash assistance did not cause further harm or tension among beneficiaries, or between beneficiaries and non-beneficiaries of the assistance.

- One of the main limitations of the Rural Health Unit target participant list was that it did not indicate the socioeconomic status of women participating in the program. Socioeconomic status is a key factor when considering healthy delivery options for pregnant women, so in future programming UNFPA will try to obtain this information and include socio-economic status in its selection criteria.

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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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April 2022