

EMPOWERED TO CHOOSE

UNFPA's approach to cash
and voucher assistance in
humanitarian settings throughout
the Arab Region and Türkiye

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'I was able to file a legal case for a divorce and put an end to my husband's abuse. I am now living with my parents and regularly following up on the divorce proceedings. The assistance came at just the right time.'



— Cash assistance recipient, Jordan

“I’m three months pregnant and this is the first time I use this card. I think it will help a lot. We bought food, diapers, laundry powder, and wet wipes. We are stocking up on diapers before the next baby comes.”

— Voucher recipient, Syria



BACKGROUND

UNFPA's experience in different humanitarian contexts has shown that cash and voucher assistance (CVA) is a powerful instrument that can save lives, alleviate risks, and help women and girls escape abusive environments. By giving women and girls greater access to vital services and empowering them with the freedom to choose, UNFPA has found that CVA can directly contribute to the realisation of the Three Transformative Results of zero unmet need for contraception, zero preventable maternal deaths, and zero gender-based violence and harmful practices, which UNFPA is committed to achieving by the year 2030.

In 2016, UNFPA joined donors, other UN agencies and NGOs signing the Grand Bargain commitments to scaling up high quality, well-coordinated CVA that maximises results for women, girls and youth during crises, leaving no one behind. [UNFPA's Commitments to Scaling up Cash & Voucher Assistance](#) clarify UNFPA's unique positioning on CVA within the humanitarian sphere and underlines seven commitments that UNFPA has made at strategic and programmatic levels with regards to the scale-up of CVA across the organisation.

UNFPA first began using cash and voucher assistance in its humanitarian programmes in the Arab Region between 2012 to 2014, specifically in the context of the Syria crisis. Since 2020, these efforts are being scaled up in the region and globally. UNFPA has developed effective approaches that integrate the use of CVA within sexual and reproductive health and gender-based violence programming. These enable women and girls to access the services they need, procure basic hygiene products, and find protection from gender-based violence. Moreover, as the global lead of the GBV Area of Responsibility (AoR), UNFPA is uniquely positioned to mainstream GBV considerations and risk mitigation within CVA programmes linking GBV coordination fora with Cash Working Groups and support GBV actors to develop and implement safe and effective CVA interventions for GBV survivors and women and girls at risk.

UNFPA'S COMMITMENTS TO DELIVER SAFE, HIGH-QUALITY CVA

1. Scaling up CVA within its humanitarian SRH, GBV and youth-oriented programming.
2. Advocating with donors for increased funding for and the monitoring and evaluation of humanitarian CVA, implemented through a strong gender and protection lens.
3. Leveraging its status as global lead on sexual and reproductive health (SRH) and gender-based violence (GBV) to advocate for GBV risk mitigation across all CVA programming implemented by members of the GBV AoR as well as the various GBV subclusters and working groups offering such programmes, in addition to advocating for the inclusion of gender, GBV, and protection considerations in multipurpose cash assistance.
4. Considering CVA an entry point for humanitarian SRH and GBV programming.
5. Working to link humanitarian CVA to cash programming in national social protection systems.
6. Prioritising multipurpose, unrestricted, and unconditional cash wherever feasible and appropriate.
7. Ensuring that a risk mitigation framework is developed, with inputs from a multi-functional team at the headquarters level, operationalised across various regions and country offices.

‘Whenever the shop owner calls me, he makes inappropriate overtures. He constantly tries to harass and flirt. I blocked him after I was able to settle my remaining balance at his shop. He has now stopped calling or approaching me whenever he sees me on the street. Women who have little to no income are in need of such assistance in order to avoid being exploited.’

— Cash assistance recipient, Jordan

A NECESSARY LIFELINE

UNFPA believes that every woman and girl has the right to access sexual and reproductive health services and to be protected from gender-based violence, even in the most challenging humanitarian environments. Over the past three years, UNFPA has expanded the use and diversified the scope of CVA across the Arab Region. Within UNFPA’s systemic humanitarian approach, CVA is leveraged as both a means and an entry point. In particular, it is used:


- as a measure to respond to and mitigate gender-based violence;
- to enable access to sexual and reproductive health services;
- to support menstrual hygiene management, including the provision of menstrual hygiene items; and
- to provide information and referral to protection and health services.

Within UNFPA’s interventions, CVA is never implemented in isolation but rather consistently integrated with and accompanied by core programming and services. Moreover, to solidify the evidence base on the use of CVA in GBV and SRH response programming, UNFPA in the Arab region uses the combined approach of piloting and replicating successful models in the field with continued evidence-building and model strengthening. The different models are designed to consistently gauge what works best and what can be improved.

As of the time of publication, CVA is being integrated as a modality of assistance within the SRH and GBV in emergency programming in ten countries or operations in the Arab Region and Syria response countries, namely: Egypt, Jordan, Lebanon, Palestine, Syria, Somalia, Sudan, Türkiye, Türkiye Cross-Border and Yemen. The interventions and approaches presented in this document aim to provide a comprehensive overview of how UNFPA is using CVA in humanitarian settings across the Arab region.

THE ADDED VALUE

- 1. Giving women and girls the freedom to choose:** The lives and well-being of women and girls are placed at risk in the absence of choice, particularly in humanitarian and crisis settings. This is particularly true in the case of women and girls who already face exacerbated risks of gender-based violence, such as adolescent girls, pregnant women, women and girls with disabilities, LGBTQI+ individuals, and others. CVA gives those vulnerable the power to use the cash assistance that they are given as part of an integrated, survivor-centred approach.
- 2. Inclusion:** Realising that UNFPA key populations groups (e.g. GBV survivors, PLWs, LGBTQI+) and their specific needs often fall through the cracks of large scale CVA programming, such as multipurpose cash assistance (MPCA), which also presents challenges related to referrals based on the experience of GBV and SRH partners.
- 3. Flexibility:** Cash or vouchers can provide crucial support to key populations and specific vulnerable groups in a manner that is more flexible, tailored, and discreet than other types of assistance.
- 4. Cost-efficiency:** CVA can be a useful tool to achieve greater efficiency in the use of limited resources as it can be less costly than procuring and distributing in-kind goods, where a one-size-fits-all approach often does not meet the individual needs of recipients.
- 5. A bridge to sustainability:** CVA is an approach that can contribute to bridging humanitarian and development programming. It can naturally link to more sustainable exit strategies, such as national social protection schemes, which are already established in some countries in the region. To realise this, UNFPA will leverage its long-term presence and strong government and intra agency partnerships. Ensuring that a risk mitigation framework is developed, with inputs from a multi-functional team at the headquarters level, operationalised across various regions and country offices.



‘My children and I did not have a safe place to stay and we were afraid that my abusive husband and his family would come back to look for us. Together with my caseworker, we decided that it was better for us to move to a different camp. Cash assistance was critical to meeting our urgent need to start a new life.’

— Cash recipient, north-western Syria

CASH IN GBV CASE MANAGEMENT

A flagship programme within the Arab State Region, the Cash within GBV Case Management approach, is implemented by UNFPA offices in Egypt, Jordan, Lebanon, north-western Syria, Palestine, Sudan, Somalia, Türkiye, and Yemen after a number of pilot experiences.

Women and girls affected by complex crises in the region often face increased gender-based violence (GBV), be it within their own households or at the hands of external perpetrators such as landlords, employers, and armed actors.

As part of a coordinated response to GBV in emergencies, UNFPA and its partners provide cash assistance within a structured GBV case management process for survivors alongside with other services, with the goal of improving protection outcomes and mitigating individuals’ risk of GBV. As such, cash becomes part of an individual’s “case action plan” where survivors, together with case managers, identify cash as a complementary action to reduce the risk of GBV and / or to support recovery. Cash can be provided as one-off or recurrent support according to the assessed needs and defined action plan.

Potential risks are “unpacked” with the survivors including those related to a particular cash delivery mechanism and this feeds into the development of a safety plan specific to the use of cash for each specific case.

Cash has shown to be dignifying, discreet, and flexible, helping survivors to escape violence and violent relationships, seek emergency services, and secure temporary shelter. Sometimes, accessing specialised services, such as legal services or specific medical support, entails a multitude of expenses, including for transportation, that can become a barrier for survivors’ access to life-saving assistance. One-off

cash assistance can be a tool to overcome these barriers, while providing cash over multiple months can help a woman recovery, especially if she has managed to leave a violent partner or forced to forego a source of income due to sexual harassment/exploitation. GBV survivors have stated that cash has helped them access life-saving services and meet their essential needs. Case managers have also lauded the availability of cash assistance as a support measure, especially for cases where no other form of support would suffice.

UNFPA is continuously refining its approach based on feedback from cash recipients, their case managers, and implementing partners.

‘[Receiving cash] was a glimpse of hope and a break for our mental health so that we’d be able to look for a job. What drastically changed my life was having the chance to sit down with the case worker and psychologist to talk about my concerns and fears. My husband’s anger has also been managed and he became less violent because he hasn’t had to worry about feeding our children.’

— Cash recipient, Lebanon

EVIDENCE FROM THE FIELD

During the Lebanon pilot programme, UNFPA conducted a post distribution monitoring (PDM) exercise, the results of which are highlighted in [this case study](#). These include the fact that 95 percent of Recurrent Cash Assistance (RCA)¹ and 89 percent of Emergency Cash Assistance (ECA)² respondents said the assistance provided significantly contributed to mitigating their exposure to sexual harassment, exploitation, or abuse. RCA significantly contributed to decreasing or mitigating intimate partner violence for 92 percent of beneficiaries who experienced such violence, while ECA helped mitigate and/or respond to the consequences of GBV for 85 percent.

Meanwhile, below are the key findings from the aforementioned research conducted by UNFPA and Johns Hopkins University Center for Humanitarian Health on the impact of Cash in GBV case management in Jordan.

Key findings / UNFPA & Johns Hopkins University Center for Humanitarian Health

Risk mitigation: 90.6 percent of all recurrent cash recipients and 61.7% of all one-off emergency cash recipients reported better household relationships due to reduced financial stress

Psychological well-being: The proportion of women reporting no feelings of depression and hopelessness increased by 1.5 percent in the control group receiving standard care, compared to 11.0% in the one off cash group and 40.7 percent in the recurrent cash group.

Decision making: ≥98 percent reported making their own decisions on how the cash would be used.

Safety: More than 99 percent reported feeling safe receiving cash

Receipt of cash: 84 percent of participants indicated that there were no challenges receiving their cash assistance

UNFPA Türkiye is providing cash assistance as part of its overall case intervention modality, targeting key refugee groups such as LGBTQI+ individuals, people living with HIV, and sex workers, in addition to men and boys who are survivors or at risk of sexual violence. Key takeaways include:

86%

of participants reported **feeling safer** due to cash assistance.

89%

percent of participants reported **improved mental well-being**.

100%

GBV survivors reported that the assistance **enabled them to make decisions on their recovery** from the incident or on their risk of violence.

89%

of participants reported **improved physical well-being**.

100%

of GBV survivors have reported that the assistance has **prevented or ceased risk of / exposure to sexual harassment, exploitation and/or abuse**.

INDIVIDUAL PROTECTION ASSISTANCE (IPA)

An Individual protection cash assistance approach has been developed and implemented in north-western Syria, Somalia, and Palestine to reduce the overall protection risk for those most vulnerable.

IPA consists of unconditional cash assistance (normally one-off) targeting those individuals that face higher protection and GBV risks because of their age, gender and/or other protection vulnerabilities. IPA is also used as an entry point for the provision of key protection services such as providing information about available services and referrals of high-risk cases to GBV Case Management services.

Unlike multipurpose cash, IPA is provided to the individual facing the protection risk and not the head of the household. Identification of beneficiaries and delivery of assistance is done by protection teams either through outreach or within Safe Spaces.

While IPA targets the individual as opposed to the household, it takes the needs of the entire household into account when defining the transfer amount (e.g. based on the number of household members).

In 2021, UNFPA and John Hopkins University conducted a research evaluation on IPA in north-western Syria using a mixed-methods approach of quantitative surveys and in-depth interviews with beneficiaries. In addition to being cited as the preferred assistance modality by more than 98 percent of respondents, the findings suggest that helping women and girls facing protection risks with cash assistance not only improves their psychological well-being but also contributes to their safety at home.

¹ Provided over five months.

² Provided as on-off support during emergencies.



REDUCING BARRIERS TO ACCESSING SERVICES

A 2022 impact assessment of UNFPA's regional humanitarian response highlighted transportation cost among the key barriers preventing women and girls access to SRH and GBV services, including life saving services. Pregnant women risk life-threatening complications without access to delivery and emergency obstetric care services. Women and girls may also lose access to family planning services, exposing them to unintended pregnancy in perilous conditions.

In north-western Syria, UNFPA has mobilised internal emergency funds to address the scarce uptake of Postnatal Care services for nursing women. Postnatal care is among the most critical and underreported services in the area due to a number of contributing factors. For instance, social norms don't encourage mothers to leave their homes during the first 40 days after birth. Patients also lack essential awareness and information on the importance of such services, while transportation challenges (availability and/or cost) and ongoing displacements in the area contribute to the low uptake. The COVID-19 pandemic has further complicated these barriers, leading women to refrain from visiting health facilities except for situations that they deem critical or urgent. To help mitigate these barriers, UNFPA has piloted a conditional cash transfer intervention to incentivize service uptake and help beneficiaries offset transportation costs. All of the women targeted attended the three prescribed postnatal visits following registration in the project.

Similarly, between September and December 2022, **UNFPA Yemen** piloted a conditional cash for transport pilot to improve access to maternal services in hard-to-reach and conflict affected areas, where the cost of travelling to health centres constitutes a considerable financial obstacle for poor households and discourages them from seeking required services. Conclusions from both pilots are currently being gathered, as the pilot presented some coordination and implementation challenges but ultimately achieved markedly positive results on service uptake.

'At first, I did not believe the midwife's words because the hospital is far away, but my husband and I ultimately decided to go. And indeed, when we arrived, not only were we reimbursed the transportation fees but we also found that everything was free, including examinations, diagnosis, medication, labour, and the hospital bed.'

— Cash recipient, Yemen

IMPROVED ACCESS TO PRODUCTS & SERVICES

HYGIENE PRODUCTS FOR PREGNANT & LACTATING WOMEN (PLW)

Over the past two years, **UNFPA in Syria** has been implementing a voucher program jointly with WFP to support the health and wellbeing of pregnant and lactating women from vulnerable, food insecure households. This is achieved facilitating their access to fresh and nutritious food and hygiene items, including sanitary napkins, diapers, soap, shampoo and various detergents. At the same time, the programme aims to promote the uptake of integrated SRH services through awareness and referrals. Referral pathways to UNFPA-supported facilities are also defined for women and girls when GBV services as required.

‘After my divorce, I was left with no money or hope of survival. At the Safe Space, I was given a micro-grant to start my own business and was able to open a small food shop in my neighbourhood. This made all the difference, allowing me to cover my family’s essential needs. Today, I feel stronger and much more independent.’

— Cash recipient, north-western Syria

MENSTRUAL HYGIENE PRODUCTS

In the Arab region, gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services affect girls’ and women’s lives and their ability to meet their menstrual health and hygiene needs in a dignified manner. CVA can broaden the choices available to women and girls and increase their access to menstrual hygiene products. For instance, providing CVA to enable women and girls to directly purchase menstrual hygiene management (MHM) supplies in their local markets is considered an alternative or a supplement to the distribution of dignity kits. CVA for MHM can also be an important entry point to share information about menstruation and referral to GBV and SRH services.

In light of the increasing levels of period poverty, **UNFPA in Lebanon and Jordan** has piloted conditional cash assistance to increase women and girls’ access to menstrual hygiene products. As with any other UNFPA CVA intervention, CVA is never implemented in isolation but rather always integrated as part of a broader, holistic strategy. In this approach, beneficiaries (and their caretakers) receiving CVA for menstrual hygiene also participate in awareness sessions on relevant topics such as menstrual hygiene, child marriage, GBV prevention, discriminatory social norms, and menstruation myths.

INCOME GENERATING ACTIVITIES (IGA)

Since 2021, **UNFPA in north-western Syria** has supported women-owned micro-enterprises and women wishing to establish new businesses through conditional cash assistance.

As revealed by the findings of a review conducted in August 2022, recipients found IGAs relevant and effective when it comes to supporting the development or the expansion of small business projects, all the while contributing to GBV prevention and mitigation. IGAs are implemented through the Women and Girls Safe Space, both within and outside of GBV case management.

LEARNING, ADAPTATION, & DISSEMINATION

The UNFPA Regional Humanitarian Hub for Syria and the Arab States has developed a **CVA Monitoring Framework and Toolkit** with the aim of further harmonising and strengthening UNFPA CVA operations throughout the region. The toolkit helps country offices to monitor the impact of interventions where CVA is integrated in GBV/SRH programming in the region, including **cash in GBV case management, cash to support uptake of postnatal care, cash for menstrual hygiene management (MHM), and cash for transport**. Moreover, the toolkit helps teams assess how people perceive the quality and appropriateness of the CVA distribution process and provides opportunities for identifying any potential safety and protection risks faced by those being served as a result of their participation.

UNFPA is also partnering with Johns Hopkins University’s Bloomberg School of Public Health to ensure a sound evidence base for CVA approaches, exploring what works best for women and girls through multi-country field research between 2021 and 2023. The research is informing global guidance and future programming models, and is shared with key inter-agency networks and coordination groups such as CaLP and the respective Cash Task Teams of the Global Protection Cluster and the Global Health Cluster.

Two key research studies have been identified so far in the Arab Region:

- [A Comparison of Individual Protection Assistance and Dignity Kits](#) in north-western Syria;

- [From Risk to Choice](#): Cash Within GBV Case Management in Jordan.

Both studies have been completed and findings disseminated.

ENHANCED COORDINATION, REFERRALS, & GBV RISK MITIGATION

UNFPA is an active member of the [CaLP](#)-led MENA CVA Regional Technical Forum and its Community of Practices, with a focus on cash and health and cash and social protection. At the country office level, UNFPA engages with [Cash Working Groups \(CWG\)](#) to define strategies and protocols for sectoral cash assistance and to mitigate GBV risks within all CVA interventions.

In 2020, the GBV Sub-Cluster and the CWG in north-western Syria jointly explored ways to enhance CVA aimed at GBV survivors. Learnings from this collaboration have been documented in a [roadmap for collective action](#) to enhance the integration of CVA into GBV programming. In 2022, UNFPA provided technical support to the development of standard operating procedures for such integration into refugee responses across Lebanon, Jordan, and Türkiye, where UNFPA is also accepting referrals from actors who have neither the capacity nor the expertise required to provide cash assistance to GBV survivors. UNFPA also co-led similar efforts in [Iraq](#) and [Somalia](#).

In Yemen, UNFPA leads the rapid response mechanism (RRM) in partnership with WFP and UNICEF. The mechanism aims to provide a minimum package of immediate most critical life-saving assistance for newly displaced persons. The importance of RRM in Yemen goes beyond the distribution of kits, as the immediate response triggers and facilitates the sequencing of other critical assistance. In 2021 UNFPA issued a [case study](#) exploring the link between CVA and women's protection.

WHAT'S NEXT?

1. UNFPA in the Arab Region is consolidating its approach to CVA into core SRH and GBV programming while also expanding its efforts to include new pilot initiatives.
2. Based on the successes and learning of the last two years, UNFPA in regions is working towards the systematic incorporation of cash assistance as a standard tool within GBV case management.
3. UNFPA is also exploring the expansion of CVA to support transport costs, which have been identified as key barriers preventing women and girls access to SRH and GBV services, including life-saving services.
4. At the same time, critical learning from these initiatives will be supported through the rollout of a regional monitoring toolkits to accelerate the scaling up and replication of good practices. Specifically, case studies will be developed on the aforementioned MHM and SHR pilots to be disseminated through the relevant regional and global fora.

RESOURCES

1. Integrating Cash Assistance into GBV Case Management: A Lebanon Case Study
2. Expanding The Evidence Base On Cash, Protection, GBV And Health in Humanitarian Settings Findings from north-western Syria: A Comparison of Individual Protection Assistance and Dignity Kits.
3. Vouchers for Essential Items and GBV Prevention and Response: Palestine
4. Women at the Centre: Joint cash-based assistance for women's food security, nutrition, health and protection in Syria
5. CVA Case Study: Cash and Voucher Assistance and Gender-Based Violence Risk Mitigation, Somalia, UNFPA
6. Linking the Rapid Response Mechanism to the Provision of Cash Assistance and Women's Protection: UNFPA Yemen Case Study

FOR MORE INFORMATION

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