

Across Asia and the Pacific, women and girls are facing growing crises—from intensifying climate disasters to armed conflict—severely limiting their access to essential health and protection services. Those most at risk, including adolescent girls, transgender individuals, and persons with disabilities, often have nowhere to turn.

UNFPA is committed to achieving three Transformative Results by 2030—zero unmet need for contraception, zero preventable maternal deaths, and zero gender-based violence and harmful practices. Cash and voucher assistance (CVA), integrated into Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) programming, plays a vital role in achieving these commitments, giving women and girls the means to access life-saving services when they need them most.

Through anticipatory action, emergency response, and nexus programming, UNFPA's CVA ensures that women, girls, and others at

greatest risk, including individuals with diverse SOGIESC, persons who sell or exchange sex, older persons, and persons with disabilities, can access menstrual health products, contraception, HIV treatment, and other essential SRH and GBV services without resorting to harmful coping mechanisms. CVA shifts power to recipients, enabling them to make their own decisions regarding their health and well-being.

UNFPA's CVA is always part of a larger, comprehensive response, complementing GBV case management, medical staff support and health systems strengthening. It fills critical gaps in humanitarian assistance that multi-purpose cash or assistance from other actors do not cover, ensuring that women and girls can access essential SRH and GBV services. Unlike cash or 'cash plus' models where cash remains the primary focus, UNFPA's CVA is not a standalone intervention- it is fully integrated into SRH and GBV programming, making it a targeted and life-saving tool within a broader support system.

2024 in numbers

CVA active country offices

CVA in 10 rapid-onset emergency responses and 2 anticipatory actions

74,500 CVA recipients, including 70,600 women and

1,200 transgender individuals

\$1.7 million USD in transfers to recipients

16,350



CVA recipients were persons with disabilities, 540 were older persons and 94 were persons selling sex

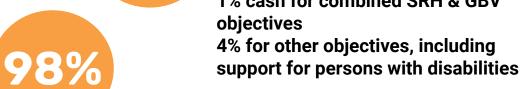




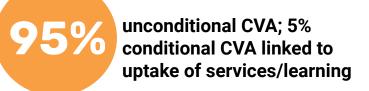
CVA Objectives







cash and 2% vouchers



In flood or typhoon-affected areas, displacement and loss of livelihoods and income can disrupt access to essential health services. UNFPA provides cash assistance to enable pregnant women to access antenatal care, deliver safely in health facilities, and receive timely care during obstetric emergencies. Without this support, many would be unable to reach medical services, risking complications, unsafe deliveries or even death.

In conflict settings, UNFPA integrates cash assistance into GBV case management, helping survivors of GBV access life-saving care, meet their immediate protection needs, and take steps toward recovery to rebuild their lives with dignity.

Impact of CVA in 2024

8,950

pregnant women accessed safe deliveries in hospitals

2,210 women received timely emergency obstetric care at higher level facilities

29,100

women, girls and transgender individuals selected dignity items from local markets

adolescent girls and their families received conditional cash assistance to stay in school and reduce the risk of early marriage

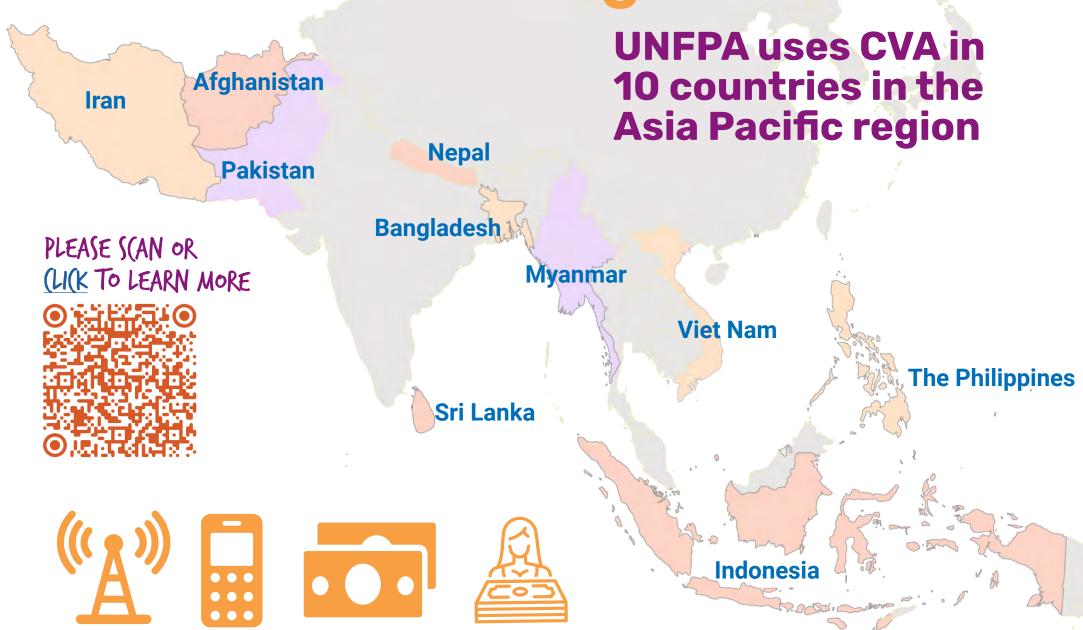
15,300

adolescent girls accessed menstrual products and health information

350 adolescent girls with disabilities purchased assistive devices



CVA across the region



Progress highlights

UNFPA Country Offices in Asia and the Pacific are at the forefront of expanding and innovating with CVA within SRH and GBV programming. The regional office provides technical guidance, capacity-building, and fosters knowledge sharing and evidence generation to strengthen CVA implementation.

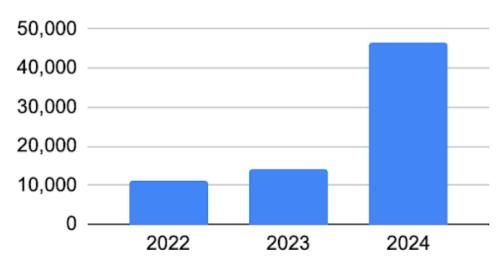
Scaling up CVA for quality SRH and GBV programming

UNFPA Bangladesh and UNFPA Myanmar have significantly scaled-up their CVA initiatives, providing direct financial support to women, girls, and marginalized groups for essential health and protection services. In conflict-affected areas of Myanmar, where transporting in-kind aid is challenging, cash has emerged as a crucial and discreet alternative, ensuring recipients can access life-saving care. Across both countries, CVA remains the preferred assistance modality, offering vulnerable individuals greater flexibility, choice, and dignity in crisis situations.

"WOMEN NEED MANY THINGS DURING FLOODS, LIKE PANTIES, SANITARY NAPKINS, OIL, SOAP, ET(. I AM BUYING THESE NE(ESSARY THINGS USING THIS MONEY." "I SPENT THE MONEY ON MYSELF. THIS MONEY WOULD HELP US TO GET RID OF UNHEALTHY SITUATIONS."

-Woman recipient of cash for dignity items, Bangladesh





UNFPA Bangladesh CVA



Cash: A Flexible Lifeline Amid Climate Disasters

As climate-related disasters intensify, cash assistance remains a crucial tool for ensuring access to life-saving health services.

In Bangladesh, severe floods and a devastating cyclone in 2024 disrupted access to health care. UNFPA provided cash assistance to ensure pregnant women's timely access to obstetric care and safe deliveries in health facilities. Cash also enabled women and transgender individuals to purchase dignity items locally, supported women and girls with disabilities in obtaining assistive devices, and helped adolescent girls stay in school and reduce the risk of early marriage.

In the Philippines, successive typhoons left many displaced and struggling to access essential services. UNFPA provided cash for pregnant women to maintain access to antenatal care, facility-based deliveries, postnatal care, and necessary items. Cash also enabled displaced women and girls to obtain menstrual hygiene products, safeguarding their dignity and well-being.

CVA: A Key Tool in Anticipatory Action

In 2024, UNFPA acted in advance of forecasted disasters twice, using CVA under the Anticipatory Action (AA) CERF frameworks in Bangladesh and Nepal, to help women and girls maintain access to maternal care, dignity items and menstrual products. Bangladesh, Nepal and the Philippines all have CVA as part of their AA planning, expanding the reach of early interventions that safeguard health and dignity in climate-related emergencies.

Gender Responsive Anticipatory Action

In Anticipatory Action, UNFPA meets the unique needs of women, adolescent girls and transgender individuals to protect and maintain their health, dignity and well-being.

To address the risks for target individuals, UNFPA's Anticipatory Action focuses on:

- Community awareness on SRH and GBV
- Distribution of prepositioned SRH supplies (Interagency Reproductive Health Kits)
- Readiness of mobile SRH units and teams
- Relocation of birth facilities
- Cash for access to SRH & GBV services
- Distribution of prepositioned Dignity Kits
- Cash for dignity items
- Cash for GBV survivors in GBV case management

"WE USED THE MONEY FOR TRAVEL EXPENSES TO (OURT. I AM DETERMINED TO SEEK JUSTICE FOR MY DAUGHTER AND PREVENT SIMILAR (ASES IN THE FUTURE."

-Mother of a 14-year-old GBV survivor who received cash assistance, Myanmar



Expanding disability-inclusive CVA

UNFPA Country Offices in Asia and the Pacific are committed to ensuring persons with disabilities are not left behind, with ongoing initiatives to make CVA more inclusive and accessible.

In 2024, key disability-inclusive CVA initiatives included tailored cash assistance for adolescent girls with physical disabilities in flood-affected areas by UNFPA Bangladesh, enabling them to purchase assistive devices to enhance mobility and access reproductive health and protection services.

UNFPA Myanmar has developed new <u>disability-inclusive CVA guidance</u> in close consultation with organizations of persons with disabilities and the national Disability Inclusion Technical Advisory Group. The guidance outlines practical actions to ensure that the design and implementation of CVA are more inclusive and responsive to the needs of persons with disabilities.

CVA for dignity items: A Growing Alternative to In-Kind Kits

In 2024, the use of CVA for dignity items surged by over 600%, increasing from 4,000 to 29,100 recipients following a successful pilot in Bangladesh in 2023. This innovative approach enables women, girls, and transgender individuals to purchase dignity items of their choice from local markets, ensuring their specific needs are met. As a result, Bangladesh, Myanmar, the Philippines, and Viet Nam have integrated CVA for dignity items into their programming, with Pakistan and Sri Lanka preparing to do the same. To further strengthen this approach, UNFPA published regional technical guidance and its first case study, Cash assistance for the purchase of dignity items in emergencies in Bangladesh, advancing technical knowledge and best practices in the field.

Cash and vouchers were utilized in SRH programming in 8 out of 10 countries, further establishing this approach as a key enabler of access to essential services in crises. UNFPA Indonesia formalised cash assistance for pregnant women in emergencies through the national SRH working group. UNFPA Iran implemented cash assistance for pregnant women through the State Welfare Organisation, while UNFPA Viet Nam collaborated with the Ministry of Health and provincial authorities to support typhoon-affected pregnant women and older persons, strengthening resilience in crisis-affected communities.

"WE ALSO FA(E THE (HALLENGE OF BUYING MENSTRUAL HEALTH ITEMS DURING FLOODS.
THE PRI(E OF SU(H ITEMS IN(REASES DURING FLOODS.
WE (AN'T TELL OTHERS ABOUT OUR NEEDS EX(EPT OUR MOTHERS."

-Adolescent girl recipient of cash for menstrual items, Bangladesh

In Bangladesh, **UNFPA piloted conditional cash assistance as part of its Adolescent and Youth programming** and awareness raising efforts, for adolescent girls to stay in school and reduce the risk of early marriage. The initiative targeted vulnerable girls in flood-affected areas, where financial strain from reduced household income and assets often increases pressure for child marriage.

CVA preparedness has been strengthened across the region, with a particular focus on Pacific countries such as Fiji, Vanuatu, and Papua New Guinea, aiming to ensure more responsive and effective cashbased interventions in humanitarian settings.

Capacity building & knowledge management

In 2024, the regional office led capacity-building sessions for 350 people, including 240 UNFPA staff and 110 government and national partners. These included in-person training on CVA and GBV in Pakistan and the Philippines, strengthening technical expertise and program delivery. Country teams expanded these efforts by cascading CVA training to over 40 local partners, including 7 women-led organisations, civil society groups, and other local stakeholders, further embedding CVA expertise at the community level.

Four CVA case studies were developed to document best practices and lessons learned:

- Afghanistan: Cash assistance for women's health and wellbeing (internal)
- Bangladesh: Cash assistance for the purchase of dignity items in emergencies
- Myanmar: Strengthening Localization: Implementing Cash Assistance with Women-Led and Civil Society Organizations in Myanmar
- Sri Lanka: UNFPA's Cash assistance initiative amidst Sri Lanka's socio-economic crisis





A story from the Philippines

Aisha and and her family live on a small farm in Mindanao. Amid ongoing insecurity, they struggled to grow crops and raise a few goats. When armed groups attacked their farm, stealing their animals and destroying what little they had, Aisha and her family were forced to flee.

She found comfort and support at a women friendly space. There, she connected with other women and learned about women's and children's health, and how to access support services to help her family recover.

Through a cash grant, her family was able to buy supplies for their well-being and tools to begin rebuilding their farm. The support gave them not only the means to recover but also the dignity of choice.

"After weeks of living in the shelter, we never thought about small luxuries," Aisha shared. "One day, my daughter asked, 'Can I have an ice cream?' Because we had a bit left over from the cash support, I bought her one—for five pesos. Seeing her smile like that... It was the first time I felt hopeful that the crisis might finally be behind us."

