Deciding Together, Responding Better



How community voices are shaping humanitarian action across Asia and the Pacific

UNFPA

“How communities experience and perceive our work is the most relevant measure of our performance. Hence, our accountability to them is paramount and must be acted upon. It is non-negotiable, at all times.”

UNFPA signed the Statement by Principals of the Inter-Agency Standing Committee (IASC) on Accountability to Affected People in Humanitarian Action (14 April 2022)





Introduction

Community voices are fundamental at every stage of UNFPA programming, from initial design and implementation to monitoring and evaluation. This bulletin systematically captures the views and perceptions of the communities UNFPA serves, including how they experience and influence sexual and reproductive health (SRH) and gender-based violence (GBV) initiatives. Using a set of people-centred indicators tailored to humanitarian contexts across Asia and the Pacific, this bulletin enables communities to periodically assess the relevance, appropriateness and quality of the support they receive.

By placing community feedback at the centre of humanitarian action, UNFPA across the region strengthens accountability, improves the quality and responsiveness of programmes, and helps ensure that assistance remains grounded in the priorities, dignity and lived experiences of crisis-affected people.

This bulletin, covering the period from 2024 to 2026, is designed to support systematic accountability by using community feedback trends and evidence to inform decision-making. It also serves to communicate operational achievements, institutional impacts and ongoing challenges to donors and partners.

“The women-friendly space is a place of peace (shanti khana) where we feel safe to share personal experiences and problems with the case worker. The feeling of trust and safety helps us to cope with personal pain and grief.”

- A woman in the Rohingya refugee camp, Cox’s Bazar, Bangladesh

AAP in Asia-Pacific

Afghanistan

88 per cent of 569 crisis-affected people consulted reported being able to safely access UNFPA's humanitarian assistance

Bangladesh

89 per cent of 4,410 women and girls consulted in the Rohingya response in Cox's Bazar reported that UNFPA's assistance helped them to meet their basic needs, among other needs and challenges they faced in the displacement camps

Viet Nam

100 per cent of 120 older persons consulted after Typhoon Yagi said the cash and voucher assistance significantly improved their health

Philippines

99 per cent of 3,096 women and girls consulted in typhoon responses reported that UNFPA's assistance was appropriate to meet their needs

Pakistan

87 per cent of 538 Afghan women and girls consulted shared their satisfaction with the way UNFPA provided cash and voucher assistance and services for women and girls

Indonesia

100 per cent of 153 individuals affected by the volcanic eruption in East Flores found the dignity kits they received were useful in meeting their urgent needs in emergency situations

Sri Lanka

94 per cent of 1,624 women and girls affected by the socio-economic crisis consulted were aware of the selection criteria for assistance

Myanmar

73 per cent of 9,944 crisis-affected people who submitted feedback reported satisfaction with follow-up actions and responses provided by UNFPA and its implementing partners

Solomon Islands

A majority of respondents consulted following Cyclone Maila preferred cash and voucher assistance for its flexibility in meeting urgent health and household needs





What communities consistently value

- Respectful and non-discriminatory treatment by frontline workers and service providers
- Safe and accessible services and assistance
- Meaningful participation in decision-making and programme design
- Trusted and accessible feedback and complaints mechanisms
- Flexibility and choice in humanitarian assistance, including cash and tailored support
- Culturally appropriate and inclusive services adapted to diverse community needs

Across the region, community feedback showed that accountability goes beyond collecting perceptions or complaints. It requires community voices to inform programme adaptation, operational decisions, service accessibility and the overall quality of humanitarian response. In the country examples that follow, feedback from women, girls, adolescents, older persons, persons with disabilities and other marginalized groups contributed to tangible improvements in programme design and delivery.

AFGHANISTAN



Context

Since the Taliban takeover in August 2021, humanitarian needs in Afghanistan have remained high. Millions of people continue to face limited access to essential health and protection services. The crisis has also reversed progress on women's rights and gender equality, restricting freedom, education, access to information and economic opportunities, while intensifying risks of GBV that disproportionately affect women and girls.

UNFPA provides life-saving SRH and GBV services to women, girls and other crisis-affected populations. Accountability to affected people is critical to ensuring that these services are safe, accessible and responsive to their priorities and needs.

Community feedback

UNFPA uses the Community Listening Initiative to ensure that crisis-affected people can participate meaningfully in programme decisions. Feedback is gathered through face-to-face outreach by community mobilizers and health workers in hard-to-reach areas, hotlines, and local community structures that people know and trust. Third-party monitoring complements these channels and enables communities to assess UNFPA performance regularly.

UNFPA also leads Afghanistan's inter-agency community feedback and accountability system and community perception monitoring in collaboration with a wide range of partners. Community feedback has helped humanitarian actors adjust their interventions, as highlighted in the Afghanistan Accountability Index (June 2025).

From January to March 2026, UNFPA supported the first round of third-party monitoring. Exit interviews were conducted with 569 affected people across 141 facilities in eight provinces: Helmand, Herat, Kabul, Kandahar, Kapisa, Kunar, Kunduz and Nangarhar. Participants were 85 per cent female, 13 per cent male, and 2 per cent who preferred not to disclose their gender.

88%
could safely access UNFPA humanitarian interventions

78%
thought UNFPA assistance was appropriate to their needs

71%
felt their opinions and feedback were valued by the project team

72%
felt comfortable and safe providing feedback or complaints

68%
reported that feedback channels were accessible and visible

Focus group discussions conducted through third-party monitoring indicated a generally high level of satisfaction: 83 per cent of participants rated their experience as good or very good, citing respectful treatment by health workers and adequate facility conditions. Facility staff also reported very high job satisfaction — more than 99 per cent overall — and generally good workplace security. However, many staff reported limited involvement in facility budgeting and concerns about the fairness of salary payments.



“Previously at home with my husband and children, I was withdrawn, my mood was low, and I could not properly care for them. After consulting with the psychosocial counsellor for the past few weeks, my behaviour and interaction with my husband and children have become better, and I am no longer isolated or withdrawn.”

– A woman from Kunduz province



“We are very satisfied with these health centres, because before, when we had to go, our homes were in remote areas, and we didn’t have transportation to reach the city or other centres. That meant we had to spend money, and since we are poor people, we didn’t have the means. Now that these centres have been established here, it has created a lot of convenience for us. We can easily come here for treatment and medicine.”

- A woman from Nangarhar province

From data to action

UNFPA’s data-to-action approach embeds the Community Listening Initiative into regular programming, helping ensure that community feedback informs programme decisions. Harmonized feedback mechanisms include face-to-face engagement through trusted female frontline workers, midwives and youth networks, as well as mobile hotlines and WhatsApp.

The information is channelled into the Orange Room, a physical space in the country office where interactive dashboards bring together data and evidence to support programme monitoring and decision-making. This makes evidence readily available to support programme effectiveness, efficiency, accountability and impact.

Programme managers and partners review trends through a structured monthly corrective-action cycle and agree on specific adjustments. Community feedback has led to changes such as scaling up GBV counselling, increasing commodity supplies, introducing night shifts at health facilities and adding integrated vaccination services in response to direct requests.

BANGLADESH



Context

The Rohingya refugee crisis in Cox's Bazar and Bhasan Char remains one of the world's largest and most protracted humanitarian emergencies. In 2025, an estimated 1.09 million refugees and 568,000 vulnerable members of host communities required humanitarian assistance. The arrival of approximately 150,000 additional refugees during 2024 and 2025 - more than half of them women and girls - placed further pressure on already limited services and increased risks for women, girls and adolescents.

UNFPA continues to provide life-saving SRH and GBV services to Rohingya refugees and surrounding host communities. Through health facilities, women-friendly spaces, community centres, adolescent and youth facilities and outreach programmes, UNFPA reached more than 668,000 people in 2025, including more than 4,200 persons with disabilities.

Women and girls accessed maternal health care, emergency obstetric and newborn services, psychosocial support and survivor-centred GBV services in safe and confidential environments. Community-based programmes also strengthened protection and resilience and connected adolescents and young people with information, support and opportunities to participate.

Community feedback

A satisfaction survey found that 89 per cent of 4,410 women and girls felt that UNFPA assistance had helped them meet their basic needs and address other challenges they faced in displacement camps.

- In a public health needs assessment covering 2,014 households, 84 per cent said they could safely access health services, including SRH services.
- In the Inter-Sector Needs Assessment of 3,465 households, 96 per cent said they could safely access GBV services, and 64 per cent said they could safely access assistance for adolescents and youth.



"I learned about my rights and how to manage stress through the women-led community centre activities. The Apas (case workers/ case managers) are very supportive, and I feel safe and respected at the centre. The awareness sessions, psychosocial support, and life skills activities have increased my knowledge and confidence. I hope the women-led community centre continues these services so more women and girls can benefit."

- An 18-year-old girl from Bhasan Char

Feedback channels

- Community satisfaction survey
- Digital feedback through Kobo form (real-time reporting mechanism)
- Complaints box
- Focus group discussions
- Door-to-door outreach

UNFPA's quarterly perception survey found that fear of retaliation was a significant barrier to women and girls accessing GBV services, reducing their sense of safety. Adolescents and young people also faced barriers, including limited agency and stigma related to SRH and GBV. UNFPA and its partners are working with local leaders and communities to raise awareness and improve safe, reliable access to these services.

The Inter-Sector Needs Assessment also asked households whether the response had amplified community voices:

82%
said they had a say in how assistance was delivered

66%
said their voices were heard in humanitarian assistance

78%
knew how to use feedback and complaints mechanisms provided by aid organizations

The humanitarian community continues to strengthen communication and engagement with different community groups, particularly around funding constraints that have affected the continuity of assistance. The report notes a 16 per cent improvement compared to the previous year in how communities viewed their participation in the response. Community voices remain essential to ensuring that assistance is relevant and appropriate.





From data to action

- In 2025, feedback from service providers and communities identified strong demand for GBV services and major gaps in awareness among new arrivals. UNFPA responded with a targeted community-based awareness initiative that helped build trust, improve knowledge and increase the number of women and girls seeking GBV services.
- In response to women's and girls' preferences, UNFPA adapted dignity kit contents to include blouses and bras, while a voucher pilot in women-friendly spaces enabled refugee women to select items that best matched their needs, preferences and cultural practices.
- UNFPA is facilitating dialogue between communities and government authorities on the reconstruction of women-friendly spaces. Communities have asked to be consulted so that the design reflects their priorities.

INDONESIA



Context

Following the August 2025 earthquake in Poso, Central Sulawesi, and the October 2025 eruption of Mount Lewotobi Laki-Laki in East Flores, Nusa Tenggara Timur, UNFPA provided technical and humanitarian support under the coordination of the Government of Indonesia. Working with the Ministry of Health and local partners, UNFPA supported implementation of the Minimum Initial Service Package (MISP) to address urgent SRH needs, alongside GBV and protection interventions. Pregnant women, older persons and women with disabilities were prioritized to support an inclusive response.

Community feedback

Across the two emergencies, 214 people were consulted, including 191 women and girls and 23 men and boys. Fourteen respondents were persons with disabilities. Overall, respondents reported high satisfaction with how cash and voucher assistance and emergency supplies were planned and delivered.

Following the East Flores eruption, post-distribution monitoring was conducted with 153 of these respondents (147 women and girls and 6 men and boys):

100% said the dignity kits helped meet their urgent needs

96% said the distribution plan, location and timing were suitable, accessible and safe

98% said the dignity kits were of good quality and met their expectations

87% were confident that they could use available mechanisms to raise complaints or concerns

In the Poso earthquake response, all 61 respondents (44 women and girls and 17 men and boys) rated their experience of accessing services as very good.

100%

were satisfied with how cash and voucher assistance was planned and implemented

"Toothbrush, toothpaste, towel and jacket from the dignity kit were very useful. Although I had other basic needs to fulfil, I'm thankful I was supported."

- A woman who received a dignity kit in Poso

From data to action

UNFPA Indonesia continued to adjust its response using lessons and feedback from communities, service providers and local actors. Consultations with communities - particularly groups facing the greatest risks - informed the customization of essential items for emergencies. Respondents reported high satisfaction not only with the items they received, but also with distribution arrangements that reflected their safety and accessibility needs.



"I can use the cash assistance to cover the cost of fuel to travel to the hospital in Larantuka for my ultrasound, and also to pay the doctor's fees. I'm using the leftover money to buy meat - usually, we can't afford that."

- Mama Oci, a pregnant woman who accessed cash assistance in East Flores

MYANMAR



Context

The combined effects of conflict and the 2025 earthquake left 5.9 million women and girls in need of assistance in Myanmar, including 455,000 pregnant women. Protection risks also intensified, with an estimated 7.6 million people requiring GBV services. In 2025, UNFPA reached 901,259 people with life-saving care and earthquake relief, including 16,172 persons with disabilities, through mobile clinics and service-delivery points. Through integrated services, cash and voucher assistance, and partnerships with local women-led, youth-led and LGBTQIA+ organizations, UNFPA continued to support conflict- and disaster-affected communities amid a worsening humanitarian and economic crisis.

Community feedback

Despite severe humanitarian access constraints, UNFPA collected feedback from 11,091 crisis-affected people: 10,238 females, 764 males, and 89 people who preferred not to disclose their gender. Channels included the Community Voice Tracker, post-distribution monitoring of relief items and cash and voucher assistance, satisfaction surveys and community outreach.

The Community Voice Tracker is UNFPA Myanmar's quarterly feedback and complaints mechanism. It consolidates community meetings at service facilities, outreach sessions, feedback and suggestion boxes, hotlines, digital platforms such as Facebook Messenger, WeChat, Telegram and Viber, and satisfaction surveys. UNFPA works with local and women-led organizations to engage communities in programme design and delivery.

“I am very grateful to have received direct financial and health care assistance during my time of need.”

- A woman who received emergency obstetric and newborn care referral support



100%

of 1,147 women and girls who received dignity kits or cash and voucher assistance were satisfied with their access to the assistance

26%

of the 389 cash recipients reported access challenges, including long travel distances, movement restrictions and security checkpoints

73%

of 9,944 crisis-affected people who submitted feedback were satisfied with the follow-up actions and responses provided by UNFPA and its implementing partners



Sampling approach

- 9,944 project participants (9,091 females, 764 males, 89 did not disclose their gender) were consulted through the Community Voice Tracker
- 758 women and girls were consulted through post-distribution monitoring of dignity kits
- 389 women and girls provided feedback through post-distribution monitoring of cash and voucher assistance



“Thank you very much for providing this mental health training. It is very informative and provides a lot of knowledge. Since there are others who are still unaware of these things, I would like them to gain this kind of knowledge as well. I hope you conduct these training sessions frequently. Thank you for welcoming us so warmly.”

- A participant in a psychosocial support session at a centre for women and girls

From data to action

- In response to community demand, UNFPA and its partners increased the frequency of mobile clinics, aiming for at least two visits a month, and prioritized first-time visitors, persons with disabilities and young people.
- UNFPA adjusted the size and quality of undergarments and the type of shampoo included in dignity kits. Dignity kits tailored for older persons were planned for procurement in 2026. Transport costs to distribution sites were also added to budgets in response to feedback on travel expenses.
- Primary health-care medicines were procured to address shortages identified by communities and implementing partners.
- Where needs fell outside UNFPA support, community members were referred to other humanitarian actors, livelihood-training providers and disability organizations able to provide assistive devices.





Context

In 2025, UNFPA sustained and expanded life-saving SRH services, including maternal health care, mental health and psychosocial support, and GBV prevention and response services across Pakistan, reaching 238,430 people in humanitarian settings.

This included 165,377 people supported through the Afghan refugee response in Khyber Pakhtunkhwa and Balochistan, and 73,053 people reached through flood-response interventions in Punjab, Khyber Pakhtunkhwa and Gilgit-Baltistan.

Community feedback

UNFPA gathered feedback from 538 women and girls who received humanitarian assistance or accessed SRH and GBV services in Afghan refugee-hosting districts of Khyber Pakhtunkhwa and Balochistan.

91% were satisfied with the dignity items they received

87% were satisfied with access to cash and voucher assistance and services for women and girls

70% were satisfied with SRH services at health facilities, while 64 per cent were satisfied with birthing stations

69% of health facility users knew how to provide feedback or make a complaint

72% of people who received cash and voucher assistance said they had been consulted before assistance was provided

Sampling approach

- 99 women and girls who received dignity items
- 29 women and girls who received cash and voucher assistance
- 109 women and girls who accessed women and girls friendly spaces
- 118 women and girls who accessed reproductive health services at UNFPA-supported health facilities
- 89 women and girls who attended birthing stations
- 94 users of telemedicine services



“I thought my life had stopped, but this women and girls friendly space gave me hope and strength for a new beginning.”

- Shah Bano, a woman with a disability from Quetta, on the inclusion and skills training provided at the women and girls friendly space established by UNFPA in Pashtoon Bagh, District Quetta



Feedback channels

- Regular field-monitoring visits and community consultations.
- Community satisfaction surveys using a quantitative cross-sectional approach.
- Community outreach through trained community resource persons.
- Formal feedback and complaints channels, including suggestion boxes.

“I felt like my life was over and I had no voice, but now I know I have rights and I can stand for myself. I want to study and build a better future for my life.”

— Zara Bibi, a 17-year-old girl from Alipur, District Muzaffargarh, reflecting on psychosocial support received through UNFPA-supported community outreach



From data to action

Community feedback highlighted significant mental health needs in emergency-affected districts across Khyber Pakhtunkhwa, Balochistan, Punjab and Gilgit-Baltistan. In 2025, UNFPA integrated mental health and psychosocial support into health facilities, mobile health units and women and girls friendly spaces, while also training health-care providers. This approach is continuing in the 2026 humanitarian response in line with community demand.

Livelihood and economic empowerment support also produced tangible benefits. Vocational and skills-based courses, including beautician training, combined with cash and voucher assistance, helped vulnerable women and families generate income. These interventions are being expanded in 2026.

Challenges remain around accountability and awareness of feedback mechanisms. UNFPA is strengthening complaints and feedback systems by consulting communities on how they prefer to engage with aid providers. Community health workers are also taking a stronger role in outreach, referrals and awareness of available services.

PHILIPPINES



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99 per cent of women and girls consulted reported that UNFPA's assistance during the typhoon responses was appropriate to meet their needs

Context

In late 2024, the Philippines experienced six tropical cyclones in five weeks: Kristine, Leon, Marce, Nika, Ofel and Pepito. More than 2.7 million people were affected, including an estimated 634,320 women and girls. UNFPA rapidly deployed assistance in Catanduanes and Camarines Sur, including SRH and GBV services, cash assistance, grants to small women-led community groups, and provision of life-saving commodities and inter-agency reproductive health kits.

The response prioritized pregnant women, women with disabilities, GBV survivors and adolescent girls, whose access to essential health and protection services can be severely disrupted during displacement.

"Thank you. Because at that time my husband had no job, and somehow the needs of my child, such as the clinic fees, were covered."

- A 35-year-old woman who received cash for maternity assistance from Bato, Camarines Sur (Region V)

Community feedback

UNFPA collected feedback from 3,096 women and girls aged 14 to 66 who received assistance. Three rounds of monitoring conducted between 2025 and 2026 examined project planning and implementation, mainly during Severe Tropical Storm Kristine and Super Typhoon Pepito.

Women and girls reported positive changes in their well-being and empowerment, including their ability to make informed decisions and exercise bodily autonomy. Respondents reported high satisfaction with cash for health, dignity kit contents and menstrual health management kits. Cash was used mainly for essential SRH services for pregnant women, including antenatal and postnatal care, facility-based delivery and transport costs.

UNFPA used Community-Based Quality Improvement Teams (CBQITs) - a localized and community-based feedback mechanism - to complement the monitoring data and strengthen community engagement. Made up of community volunteers and displaced women, the CBQITs created a real-time feedback link between affected people and humanitarian responders. Working in evacuation centres and women-friendly spaces, volunteers monitored the quality of SRH and GBV interventions so that assistance remained culturally sensitive and responsive to rapidly changing conditions during the six successive storms.

Indicators	899 women and girls in STY Pepito and STS Kristine	1,959 women and girls in STY Pepito	238 women and girls in STS Kristine
Percentage of disaster-affected people consulted who report that the UNFPA assistance was appropriate to meet their needs	99%	99%	99%
Percentage of disaster-affected people consulted who state that they can safely access UNFPA humanitarian interventions	99%	97%	99%
Percentage of disaster-affected people consulted who feel they have a say in the way assistance is delivered	80%	59%*	98%
Percentage of disaster-affected people consulted who know how to make a suggestion or complaint about UNFPA assistance they received	84%	67%*	92%

*Monitoring during Super Typhoon Pepito revealed that several affected communities lacked awareness of available feedback channels while accessing services. Building on these insights, UNFPA is standardizing and strengthening its systems to ensure clear communication regarding programme scope, eligibility, and selection criteria for future interventions.





From data to action

The participatory approach enabled real-time course correction. Feedback from adolescent CBQIT members led UNFPA to adapt women-friendly spaces to a mobile model, enabling information sessions to reach more adolescents in geographically isolated and hard-to-reach communities. In CBQIT-monitored areas, 98 per cent of women reported greater confidence in accessing services and a preference for sectoral cash, showing how localized oversight can strengthen dignity, safety and meaningful participation.

Future interventions will place greater emphasis on community agency when selecting the contents of dignity kits and menstrual health management kits. UNFPA plans to use preference-ranking exercises during consultations to identify essential items. Low-use items can then be replaced with preferred or more cost-effective alternatives, helping ensure that resources are directed towards items communities value and use most.

SOLOMON ISLANDS



Context

In April 2026, Category 5 Cyclone Maila caused widespread destruction across Western and Choiseul provinces. Damage to infrastructure and health systems left communities with urgent needs for shelter, food and basic health care. UNFPA supported the Ministry of Health and Medical Services by deploying frontline teams, including midwives, and establishing mobile health units to provide maternal and reproductive health services in Gizo and Simbo Island.

Community feedback

UNFPA conducted a community listening exercise with 62 people (54 females and 8 males), including disaster-affected people and frontline health workers. Communities in Simbo reported that damaged facilities and geographic isolation prevented access to health services for a week after the cyclone.

All participants trusted Solomon Islands Broadcasting Corporation radio for early warnings, but awareness of formal feedback mechanisms was low in remote areas

Pregnant women and persons with disabilities were identified as the groups most in need of targeted mobile health support

Cyclone-affected women and health workers identified shelter materials, reproductive health services and essential non-food items, including menstrual pads and hygiene supplies, as immediate priorities

Affected communities preferred cash assistance because it offered flexibility in meeting urgent health and household needs



“We witnessed the worst cyclone on our island. The health facilities were destroyed, and we were only able to access health services after a week. Our community is located far from other sites - going to Gizo for referrals requires time and money.”

- Woman during a focus group discussion in Simbo, Western Province

From data to action

UNFPA is using these insights to refine the ongoing response. Immediate actions include prioritizing cash-based support to give women greater flexibility in meeting urgent health and household needs, and expanding partnerships with local non-governmental and civil-society organizations to help mobile health teams reach remote communities. In response to requests from health workers, training on the MISP and psychological first aid is being incorporated into capacity-building plans.

“UNFPA was one of the first partners that supported the Ministry of Health through the deployment of frontline teams including midwives to the affected sites. The destruction of health services was significant. The mobile health support from UNFPA has helped address basic needs in the communities.”

- A Ministry of Health staff member at the Hospital of Gizo, Western Province



SRI LANKA



Context

In response to Sri Lanka's socio-economic crisis, UNFPA distributed 42,194 dignity, maternity and menstrual health management kits across the 11 most affected districts from March to August 2025. Working with the Ministry of Health and local partners, the initiative prioritized women and girls of reproductive age, pregnant women, older women and persons with disabilities as household incomes fell and access to essential supplies became more difficult. The crisis deepened existing inequalities and restricted access to health care and essential supplies, including those needed for maternal health and menstrual health.







Community feedback

Post-distribution monitoring gathered feedback from 1,624 women and girls on the relevance, quality and usefulness of kit contents, as well as their awareness of and access to feedback and complaints mechanisms.

99% said the items in each kit were appropriate and useful

99% said the items were of high quality

97% actively used the kit items

94% understood the selection criteria and why they had received assistance

85% knew how to seek help or report a protection concern

3% could not use some items because of sizing, and other respondents asked for clearer information about feedback channels



"I have been bedridden for more than 15 years due to a spinal cord injury caused by an accident. Receiving this dignity kit through the support of UNFPA has made our journey much easier. We are deeply grateful for this support and sincerely hope you will continue to find the strength to carry out similar work for many other vulnerable individuals and families like ours."

- A 40-year-old woman living with a disability, Puttalam district

From data to action

- **Customized kits:** The contents and specifications of dignity, maternity and menstrual health management kits were revised to better reflect community preferences and requested sizes.
- **Stronger accountability:** UNFPA introduced more accessible and user-friendly feedback and complaints mechanisms to address gaps in awareness.
- **Targeted awareness:** Structured SRH and GBV awareness sessions were introduced to address knowledge gaps identified through monitoring.
- **Inclusive outreach:** Distribution strategies were tailored for underserved and Indigenous communities to support equitable access to essential assistance.

VIET NAM



Context

From September to December 2024, UNFPA provided cash and voucher assistance to 1,035 older persons affected by Typhoon Yagi. Most recipients belonged to ethnic minority groups, lived in poverty and had disabilities. Approximately 75 per cent had severe mobility, visual or hearing impairments. Many had health conditions that were exacerbated by the disaster, and about 90 per cent had limited or no literacy.

This was the first time UNFPA had included cash assistance in its humanitarian response for older persons in Viet Nam. The approach enabled recipients to access basic social services and purchase essential items according to their individual needs.

Community feedback

UNFPA consulted 120 older persons (66 women and 54 men), aged 72 to 98, to understand their experience of the assistance and how it supported their recovery. Of those consulted, 90 were persons with disabilities.

100% of older persons said the assistance significantly improved their health

86% said the support arrived on time and addressed urgent needs after the disaster

84% used cash to buy medicines and meet health-related needs

100% reported high satisfaction with the cash-delivery service provided by Viet Nam Post

UNFPA worked with partners, local authorities, community volunteers and older persons to support inclusive targeting and selection. Consultations confirmed that older persons preferred cash because it enabled them to make their own choices and address individual needs during emergencies.





From data to action

Adapting cash delivery for older persons: Monitoring confirmed that cash assistance could be delivered effectively to older persons, including those with limited literacy and mobility. Flexible delivery approaches were designed in consultation with older persons, their representative association and the financial service provider to reduce barriers to accessing assistance. Lessons and direct feedback from the 2024 response informed the replication of the approach during floods in 2025, using the same systems and partnerships to deliver cash assistance tailored to older persons' needs.



"I am deeply thankful. The 1.5 million VND came at just the right time. My elderly husband and I were both struggling with bone pain after prolonged exposure to floodwaters and the exhausting task of cleaning our house post-typhoon. Besides buying medicine, I saved a portion of the money for Tet celebrations. Though modest, it brought warmth to our home during the New Year. My mind became positive, and my health has improved significantly."

- Mrs. Ky, a 93-year-old woman in Thai Nguyen province



CONCLUSION

Across Asia and the Pacific, the findings presented in this bulletin demonstrate that accountability to affected people is not a stand-alone activity, but a core component of effective humanitarian action. By listening to communities and adapting programmes in response to their priorities, concerns and feedback, UNFPA strengthens the relevance, safety, dignity and quality of humanitarian assistance for women, girls, adolescents, older persons and marginalized populations affected by crises. These experiences underscore the importance of sustained community engagement and localized approaches in building programmes that are more responsive, inclusive and accountable. Across the region, listening and responding to community voices will remain central to how UNFPA designs, adapts and delivers its humanitarian response.

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