2026 UNFPA Asia-Pacific
Cash and Voucher Assistance Brief

“My needs, my decision”

Advancing gender responsive and inclusive cash programming

UNFPA

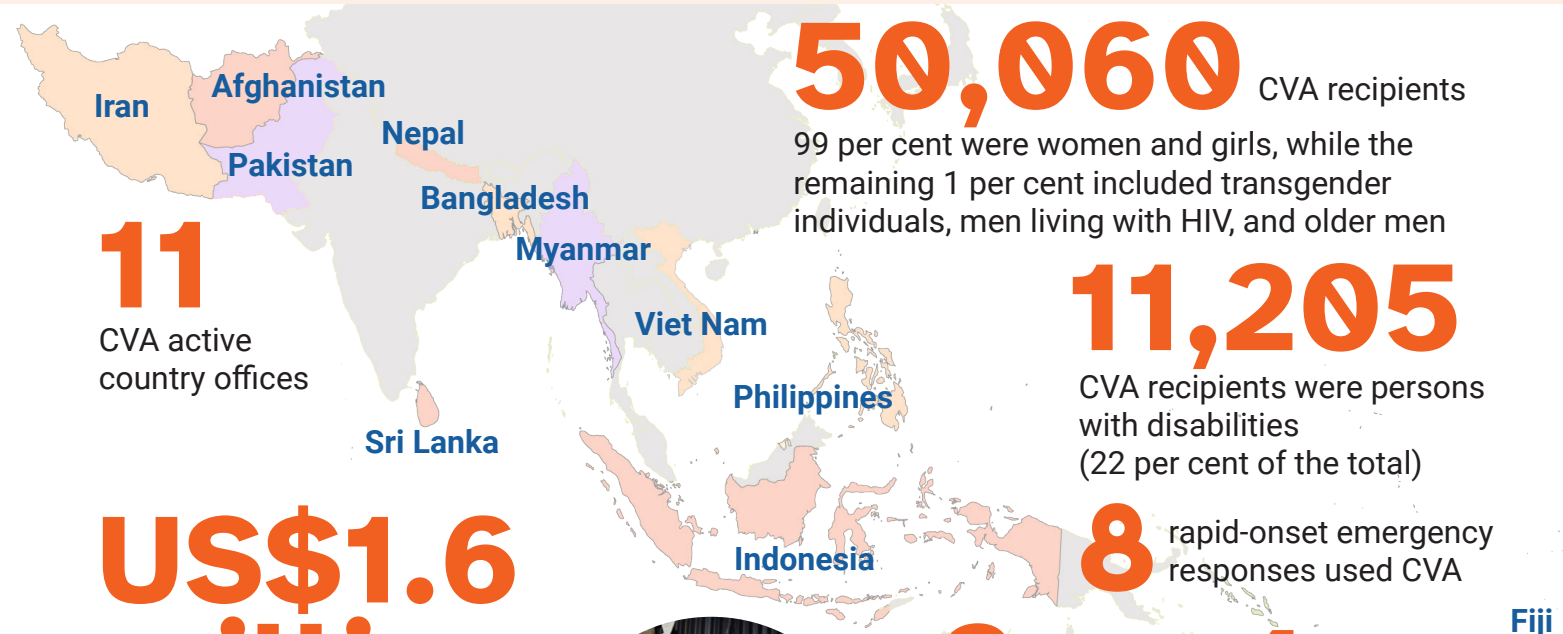
Why do we need gender responsive and inclusive cash programming?

Across Asia and the Pacific, intensifying climate disasters and armed conflict are disrupting access to essential health and protection services, placing women and girls at greater risk. Those already marginalized, including adolescent girls, transgender individuals, and persons with disabilities, are often the most affected, with limited access to the care and support they need.

UNFPA is committed to achieving four Transformative Results by 2030: zero unmet need for family planning, zero preventable maternal deaths, zero gender-based violence and harmful practices, and adapting to demographic change for more resilient societies. **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 other marginalized populations, including individuals with diverse SOGIESC, persons who sell or exchange sex, older persons, and persons with disabilities, can access essential SRH and protection services, including maternal healthcare and GBV support, as well as menstrual health products, contraception, HIV treatment, and other essential services. This reduces reliance on harmful coping mechanisms and enables timely access to life-saving care. **CVA shifts power to recipients, enabling them to make their own decisions regarding their health and well-being.**

UNFPA's CVA in 2025



50,060 CVA recipients

99 per cent were women and girls, while the remaining 1 per cent included transgender individuals, men living with HIV, and older men

11
CVA active country offices

11,205
CVA recipients were persons with disabilities (22 per cent of the total)

US$1.6 million
in transfers to recipients

8 rapid-onset emergency responses used CVA

2 anticipatory actions

4 protracted settings

76
per cent of UNFPA's CVA is implemented through local partners, including civil society and women-led organizations

12,630
women and girls purchased dignity items from local markets and were linked to GBV and SRH services

1,410
women received timely emergency obstetric care at higher level facilities

9,630
women and adolescent girls accessed family planning services and commodities

4 women-led organizations received community cash grants to support women empowerment and resilience-building

4 countries where GBV survivors had their immediate and recovery needs met

15,370
pregnant women accessed safe deliveries in hospitals

3,620
adolescent girls purchased menstrual health items and received information on menstruation, SRH and GBV

2,010
persons living with HIV accessed HIV services including HIV testing and counselling

Cash assistance is as important as ever

In today's highly volatile global context of shrinking funding, the choice and dignity that cash assistance provides is a cornerstone. Cash enables timely access to essential services, is often more cost-efficient than in-kind modalities, and strengthens locally driven responses, particularly in hard-to-reach settings.

UNFPA is using CVA more systematically

With strengthened capacity and accumulated experience at the country level, confidence in CVA has grown significantly. It is now being applied across a wide range of SRH, GBV, and Adolescent & Youth initiatives, and is increasingly utilized in time-sensitive programming such as anticipatory action and rapid emergency response.

Anticipatory cash is a game changer

Anticipatory cash enables women and adolescent girls to secure access to essential SRH and GBV services before a crisis hits, and to preserve their dignity and well-being. In Asia and the Pacific, where Anticipatory Action (AA) is increasingly prioritized, cash has proven to be a fast and effective modality, delivering support within days. UNFPA uses cash as a major component of its gender-responsive programming in six AA frameworks in Bangladesh, Fiji, Myanmar, Nepal, the Philippines and Sri Lanka, and is currently exploring expansion to Vanuatu. UNFPA published a brief on UNFPA's Anticipatory Action (AA) in Asia and the Pacific, 2025, "Putting women and girls first, before a crisis hits".

Collaborating with others to ensure needs are met comprehensively

When basic household needs are met, pregnant women, adolescent girls, and transgender individuals are better able to prioritize their own wellbeing and needs, and use UNFPA's cash assistance to access maternal healthcare, protection services, menstrual health products, and essential dignity items.

UNFPA in Bangladesh and Myanmar has established partnerships with the UN World Food Programme (WFP).

- In Bangladesh Cox's Bazar refugee camps, UNFPA utilizes WFP's voucher system to incentivize pregnant Rohingya refugee women and their traditional midwives to choose delivery in UNFPA-supported health facilities.
- In Myanmar, UNFPA collaborates with WFP to provide cash top-ups to vulnerable pregnant women in Rakhine State, enabling them to access essential maternal health services, including antenatal and postnatal care, as well as facility-based deliveries.

Inclusive and tailored CVA for the specific needs of different groups

Adapted to better address the needs of persons with disabilities. Having cash and vouchers as programming options, alongside in-kind assistance and direct service provision, enhances both flexibility and accountability to recipients, expands choice, and enables assistance to be more responsive to diverse needs. CVA can be tailored to address the specific requirements of different groups, including women and girls with disabilities, adolescents and youth, older persons, and transgender individuals. It is informed by consultations with recipients during the design phase and is continuously refined through ongoing feedback and monitoring mechanisms.

"IT IS MY NEED, MY DECISION"

-adolescent female recipient of CVA, Bangladesh

Building on 2024 efforts, in 2025 UNFPA Sri Lanka developed practical guidelines for CVA for SRH for women with disabilities through extensive consultations with persons with disabilities and their representative organizations. The guidelines promote their active participation in designing tailored cash assistance. Recognizing their heightened vulnerability in disasters, the approach prioritizes choice, safety, and accessibility, taking into account challenges such as mobility and comprehension. Ongoing CVA monitoring helps assess impact and adapt delivery as needed, and the approach has been tested in the Cyclone Ditwah response. In the Philippines, higher-value cash transfers were provided to women with disabilities to ensure safe travel to and from cash delivery locations as well as to and from services and markets.

"WE WERE INCLUDED, OUR NEEDS WERE SEEN"

-woman, 93, who received CVA in Lao Cai province, Viet Nam

In Viet Nam, where 75 per cent of older persons have severe disabilities and typhoons exacerbate existing vulnerabilities, UNFPA provided cash assistance to support access to essential services and dignity items. In partnership with the Viet Nam Association for the Elderly and Viet Nam Post, UNFPA offered multiple delivery mechanisms, including home delivery for those with limited mobility. UNFPA published a Viet Nam case study on Cash assistance for older persons affected by Typhoon Yagi, 2025.

BANGLADESH

“I USED TO KEEP MYSELF WELL. BUT IN THE CAMP, I COULDN’T MAINTAIN THAT. FROM UMMID, I OBTAINED OIL, SHAMPOO AND OTHER PERSONAL ITEMS, WHICH MADE ME HAPPY, THINKING THAT I COULD FINALLY KEEP MYSELF NEAT AND CLEAN LIKE BEFORE.”

- Woman, age 45

UNFPA piloted a dignity voucher corner for Rohingya refugee women & girls

In Cox’s Bazar, Bangladesh, where the Government permits the use of vouchers for Rohingya refugees, UNFPA has piloted the use of vouchers for dignity items in a local shop set up within a Women Friendly Space. The vouchers are one component of a programmatic intervention to communicate essential information on GBV and SRH, and to provide access to life-saving services.

Vouchers allow refugee women to select dignity items that best suit their personal needs, preferences, and cultural practices, enhancing their sense of dignity and respect. This is in line with consultations showing that individual needs and preferences evolve over time and circumstances.

Vouchers support the local economy and can be adapted in value to respond to changing needs over time. In addition, the location of the shop inside a Women Friendly Space offers discretion and facilitates timely access to GBV and SRH services, ensuring that women and girls receive comprehensive support tailored to their needs. The name of the shop “Ummid Khana”, meaning “a place for restoring hope” in Bengali, was chosen by the women themselves. The approach is now being expanded beyond a single Women Friendly Space and camp.

A video on the project can be viewed here.

“I USED TO FEEL SHY AND HESITANT TO BUY SANITARY NAPKINS FROM THE MARKETPLACE. WITH UMMID, THAT SHYNESS HAS GONE AWAY, MY NEED HAS BEEN FULFILLED AND MY DIGNITY HAS ALSO BEEN PRESERVED.”

–Adolescent girl, age 15

INDONESIA

Like hundreds of other displaced people, Mama Oci, who was eight months pregnant, was affected by the 2025 Mount Lewotobi Laki-laki eruption in Indonesia. Her village was swallowed by rock and sand flowing down from the volcano. As her due date approached, cash assistance was crucial in enabling her to travel to Larantuka Hospital, located more than 50 kilometers from her shelter, as the local clinic did not have ultrasound equipment. She also saved a portion of the cash for emergency needs during labor and delivery. Mama Oci was able to rest more easily, knowing her birth preparations were secure. The cash assistance gave her the agency to plan for the future and the peace of mind to ensure her baby would enter the world safely.

VIET NAM

When a typhoon hit Tuyen Quang province, Viet Nam, CVA was there to assist. Ms Lai, an 80 year old woman with disabilities, said “The typhoon swept away everything we owned. If the house had collapsed, I wouldn’t be here today. Thanks to the medicine and rice I could buy with the cash, my health has improved significantly. I sleep better at night because my bones are less painful. I am very grateful.”

MYANMAR

In conflict- and earthquake-affected Myanmar, a representative of a women-led partner organization noted:

“UNFPA provided technical guidance on CVA and supported monitoring, helping build readiness to integrate cash assistance into GBV and SRH services, including support for safe deliveries in hard-to-reach areas.”

Capacity building

In 2025, UNFPA APRO delivered its first region-wide virtual CVA training, reaching 30 participants across 17 countries. The six-week initiative aimed to strengthen country offices' capacity to safely and effectively integrate CVA into SRH and GBV programming. In addition, a one-week in-person training on CVA and AAP was delivered for participants from Vanuatu, Fiji, Samoa, and the Solomon Islands.

Evidence building

A multi-country evaluation led by UNFPA in partnership with the Johns Hopkins Bloomberg School of Public Health and local GBV case management actors in Indonesia, Jordan and Colombia, found that integrating unconditional cash assistance into GBV case management programming can significantly enhance outcomes for survivors in humanitarian settings. GBV survivors reported improved feelings of safety, greater uptake of referral services, and reduced symptoms of depression. The evaluation also confirmed that such integration can be implemented safely and does not increase the risk of harm to survivors.

UNFPA's approach

UNFPA's CVA is always part of a larger, comprehensive response, complementing GBV case management, health workforce support and facility 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 plus' models where cash is 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.

We are grateful to our donors and partners. In 2025, CVA in Asia and the Pacific was made possible with the support of the Government of Australia, the Central Emergency Response Fund (CERF), the Government of Denmark, the European Commission, the Government of France, the Government of Japan, the Government of Korea, the Kingdom of the Netherlands, and the United Kingdom, as well as through UNFPA emergency and core funds.

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