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CVA CASE STUDY

Vouchers for Essential Items and GBV Prevention and Response: Palestine

SUMMARY OF LEARNING

The COVID-19 pandemic increased the risk of gender-based violence (GBV) for women and girls in Palestine. Women reported to UNFPA that diminished economic opportunities and financial stress significantly contributed to this increased risk. In response, UNFPA provided **vouchers to respond to the urgent needs of economically vulnerable families and women at risk of GBV** in Gaza and East Jerusalem. Beneficiaries reported high satisfaction rates in the post-distribution monitoring. In Gaza, 97% of beneficiaries reported that the program had a **positive impact on their psychological well-being**.

Best practices included:

- Integrating cash or voucher assistance into comprehensive GBV programming including case management, referrals, awareness raising and psychosocial support at Women and Girls' Safe Spaces.
- GBV awareness sessions for voucher recipients.
- Grassroots-level partnerships and coordination to best respond to the needs of local women.

@ Mohammed Dweik Al Amin shop in Jerusalem



"This assistance came at a time when I desperately needed it."

Jamila, age 42, mother of five, Jerusalem

UNFPA'S GBV RESPONSE AND COORDINATION

Since 2018, UNFPA has worked with GBV survivors and women at high risk of GBV. UNFPA supports both service delivery and uptake, especially in relation to mental health and psychosocial support (MHPSS) interventions such as primary and specialized counselling. Psychosocial support is the primary response service to GBV and coverage is provided in all geographic areas of need according to the 2016 GBV mapping.[1] Impact and sustainability of the support to GBV survivors, however, are compromised if this support is not implemented as part of a comprehensive package of essential services, particularly during crises. For example, the GBV Sub-Cluster identified economic support for GBV survivors as the least-implemented GBV intervention even though it is critically needed for GBV survivors.[2] Economic empowerment of GBV survivors is vital for reintegration and reducing the risk of re-victimization, and it is considered a best practice as part of a multi-sectoral approach for GBV survivors.[3]

The COVID-19 pandemic increased the risk of GBV for women and girls in Palestine. GBV was already a key protection concern in Gaza and East Jerusalem. The number of GBV incidents in East Jerusalem has long been high due to two primary factors: entrenched patriarchal norms and the impact of the Israeli occupation.[4] Palestinians living in East Jerusalem have limited access to GBV-related services provided by the Israeli authorities.

The COVID-19 pandemic increased the risk of GBV for women and girls in Palestine.

In 2020-2021, UNFPA worked with partners to provide voucher assistance in conjunction with psychosocial support, consultations, awareness-raising, referrals, and case management for GBV survivors and women at risk of GBV in order to provide a comprehensive package based on the needs of women and girls in Palestine.

In the Gaza Strip, UNFPA's partner, the Cultural and Free Thought Association (CFTA), provided MHPSS, SRH, legal services, and economic empowerment through a Women and Girls' safe space and four family centers. The services were based on the GBV survivor-centered approach and adhered to key principles of safety, confidentiality, non-discrimination and respect. CFTA uses referral pathways to ensure available and adequate services for survivors based on their location and needs. UNFPA and its partners worked with communities to ensure the continuity of comprehensive services for GBV survivors.

1 Mapping Interventions Preventing and Responding to Gender-Based Violence in the Occupied Palestinian Territories (West Bank, East Jerusalem and Gaza Strip). UNFPA and GBV Sub-Cluster, November 2016.

2 Ibid. The GBV Sub-Cluster is chaired by UNFPA and includes over 100 members in the West Bank and Gaza.

3 UNFPA GBV Minimum Standards in Humanitarian Settings (2015).

4 https://www.ochaopt.org/hrp-2020



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In East Jerusalem, UNFPA provided and expanded equal access to multi-sectoral services for women, girls, men and boys who were survivors of GBV, including those with disabilities, through UNFPA's partner GBV service provider, the Palestinian Family Planning and Protection Association (PFPPA), in close collaboration with the Red Crescent and the Hemaya Protection Network for Combating GBV. It built on two existing safe spaces and established a counselling room at the Palestinian Red Crescent Hospital in Jerusalem to provide mental health and psychosocial support to women and girl GBV survivors.

UNFPA supported 1,633 GBV survivors and women at risk of GBV with vouchers for food and hygiene products in the Gaza Strip and East Jerusalem.

In 2020, UNFPA supported 1,033 women at risk of GBV and their families with vouchers for food and hygiene assistance in the Gaza Strip. The voucher pilot in Gaza was aimed at responding to the urgent needs of poor and vulnerable families in the Gaza Strip during the COVID-19 emergency situation and lockdown. The range of food and hygiene items was identified based on the beneficiaries' needs and the list restricting purchases to certain groups of food and non-food items was provided to them along with the paper card voucher. The use of vouchers instead of pre-prepared packages enabled women to shop at the selected supermarket with dignity and choice. **96% of participating women stated that the vouchers covered all of their and their children's urgent needs.**

Also in 2020 in East Jerusalem, UNFPA partnered with the World Food Programme (WFP) country office in Palestine to enable 600 GBV survivors and women at risk of GBV to purchase food and essential hygiene products through e-vouchers system at local shops. The e-vouchers aimed to address the specific needs of women at risk of GBV and GBV survivors caused by the COVID-19 crisis. E-vouchers were redeemed against a list of selected groups of food and non-food items in accordance with their needs. This approach was meant to preserve the dignity of beneficiaries while also empowering them to purchase needed items.

DESIGN

Eligibility Criteria and Targeting

Household visits were conducted as part of needs assessments to understand the coping strategies that women-headed households were using during COVID-19. Needs assessments as well as identification and notification of the beneficiaries were conducted by UNFPA's partners at safe spaces and family centers for women who regularly participated in services there, ensuring that eligibility criteria were met and that UNFPA's assistance complemented service delivery and other agencies' assistance.

In Gaza, eligibility criteria focused on a mix of context-specific proxies for high GBV risk, health-related and economic vulnerability, including proxies such as women and girls with disabilities, women survivors of GBV, women with breast cancer and kidney failure patients, and women whose businesses were harmed by the COVID-19 pandemic and/or whose husbands lost their source of income. The program targeted those with at least one household member, often the income-earner, in a COVID-19 quarantine center, and who were thus affected by a loss of income due to the pandemic that put affected women and girls at further risk of GBV. The families were nominated from the five governorates of the Gaza Strip based on the databases and feedback from UNFPA partners in each area. Then, the list was shared with the Ministry of Social Development for cross-checking with their lists of poor families with large household sizes, and with the Food Security Cluster to ensure fair and adequate coverage and harmonize with other support.

Eligibility criteria for these programs included a mix of context-specific proxies for high GBV risk, health-related vulnerability, and economic vulnerability.

In East Jerusalem, participants were identified through treatment and referral to the main health, psychosocial, legal, and other services in the safe spaces. Participants included women with disabilities and women-headed households.5 The implementing partner PFPPA's role was to coordinate with grassroots organizations and communities to prepare a list of beneficiaries that met the eligibility criteria set by UNFPA, which included GBV survivors and women particularly at risk, to receive services in the existing spaces in East Jerusalem. UNFPA verified this list and approved it.

5 64% of recipients were GBV survivors, and 36% women at risk of GBV. 45% of recipients were female heads of household, 5% were women with disabilities and 2% were women living with breast cancer.

Modality and Delivery Mechanisms

Gaza: paper vouchers

In Gaza, the value vouchers were printed paper cards and were delivered through CFTA. CFTA was responsible for the procurement process, which included market surveys, selecting supermarkets at which the vouchers could be used by beneficiaries and ensuring the availability of food and non-food items at affordable prices. CFTA additionally informed target beneficiaries by SMS about the date and time for card pickup and shopping, and the amount of the voucher. Beneficiaries had specific days and times for the redemption of the voucher to reduce queuing for respect of COVID-19 related safety measures. When receiving the paper card, the beneficiary could see the project name and donors on the front of the card, while on the back, there was information about the amount of the voucher, instructions for its use and complaint mechanism tools. Complaint mechanism tools included phone and mobile numbers, email, and complaint boxes. When the beneficiaries received the cards, they also received a printed list of the group of items eligible for purchase according to the assessed needs by CFTA.

Beneficiaries had specific days and times for the redemption of the voucher to reduce queuing for respect of COVID-19 related safety measures.

Good practice: Beneficiary communications

UNFPA, in cooperation with its partners, conducted relevant sensitization and information sessions that informed beneficiaries of the allowed groups of food and non-food items, names of shops, and dates of redemption. In Gaza, beneficiaries were informed through SMS about the amount of their voucher, time of voucher pickup, and the name of assigned shops in their area. They also received printed leaflets with information about the eligible items for purchase and the amount of the voucher. Additionally, the beneficiaries completed a satisfaction survey about the intervention after finishing their shopping.



A beneficiary receiving e-voucher and information leaflet. @ Palestinian Family Center.

East Jerusalem: e-vouchers

In East Jerusalem, e-vouchers were delivered using WFP's e-voucher platform. This partnership allowed the complementing role of UNFPA in assisting the most economically vulnerable women, those at high risk of GBV, and GBV cases in an effective and efficient way, while also leveraging WFP's existing platform to ensure cost and time efficiency. Stores were chosen based on their proximity to beneficiaries' residences and their capacity in ensuring the availability of items in accordance with beneficiaries' needs.

Magnetic cards were issued to each beneficiary with a specific monetary value which the beneficiary was then able to redeem for food and non-food items. When the beneficiaries reached the shop, they showed their IDs, signed the attendance sheet and then received the voucher. Once the beneficiaries chose the items, the vendor registered the items by swiping the magnetic card at the point-of-sale terminal. The amount of the transaction was transferred automatically to the shopkeeper's account upon swiping the e-voucher card.

Transfer Amount and Frequency

In Gaza, beneficiaries received a $150 USD paper voucher during a three-month emergency project. Due to the COVID-19 emergency and the need to ensure limitation of movement, beneficiaries were advised to use the whole amount at once. This was also prompted by the design of the paper voucher whereby one unique paper card was provided to the beneficiary for purchase at the shop. The voucher amount was intended to cover the needs of large families for two to three months.

Beneficiaries received a $150 USD paper voucher in Gaza and $100 USD e-vouchers in East Jerusalem.

In East Jerusalem, beneficiaries received $100 USD in one installment on their electronic cards. This was calculated based on an average basket of items. Using the e-voucher system allowed beneficiaries to choose items from any designated retailers during the period of assistance in accordance with their household's needs. The electronic nature of the voucher allowed the East Jerusalem beneficiaries the flexibility to spend their vouchers in more than just one-go. However, due to COVID-19 related safety measures, it was also advised to respect movement limitations and hence not go too many times.

MONITORING

UNFPA continued monitoring selected vendors through field visits, and followed up on the voucher redemption processes. UNFPA also monitored consumption patterns to ensure that beneficiaries were exchanging the voucher value against the agreed list of commodities and that necessary items were stocked.

UNFPA and partners visited shops during the e-voucher redemption period to monitor and control the redemption process, and met with beneficiaries on-site to better understand their feedback in relation to the intervention. Interviews were conducted to monitor the distribution process, and adjustment measures were adopted corresponding to beneficiaries' feedback. Post-distribution monitoring (semi-structured interviews) and satisfaction surveys were also carried out.

In Gaza, UNFPA carried out a satisfaction survey with 200 voucher beneficiaries, or about 19% of the caseload, which found that:

- 97% expressed that the program had a positive impact on their psychological well-being and self-satisfaction.
- 96% stated that it was easy for them to get to the supermarket for shopping.
- 97% stated that they shopped conveniently, and according to their choices and needs.
- 95% said that the voucher mechanism was better for their dignity and respect than in-kind assistance.

In Gaza, 95% of surveyed beneficiaries stated that vouchers were better for their dignity and respect than in-kind assistance.

In Jerusalem, UNFPA carried out a satisfaction survey with 86 voucher beneficiaries, or about 14% of the caseload, which found that:

- 95% expressed that the project had a positive impact on their psychological well-being and self-satisfaction.
- 92% stated that the shop location was convenient, and they shopped in accordance with their choices and needs.
- 97% said that the information they received was sufficient and clear.
- 95% indicated that the voucher assistance came at a critical time when it was most needed.

Beneficiaries overwhelmingly expressed that the programs had a positive impact on their psychological well-being and self-satisfaction.

61% stated that the combined food and hygiene vouchers by WFP and UNFPA largely covered their monthly essential needs. Complaint and feedback mechanisms were also in place. Beneficiaries had access to a toll-free hotline number to express their views and concerns, which were then followed up on in cooperation with WFP.

The vouchers were mainly used to purchase dry foods such as rice, beans, oil and canned foods such as tuna. Beneficiaries stressed that they preferred fresh foods, but were wary of purchasing them due to frequent electricity cuts. In Gaza, where UNFPA dignity kits were also distributed, vouchers were thus more often used to purchase food. In East Jerusalem, consumption was more evenly split between food and hygiene items.

BEST PRACTICES AND LEARNING

- GBV survivors who received voucher assistance were followed up on through case management and referral services. It was found that the activities at Women and Girls' Safe Spaces -- case management, referrals, awareness raising and psychosocial support -- were boosted by the inclusion of voucher assistance, allowing families who were under enormous economic stress to relieve some of their immediate needs.
- The provision of multi-sectoral services in addition to CVA for families and individuals who were affected by GBV and COVID-19 was appreciated by the participants, and field learning showed that the holistic service provision complemented by CVA enhanced feelings of well-being and resilience. CVA also served as a useful entry point to encourage women and girls who were GBV survivors to access other types of services, such as counselling.

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Case management, referrals and psychosocial support activities at Women and Girls' Safe Spaces were complemented by vouchers to relieve some of the economic stress contributing to GBV risks during COVID-19. CVA also encouraged some GBV survivors to take up other services, such as counselling.

- GBV awareness sessions were highly appreciated by voucher recipients, and will be increased in future interventions to reach more women and girls and enhance their knowledge and ability to request services.
- Providing only one round of assistance was not enough to cover all of the immediate food and non-food needs of GBV survivors and highly vulnerable women and families. Women stated that they would rather receive a smaller amount over a longer time than a one-off larger amount.
- Additional support is required to prevent a deterioration in their economic situations and protect them from exposure to different kinds of violence.
- Expansion of grassroots-level coordination and collaboration with women's organizations is essential to ensuring outreach to female GBV survivors and women at risk of GBV. Some women are reluctant to seek assistance due to social norms and lack of knowledge of available services. Grassroots organizations and local community networks can help in both reaching and understanding the needs and appropriate responses for local women.

Expansion of grassroots-level coordination and collaboration with women's organizations is essential to ensuring outreach to female GBV survivors and women at risk of GBV.



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