

Strengthening localization:

Implementing cash
assistance with
women-led and civil society
organizations in Myanmar





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Introduction

Aligned to our global commitment to supporting localization, UNFPA prioritizes partnerships with local actors, particularly women-led organizations (WLOs). The delivery of cash and voucher assistance (CVA), which has been well integrated across UNFPA's humanitarian programming in recent years, is no exception.

In the Asia Pacific region, UNFPA collaborates extensively with local partners to deliver cash assistance as part of its gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) programming. This localized approach is the primary implementation model for cash assistance in the region, distinguishing it from partnerships with larger international NGOs or UN sister agencies. Up to 84% of UNFPA CVA project partners in the Asia Pacific are local organizations, including civil society organizations (CSOs) and WLOs.

UNFPA Myanmar has the **largest number of CVA interventions implemented through CSOs and WLOs in the Asia Pacific region**. These partners are community-based, with small but burgeoning capacity. Some of these community-based organizations were formed following the 2021 coup in Myanmar in response to growing humanitarian needs in the country. While they do not necessarily meet all of the operational requirements to become formal implementing partners of UNFPA, they are embedded at the community level and are valuable entry points to provide services for underserved women, adolescent girls, and other key vulnerable individuals such as persons with disabilities and people with diverse SOGIESC.



A unique context & approach

UNFPA's localized approach to assistance in Myanmar, and specifically cash assistance, is largely informed by the unique humanitarian context. Since early 2021, following the military coup, UNFPA Myanmar and other humanitarian actors have faced an increasingly challenging operational reality, including limited humanitarian access and a disrupted banking sector, further exacerbated by the eruption of conflict across the country. With growing GBV and SRH needs and heightened financial barriers preventing vulnerable people from accessing services and meeting their needs, UNFPA has sought to find innovative solutions to ensure that cash assistance can reach vulnerable women, adolescent girls, and other key individuals.

To address these operational challenges and maintain effective humanitarian support, **UNFPA Myanmar has partnered with 44 WLOs and CSOs since 2021**. These partnerships support UNFPA's commitments to prevent and respond to GBV and ensure continued access to lifesaving SRH services, with cash assistance as a key tool to help achieve these goals. These collaborations have taken place in 7 regions and 7 states across Myanmar, namely Ayeyarwaddy, Mon, Sagaing, Shan (Northern, Southern, Eastern), Yangon, Bago (East), Kachin, Magway, Mandalay, Kayin, Kayah, Rakhine, Tanintharyi and Chin.



Cash assistance in practice

In 2021, UNFPA launched an expression of interest for direct grants to local WLOs and CSOs. Through this process, UNFPA identified organizations with a similar mandate that demonstrated strong community acceptance and effective coverage at the local level. Some of these WLOs and CSOs had previously collaborated with UNFPA as part of its initial capacity building efforts, laying a solid foundation for continued project partnerships.

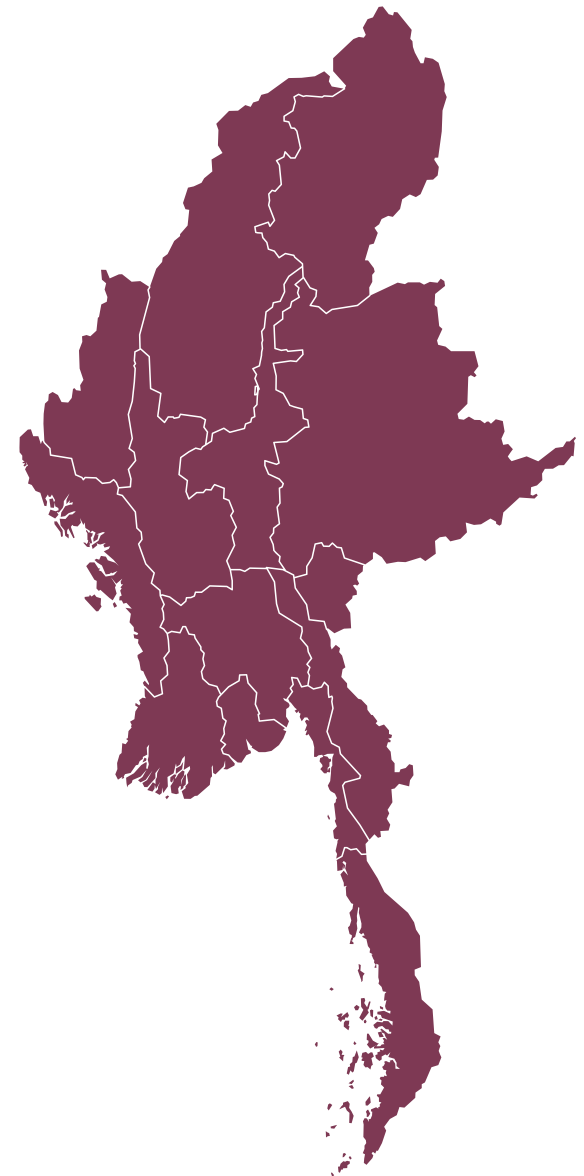
Cash feasibility

Since 2021, the banking crisis in Myanmar has significantly impeded cash transfers and access to funds, creating substantial challenges for humanitarian operations. Liquidity issues have led to stringent restrictions on daily banking transactions, resulting in delays in program implementation and increased dependency on cash agents, often at high costs to international partners.

As an active participant of the national Cash Working Group (CWG), UNFPA has closely monitored the rapidly evolving situation. This includes assessing the coverage and capacity of financial service providers, liquidity availability, market functioning, and prices, as well as identifying solutions to ensure the continuity of cash assistance delivery. Additionally, UNFPA has maintained vigilant oversight of the functionality and accessibility of SRH and GBV services.

Despite the banking and liquidity crisis, **cash assistance has remained a preferred option of assistance for aid recipients in Myanmar, providing opportunities for humanitarian organizations that face challenges in delivering in-kind assistance.**

To support safe and effective cash assistance, UNFPA has equipped WLO and CSO partners with the knowledge and tailored tools necessary for conducting thorough risk analyses. Extra caution is taken when identifying risks, including GBV and protection risks that recipients may experience when receiving, storing, and using cash assistance. In 2023, more than 70% of UNFPA Myanmar's WLO and CSO partners had conducted a risk assessment in line with the UNFPA CVA Guidelines. These assessments involved consultations with recipients and key stakeholders prior to cash distribution, and ongoing support is being provided to assist other partners in this critical process.



Cash objectives

Individuals targeted with the cash assistance in UNFPA Myanmar's SRH programming and GBV Case Management have included vulnerable women and girls, GBV survivors, adolescents and youth, persons with disabilities, people with diverse SOGIESC and older persons living in some of the country's most remote areas.

Cash within GBV case management:

For women and girls experiencing GBV, UNFPA's integration of cash assistance into GBV case management offers a tailored, individualized response. This approach can be life-saving by removing financial barriers to accessing essential services, while also playing a vital role in the recovery process. By supporting survivors to regain stability and achieve economic independence, it further helps prevent reliance on negative coping mechanisms.

UNFPA Myanmar and its local partners have also implemented specific interventions with cash for the support of older persons, persons with disabilities, persons with diverse SOGIESC and sex workers, helping them to meet some of their SRH and GBV needs and access to related services and items.

By providing cash assistance, UNFPA Myanmar and its local WLO and CSOs partners have shifted decision making power to the targeted individuals, enabling them to make their own choices about their health and well-being.

Cash in SRH programming:

UNFPA Myanmar and its partners provide tailored cash assistance for women, adolescent girls and other key individuals for access to:

1. health facilities for quality life-saving sexual and reproductive health care, including emergency obstetrics and newborn care
2. antenatal and postnatal care as well as delivery in medical facilities
3. clinical management of rape services
4. HIV/STI treatments
5. voluntary family planning commodities; and
6. menstrual hygiene items.

The cash assistance addresses critical needs that can be life-saving and ensures the well-being and fulfillment of the targeted individuals' sexual and reproductive health and rights (SRHR).

Cash design and implementation

To set up and implement its cash assistance, **UNFPA has cultivated a collaborative partnership model, ensuring that a significant portion of decision-making on priorities and implementation rests with its WLO and CSO partners.** While UNFPA encourages standardisation and cross-learning in the delivery of cash assistance among its local partners, this is achieved through regular consultations and the continuous identification of best practices.

UNFPA Myanmar has combined technical programming support with extensive capacity building on CVA for its partner WLOs and CSOs. UNFPA Myanmar, together with the UNFPA Asia Pacific Regional Office, has adapted UNFPA's global CVA guidelines and tools for use by its WLO and CSO partners. It also provided them with various learning and training sessions in Burmese, reaching more than 140 participants from different local organizations with ranging levels of capacity and experience.

Within UNFPA's GBV and SRH programmes, partner WLOs and CSOs in Myanmar have provided **cash transfers, rather than vouchers.** Cash transfers:

1. **align with the preferences** of recipients and UNFPA's CVA guidelines, and
2. **maximize flexibility**, enabling recipients to make their own decisions

The cash was mostly unconditional aside from a small number of projects where it was linked to conditional attendance to SRH services.

Most of the cash assistance implemented by the WLO and CSO partners was delivered through cash in envelopes, taking

into account available options, partner capacity, and recipient preferences for cash delivery mechanisms.

Transfer amounts were decided by UNFPA in collaboration with its local partners based on the programme objectives, the existing local services and referral pathways, market prices, previous experience, and available funding. Whenever possible, transfer values were harmonized across similar interventions (i.e. harmonizing with other transfers provided within SRH programming or GBV response). Close monitoring of market prices and service costs allowed for necessary adjustments to the transfer value, which ranged from 5,000 MMK (2.50 USD) to 600,000 MMK (286 USD). While some cash assistance was provided as one-time transfers, WLO and CSO partners also delivered some recurrent transfers when relevant to achieve the objective specified in their partnership with UNFPA.

Despite early **risk identification and mitigation measures**, safety concerns for both recipients and staff persisted due to the ongoing conflict and security checkpoints. WLO and CSO partners have prioritized low-profile operations in affected areas, navigating travel restrictions and organizing cash deliveries away from checkpoints whenever feasible.

Furthermore, partners encountered difficulties with cash withdrawals, including amount limitations and shortages. While UNFPA occasionally facilitated cash provision to WLO and CSO partners for deliveries, this sometimes resulted in delays in planned distributions.

Zooming in: Cash in GBV case management with WLO and CSO partners

“We used the money provided for travel expenses to court. I am determined to seek justice for my daughter and prevent similar cases in the future.”

-The mother of a 14-year-old GBV survivor

In several Myanmar states, GBV risks have been exacerbated by factors such as armed conflict, political instability, movement restrictions, natural disasters such as cyclones and floods, cultural norms, limited job opportunities, and psychological distress. These conditions have in turn increased the risks of harmful practices such as child marriage and human trafficking.

The cash assistance offered in GBV case management by WLO and CSO partners is unconditional, allowing survivors the flexibility to use the funds according to their individualized action plans to enhance their safety and recovery. **This support fosters a sense of empowerment and dignity, aiding survivors in their journey to healing.**

Cash transfer amounts are customized based on individual assessments conducted by GBV case workers to meet the specific needs of each survivor. WLO and CSO partners have demonstrated their capacity to disburse cash assistance within 24 hours, particularly for urgent, life-saving needs such as accessing medical care.

The mother of a 14-year-old GBV survivor stated, **“We used the money provided for travel expenses to court. I am determined to seek justice for my daughter and prevent similar cases in the future.”** The cash assistance provided within GBV case management also facilitated timely psychosocial support and covered referral costs to an SRH clinic for healthcare services.

UNFPA Myanmar has made significant investments in enhancing the capacity of local partners, in line with the [UNFPA Guidance: How to Design and Set Up Cash in GBV Case Management](#). This included a 3-day online training conducted in Burmese, aimed at equipping UNFPA partners to effectively integrate cash into GBV programming. Additionally, in collaboration with various partners, UNFPA developed tailored standard operating procedures (SOPs) for cash assistance in GBV case management, providing a solid framework for WLO and CSO partners to follow with UNFPA support.

Monitoring

Following training by UNFPA Myanmar and provision of tailored CVA monitoring tools, the majority of UNFPA's WLO and CSO partners have implemented post-distribution monitoring (PDM) for cash assistance - a new area of work for many. Additionally, over 90% of them have established functional complaints and feedback mechanisms, such as help desks or phone lines, throughout the project implementation.

Post-distribution monitoring reports have shown high levels of satisfaction among recipients of UNFPA's cash assistance within GBV and SRH responses. Recipients value the timely receipt of cash, which enabled them to address urgent needs like accessing health care and social support. Timely cash assistance has also been found to reduce recipients' stress levels.

The continuous delivery of CVA through local actors deeply rooted in the communities has directly benefited recipients, who feel familiar and comfortable with the local partners. A 28-year-old UNFPA/WLO cash recipient from Kachin, Myanmar said **"I feel secure and empowered that I have money in my hand for hospitalisation and safe delivery."**

Cash recipients highlighted that they gained knowledge about SRH and GBV through the cash transfers, illustrating the value of integrating SRH and GBV information and awareness sessions into comprehensive programming objectives, rather than treating cash as a standalone intervention. Only a few safety concerns were raised, primarily by recipients in remote areas navigating local security checkpoints to access cash delivery points in conflict-affected states.

When implemented within SRH programming, decisions regarding cash assistance usage were typically made jointly by the husband and wife of the household. GBV survivors receiving cash through GBV case management made decisions independently or with trusted family members, sometimes with guidance, such as financial orientation, from GBV case workers. In most post-distribution monitoring reports, recipients noted that cash assistance did not create tensions within their families.

"I feel secure and empowered that I have money in my hand for hospitalisation and safe delivery."

-A 28-year-old UNFPA/WLO cash recipient from Kachin



Feedback from partners

WLO and CSO partners have become proficient in using cash as an assistance modality within GBV and SRH programming. They highlight that cash assistance expanded access to GBV and SRH services for women and girls with heightened vulnerability, particularly in remote areas.

UNFPA initiated CVA partnerships with WLOs and CSOs by laying key foundational steps such as introducing the concept of CVA, conducting joint risk analyses, developing SOPs and PDM tools, and establishing reporting mechanisms. As a result, a representative from a WLO operating in Chin state stated:

“We were able to support safe deliveries of women in the hard to reach areas in Chin state. This assistance was crucial, especially at a time when the health care systems from both public and private sectors including international NGOs were severely affected. UNFPA offered technical guidance on cash and voucher assistance concepts, assisted in developing criterias, and guided in collecting PDM throughout the project’s duration. The successful partnership with UNFPA has created readiness to integrate cash assistance in GBV and SRHR service provision in future projects.”

Another CSO representative highlighted that the partnership facilitated the development of a Prevention of Sexual Exploitation and Abuse (PSEA) policy, improved their understanding of risk analysis, and increased their understanding of systematic PDM, particularly for new initiatives like cash assistance. This collaboration enabled the CSO to secure support from other donors after the UNFPA partnership ended. As a result, they have successfully implemented CVA activities in three projects with other donors.

UNFPA’s comprehensive technical support to WLOs and CSOs has filled critical gaps in responding to escalating and urgent needs related to GBV, SRH, and mental health and psychosocial support (MHPSS). Capacity building on integrated cash assistance within these program objectives has been particularly valuable. UNFPA’s leadership in GBV, SRH, and MHPSS working groups ensures the inclusion of local CSOs through translation, interpretation services, and active encouragement of their participation in GBV and SRH coordination meetings at sub-national levels. Their focus on UNFPA’s mandate areas and the capacity building undertaken within these areas complement support that other humanitarian actors provide.



Learning and recommendations

The political and economic crisis in Myanmar has accelerated UNFPA's localization approach, leading to increased investment in capacity building and efforts to empower WLOs and CSOs to assume greater responsibility and decision-making roles. These organizations have evolved into sustainable partners for UNFPA's programming, with the potential to benefit the broader community beyond cash assistance initiatives

What began as a temporary solution to address challenges with international partners amid the 2021 political context has now become a way of working for UNFPA Myanmar. This shift has improved access to marginalized individuals and communities. UNFPA's partnerships with local WLOs and CSOs has evolved into a long-term commitment, prompting the expansion of collaboration, including in CVA initiatives.

In addition to the recipients' familiarity and appreciation for cash transfers, current operational challenges necessitate its use. Logistics and humanitarian access issues, such as checkpoints and importation barriers, complicate the transportation of goods. In this context, cash remains a relevant and effective form of assistance. UNFPA partners can integrate cash into various SRH and GBV activities, improving service access and providing timely, life-saving support for survival and recovery. Cash can also be used to purchase dignity items locally, as an alternative or complement to the distribution of in-kind dignity kits, and to enable access to SRH and family planning supplies. UNFPA Myanmar will continue to incorporate cash assistance into its programmatic approach.

Drawing from its CVA experience and successful partnerships, UNFPA Myanmar will continue to collaborate with and support its key WLO and CSO partners. As countries in the Asia Pacific region prepare for the increasing impacts of climate change, which will have severe consequences for women, girls and other marginalized individuals, adopting new approaches that prioritize these groups presents valuable and important opportunities.



Acknowledgments

We acknowledge the crucial role played by women-led and civil society organizations in implementing the discussed activities across the country. Your resilience and dedication have been instrumental in delivering tailored support to those most in need despite challenging circumstances.

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