



United Nations Population Fund

GBV Risk Analysis For CVA Palestine



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Disclaimer

The views and opinions expressed in this report do not necessarily represent views of the UNFPA-Palestine.

Table of Contents

Abbreviations	5
Glossaries	6
Executive Summery	7
Introduction	11
Brief about UNFPA CERF Project (2021-2022)	13
Methodology	15
Main Findings	20
1) Participation and Inclusion (Information Dissemination and Awareness)	20
2) Safe and Dignified Access (Delivery Mechanisms of CVA)	27
3) Market impacts and access	38
4) Confidentiality of Personal Data of Survivors and Persons at Risk	40
5) Social Norms and Partner, Household & Community Relations	43
6) Fraud and Diversion with Protection Implication	49
7) Benefits of CVA	50
Conclusion and Recommendation	51
References	54
Annexes	56

Abbreviations

ACHA	Abdel Shafi Community Health Association
ATM	Automated Teller Machine
CBI	Cash Based Intervention
CTP	Cash Transfer Program
CFTA	Culture & Free Thought Association
COVID-19	Coronavirus disease 2019
CVA	Cash and Voucher Assistance
CLAP	Cash Learning Partnership
EU	European Union
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GDP	Gross Development Product
HHS	Head of Households
HNO	Humanitarian Needs Overview
ID	Identity
ILO	International Labor Organization
IRC	International Rescue Committee
KIIs	Key Informant Interviews
MPCA	Multi-purposes cash-Assistance
MoSD	Ministry of Social Development
MIS	Management Information System
NGOs	Non Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt	occupied Palestinian territory
PA	Palestinian Authority
PPP	Purchasing Power Parity
PIN	Personal Identification Number
PSEA	Protection from Sexual Exploitation and Abuse
PNCTP	The Palestinian National Cash Transfer Program
PFPPA	Palestinian Family Planning and Protection Association
SRH	Sexual Reproductive Health
SGBV	Sexual Gender Based Violence
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations International Children's Emergency Fund
UNHCR	United Nations High Commissioner for Refugees
WHC	Woman Health Centre

This section provides definitions of main glossaries of cash assistance based on the definition of EU¹ and CALP network².

1. Vouchers\E-Vouchers: are used to provide access to pre-defined commodities or services. They can be paper or electronic, and are usually exchanged in designated shops or fairs. They may be denominated in cash, commodity, or service value. Vouchers come with some restrictions. Commodity or service-based vouchers – i.e. vouchers that must be exchanged for a given commodity or service are restricted transfers. Value-based vouchers are designated in terms of cash value and are closer to a cash transfer – like cash, they offer greater choice to the beneficiary. In general vouchers must be redeemed in designated shops or through special events such as fairs (e.g. for seeds, construction materials, etc.) Vouchers may be in the form of paper, but increasingly electronic cards are used, with restrictions built into the card, it is a card or code that is electronically redeemed at a participating distribution point. E vouchers can represent cash or commodity value and are redeemed using a range of electronic devices See also Combination Voucher, Commodity Voucher, Voucher and Value Voucher.
2. Multi-purposes cash-Assistance (MPCA): Assistance can be defined as a transfer (either delivered in several tranches regular or as an ad-hoc payment) corresponding to the amount of money that a household needs to cover, fully or partially, their basic needs that the local market and available services are able to meet appropriately and effectively. Multi-purpose transfers demand greater coordination between humanitarian actors and donors to assess needs and to translate this into a single monetary value, the Minimum Expenditure Basket (MEB). Realistically, humanitarian assistance will contribute to this figure. Beneficiaries will be faced with the need to prioritize how best to use the assistance received, so as to ensure that their basic needs are covered.
3. Cash Assistance under Case Management: It means integrating cash assistance into GBV case management, for example women were already utilizing GBV case management services, but still face life-threatening situations and/or had identified fleeing as an option in their action/safety plan can be eligible to receive one-off emergency support or recurrent cash assistance for a maximum of 6 months with an amount based on family size and minimum expenditure basket.

1 EU. (2015). 10 Common Principals for Multi purpose cash based assistance to respond to humanitarian need.

2 CALP. Glossary of Cash Transfer Program Terminology. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/calp-glossary_of_cash_transfer_programme_terminology.pdf

Executive Summary

Cash and voucher assistance in case management is designed to protect families, including women at risk of GBV, from engaging in risky coping mechanisms, and help to reduce some financial pressure on households which has been reported by GBV survivors as leading to an increase in intimate partner / domestic violence. Women and girls were referred to cash assistance through their participation in Women and Girls Safe Spaces and case management (women at risk of GBV and GBV survivors). Through the CERF fund in 2021-2022, 2000 women and girls were targeted including 500 families with women and girls with disabilities based on UNFPA partners' and Ministry of Social Development (MoSD) database. UNFPA cooperated with the World Food Programme (WFP) to use their well-established e-voucher system platform and shop network to provide beneficiaries with food and hygiene commodities from selected shops.

Hence, UNFPA Palestine decided to conduct GBV risk assessment for CVA in Palestine to evaluate cash and voucher assistance (CVA) in UNFPA programmes, in terms of potential protection and gender implications, in line with the concerns and paternal risk that may arise in the context of GBV survivors.

The assessment presents the findings according to GBV Risk Analysis for CVA Matrix, in terms of how the programs have used CVA with consideration of some issues related to protection and gender matters such as the following topics:

- Participation and inclusion (particularly regarding information dissemination and awareness).
- Safe and dignified Access (particularly regarding delivery mechanisms of CVA).
- Market impacts and access.
- Confidentiality of personal data of survivors and persons at risk.
- Potential benefits from CVA.

The assessment sought to examine the beneficiary preferences, in terms of using debit card or E-voucher and how the combination of CVA and case management services support women's protection, if and how cash assistance exacerbates protection issues, and how existing assessment, monitoring, and targeting tools and systems can be further strengthened. Drawing on existing literature on cash and GBV, and with qualitative and quantitative data from focus group discussions and survey among women beneficiaries, and key informant interviews with partners staff, the assignment arrived at the following key findings and recommendations:

Key Findings

- **Participation and Inclusion:** There were no significant risks associated with the participation of the majority of GBV survivors from the Gaza Strip and West Bank in awareness workshops related to CVA. Mostly, the majority of FGDs participants from the Gaza Strip and West Bank did not reveal to other people any information related to their participation in CVA activities, as a precautionary measure to protect themselves from any potential risk. The case managers of the Gaza Strip and West Bank adopted several methods including (Individual awareness sessions, home visits, couple counseling, and etc.) to mitigate any risk on GBV survivors, when participating in information dissemination activities related to CVA. Most of the FGD participants from (Hebron, Tukaram, Nablus, Jenin, Bureij, Rafah and Khan Younis) received information on PSEA, and they knew about the hotline of SAWA. However some FGDs participants from Gaza city and Jabaliya did not remember if they had received information on PSEA \ Sawa hotline or not. Indeed, 99.6% of survey respondents from the Gaza Strip and 98.8 % of survey respondents from West Bank stated that they are aware about the existing complaints and reporting mechanisms inside the safe spaces. Most of FGD participants from the Gaza Strip and West Bank preferred to attend awareness workshops on CVA at the safe spaces.
- **Safe and Dignified Access:** Some women groups (such as elderly women, divorced women, women with mental disabilities, wives of drug addicts, and women living with their mother-in-law) are considered by the case managers as the most vulnerable groups that could be exposed to the risks of GBV, if they receive CVA, and they need more protection measures. So far, 100% of survey respondents from Gaza and West Bank confirmed that they were not robbed by thieves when they accessed to CVA services. 100% of survey respondent from the Gaza Strip did not face difficulties in using E-food voucher, compared to 95.8% of survey respondents from West Bank. Some FGD participants from West Bank faced difficulties, when they accessed to CVA due to the lack of public transportation in their areas to access supermarkets located in the City Centre. 79% of respondents from the Gaza Strip and 70% of respondents from

West Bank reported that they still prefer debit card as one delivery model for receiving the cash. Overall, CVA services are integrated within case management services provided by all the safe spaces in the Gaza Strip and West Bank . In fact, 98% of survey respondents from the Gaza Strip and 98.8% of survey respondents from West Bank, who received cash assistance from other UNFPA projects through case management including debit card, that were provided by other projects funded by UNFPA, stated that they did not face difficulties in accessing cash assistance.

- **Market Impacts and Access:** So far, 99.6% survey respondents from the Gaza Strip declared that they had not faced any difficulties nor external restrictions that limited their freedom of movement to have access to the market compared to 71.4% of survey respondents from West Bank. Indeed, 28.3 % of respondents from West Bank and 23.4 % of respondents from the Gaza Strip who received E - Food vouchers, reported that one of the listed supermarket under UNFPA programme had increased the prices of food items for them.
- **Confidentiality of Personal Data of Survivors and Persons at Risk:** 82.8 % of respondents from Gaza and 68.3 % survey respondents from West Bank reported that in case their data related to CVA would be shared in an inappropriate way with other parties, this could cause for them psychological harm. 99.4 % of respondents from West Bank and 95 .7 % of respondents from the Gaza Strip trust that the local service providers and the safe spaces protect their data.
- **Social Norms and Partner, Household & Community Relations:** According to 98.1 % of survey respondents from West Bank, and 98.4% of respondents from the Gaza Strip, the culture of the reception of CVA is acceptable among their local communities. 88% of married survey respondents from the Gaza Strip declared that CVA has reduced the level of tension between them and their husbands compared to 86.8 % of married survey respondents from West Bank . Notably, 93.8% of survey respondents from West Bank mentioned that CVA has improved their relations with their family members compared to 98% of survey respondents from the Gaza Strip. 96.8 % of survey respondents from West Bank stated that CVA enabled them to make decision on how they can spend the money to respond to their needs and the needs of their families, compared to 96.4% of respondents from the Gaza Strip. CVA was instrumental to increase the self-confidence of most of FGDs participants in Gaza and West Bank.
- **Fraud and Diversion with Protection Implication:** 97. 6 % of survey respondent from Gaza and 100% of survey respondents from West Bank stated that they were not forced by persons or parties to offer anything to receive the cash. 100% of survey respondents from West Bank and 98.6% of survey respondents from the Gaza Strip reported that their food vouchers have not been withheld by anyone or any party.

- **Benefits of CVA:** The majority of women participants in FGDs, and the survey respondents in Gaza and West Bank, who benefited from MPCA, have perceived positive outcomes of the MPCA in terms of food security, covering part of their basic needs and alleviating their financial problems related to home rent and debit payment.
- **Conclusion and Recommendations:** The assessment findings indicate that there is a need to continue the implementation of awareness raising sessions, individually and in groups, for CVA beneficiaries on PSEA (Protection from Sexual Exploitation and Abuse), reporting channels, and the hotline services provided by women organizations for GBV/SGBV consultations. It would be better also to continue supporting GBV survivors, and those at the most risk of CVA to meet their critical protection needs and to reduce level of violence against them through case management services including CVA and other types of economic support. The findings show also that women who received CVA through UNFPA programmes still face many vulnerabilities and require further assistance, in particular to address needs such as access to health services, psychosocial support and food security. Linking cash assistance and case management with livelihoods projects is highly recommended also to effectively support the durable solutions approach. Furthermore, it is recommended to increase the amount of cash transfers to help GBV survivor to respond to the protection needs of their children, in terms of covering the education fees, cost of medicines and nutrition. Strengthen the referral system by ensuring that referring actors and teams have a clear understanding of criteria is recommended for scoring and targeting the vulnerable women to receive CVA and other types of protection services. There is a need to ensure that beneficiaries consider the option to deliver the CVA for them through one of their trusted family members, if they are subjected to GBV risks or aggravate gender and power dynamics within households, and if they are afraid that the CVA could be robbed from them by abusive family member. It would be better also to ensure special monitoring process in place within the programme interventions to mitigate any increased risks on GBV survivors during the course of provision of CVA and to raise the awareness of vendors and financial service providers on do no harm and the main principle of humanitarian assistance to ensure that CVA beneficiaries receive the assistance in a respected way and with dignity. While the debit cards are largely successful for most women, offering the option of other modalities such as cash-in-hand for GBV cases that need urgent cash to find safe shelter or access to medical services may reduce their sense of embarrassment. Ensuring women's personal information is protected to the extent possible and ensuring contracts with financial service providers make adequate provisions for this too are highly recommended. Finally, there is a need to take necessary steps to ensure that beneficiaries understand and give consent to how their personal information is shared and used.

Introduction

Overall, the combination of decades of Israeli occupation, the Palestinian internal division, the prevailing patriarchal culture in the Palestinian society and the protracted humanitarian crisis including COVID-19 crisis, has exacerbated GBV in all its forms within the Palestinian community.

In one article published by OCHA¹ it was clear that women and girls in the occupied Palestinian territory (oPt) face discrimination and risk of gender-based violence (GBV), including early/forced marriage, intimate partner/family violence, sexual harassment, rape, incest, denial of resources, psychological abuse and risk of sexual exploitation and abuse. Factors accounting for the risk have included decades of Israeli occupation and conflict-related violence, prevailing traditional cultural norms in Palestinian society, and most recently, COVID-19 pandemic and May 2021 escalation. The mentioned article of OCHA reveals also that some 10% of households report that women and girls avoid areas near Israeli settlements, checkpoints, community areas and markets, and public transportation because they feel unsafe. Some 31% of households in the West Bank and 19% in Gaza are concerned about the safety and security of girls, while 24% and 17% in the two areas respectively are concerned about the safety and security of women.

The available services and capacity of service providers also remain limited and survivors and communities have minimal information on existing services and how to access them. There is a need to both scale up services and improve service quality to provide support and promote confidentiality. Only 0.7% of GBV survivors seek help due to the lack of confidential and compassionate services and fear of stigma and reprisal².

Notably, the programs of UNFPA Palestine that included CVA interventions, mostly had targeted GBV survivors who suffer from poverty and unemployment. It worth to mention also that, according to World Bank report³, 22% of Palestinians lived below the US\$5.5, 2011 purchasing power parity (PPP) a day poverty line in 2016/17. In the West Bank, the poverty rates are lower but sensitive to shocks in household expenditures, while in Gaza any change in social assistance flows can significantly affect the population's wellbeing. The same World Bank report estimates based on GDP per capita growth suggest that in 2020 the poverty rate spiked to 29.7 percent - an increase of nearly 8 percentage points from 2016. As the impact of the pandemic receded, the poverty rate is estimated to have declined to 27.3 percent in 2021. This represents a poor population of about 1.5 million people.

1 <https://www.ochaopt.org/content/specific-risks-facing-women-and-girls-palestine>

2 <https://palestine.unfpa.org/en/gender-based-violence>

3 World Bank. (2022). Economic Monitoring Report to the Ad Hoc Liaison Committee

Indeed, CVA interventions of UNFPA Palestine are compatible with the national social protection system in Palestine, which is led by the Ministry of Social Development (MoSD).

As according to one report published by UN Women in Palestine, the social protection services in Palestine principally target families below the poverty line, persons with disabilities, the elderly, children, and violated women. According to the same report, one hundred thousand families receive periodical cash aid from the Ministry of Social Affairs. However, the commitment of the Palestinian government has not translated into specific gender sensitive laws. Poverty rates are higher among females comparing to males, and are higher in Gaza than in the West Bank⁴.

It worth to mention also that in 2010 the Ministry of Social Development (MoSD) has implemented the Palestinian National Cash Transfer Program (PNCTP). The cash-transfer scheme is a means-tested program: poor households need to first qualify for the program. The PNCTP prioritizes “extremely poor” and “vulnerable” households; in other words, households must prove their eligibility. Unlike conditional cash transfer schemes that require eligible households to meet certain conditions (such as children’s school attendance) to receive funds, the PNCTP is unconditional so all qualifying households are eligible to receive the transfer. The cash-transfer program aims to reduce the household poverty gap by 50 percent⁵.

4 UN Women. (2013) Social Protection of women from protection to empowerment . <https://palestine.unwomen.org/en/digital-library/publications/2013/10/unw-fact-sheet-social-protection>

5 the Reach Project Munk School of Global Affairs and Public Policy University of Toronto. (2019). Cash Transfers in Palestine: Building Blocks of Social Protection

Brief on UNFPA- CERF Project (2021-2022)



In 2021, the United Nations Population Fund (UNFPA) has implemented the project of “ Preventing and Responding to Gender Based Violence in the Gaza Strip, East Jerusalem and the West Bank”. This project targets around 48,460 people (around 34,000 women, 5,000 girls, 2,500 boys, 7,000 men) in Palestine (East Jerusalem, Gaza Strip, and the West Bank) with life-saving GBV prevention and response activities., and in particular vulnerable groups, including around 2,400 people with disabilities. In addition, the project aims to strengthen local women led organizations.

The interventions of this project are based on the needs identified through the HNO process and various analyses of the humanitarian situation.

The project aims to provide lifesaving GBV interventions, to strengthen and empower women at risk of and survivors of GBV, and to strengthen the organizational capacity of local women led organizations to provide humanitarian support through the following outputs:

- Lifesaving integrated GBV/SRH services are available and accessible to women and girls.
- Women and girls access quality Clinical Management of Rape (CMR) and Intimate Partner Violence (IPV) health response services.
- Women and girls access quality PSS (including case management services).
- Safe and ethical information management systems for GBV incident monitoring and case management are established and/or supported through inter-agency mechanisms.

- CVA is integrated as an urgent protection tool, helping women and girls affected by COVID loss of income and additional GBV risks to access urgent items, and over time is integrated as a survivor-centered GBV response service modality.
- Girls access adolescent-specialized integrated SRH/GBV services.
- Women access gender sensitive livelihoods programs as part of a multisectoral response to GBV.
- Increased capacity of local women's organization(s) to implement GBV prevention and response programs.
- Increase the engagement of men and boys to ensure active involvement and positioning to end violence.

The project is a response to the affected women and girls by the emergency and COVID-19 impact, especially women and girls with disabilities, and elderly women by providing them multi-sectoral services remotely and in person. The services include health, psychosocial, legal, cash assistance, support to small businesses for GBV survivors, awareness and support for GBV survivors with unique needs, such as cancer patients. The project used the multi-sectoral approach in providing the GBV services and build on past UNFPA achievements, in addition to focusing on PSEA (Protection from Sexual Exploitation and Abuse) during delivering the services and dealing with the survivors.

Methodology

The methodology of this assessment is a combination of quantitative and qualitative methods. Data from a wide range of sources and a representative range of stakeholders was triangulated and cross-validated, so as to ensure the credibility of the assessment findings and conclusions. Data collection comprised of: 1) Desk review and content analysis of relevant background as well as programmatic data and studies; 2) Focus group discussions, key informant interviews and rapid survey with project beneficiaries.

In addition to the above, the Lead Consultant used participatory appraisals, and the methodology was designed according to human rights-based approach, as both frameworks position rights-holders (and their needs) at the center. This also means shifting from a 'supply' driven approach which prioritizes service delivery to a 'demand' driven approach that positions individuals' needs and realities at the center of all initiatives.

The content analysis techniques were used to analyze qualitative data and information collected by desk review, key informant interviews, focus group discussions, and SPSS/Excel was used for analyzing quantitative data collected by questionnaires.

Qualitative and Quantitative Methods

Desk Review:

Further desk review was conducted by the Lead Consultant to enrich the process of developing the CVA risk analysis report for GBV survivors. The desk review included several studies related to social protection and CVA, UN, INGOs and NGOs reports related to GBV and CVA, GBV risk assessments and studies, project documents.

Key Informant Interviews (KIIs) :

#	Interviewees	Position	Safe Space Location
1	Ms. Samah Sadaqa	Case Manager at Palestinian Medical Relief Society (PMRS)	Jenin
2	Ms. Malak Alia	Case Manager at PMRS	Tulkaram
4	Ms. Lina Habash	Case Manager at Working Woman Association	Nablus
5	Ms. Maysa Shalaldehy	Case Manager at PFPPA	Hebron
6	Ms. Maha Al Fara	Case Manager at CFTA-Wissal	Khan Younis and Rafah

#	Interviewees	Position	Safe Space Location
7	Ms. Suhair Jouda	Case Manager at CFTA-WHC	Bureij Camp for Refugees
8	Ms. Hanan Diab	Case Manager at ACHA	Gaza City
9	Ms. Suha Mosa	Case Manager at ACHA	Jabalia
Total Number of Klls			9 Female Case Managers

Table 1 List of Interviewees

Focus Group Discussions (FGDs) with:

#	Target Group	Area	# of FGD	# of Women
1	Women survivors of GBV who received CVA	Nablus	1	6
2	Women survivors of GBV who received CVA	Tulkarem	1	12
3	Women survivors of GBV who received CVA	Jenin	1	12
4	Women survivors of GBV who received CVA	Hebron	1	12
5	Women survivors of GBV who received CVA	Gaza city	1	11
6	Women survivors of GBV who received CVA	North of the Gaza Strip	1	12
7	Women survivors of GBV who received CVA	Middle area of the Gaza Strip	1	16
8	Women survivors of GBV who received CVA	Khan Younis	1	10
9	Women survivors of GBV who received CVA	Rafah	1	10
Total Number of FGDs		9 FGDs	Number of Participants	101 women

Table 2 List of FGDs

Questionnaire:

The Data Collectors distributed questionnaires in person for women survivors of GBV, who received CVA in the four governorates of the West Bank (Tulkarem, Jenin, Hebron and Nablus) and five governorates of the Gaza Strip (Gaza city, Khan Younis, Rafah, North of Gaza Strip, and the Middle areas of the Gaza Strip). This was for collecting quantitative and qualitative data from women based on Protection Risks and Benefits Analysis Tool and CVA risk analysis for GBV matrix.

The Consultant coordinated directly with UNFPA partners in Gaza and the West Bank to ensure that the data collectors collect data in a confidential way, with do no harm and in appropriate time for women. The data collectors visited the safe spaces of partners in the West Bank and Gaza to meet the targeted women there, and interview them directly during their visits to safe spaces.

• Questionnaire Sample:

The Consultant selected in coordination with UNFPA partners in Gaza and the West Bank a random sample of women survivors of GBV who received CVA. The total number of women who were targeted by this questionnaire is 416 women (255 from the Gaza Strip and 161 from the West Bank).

• Demographic Information:

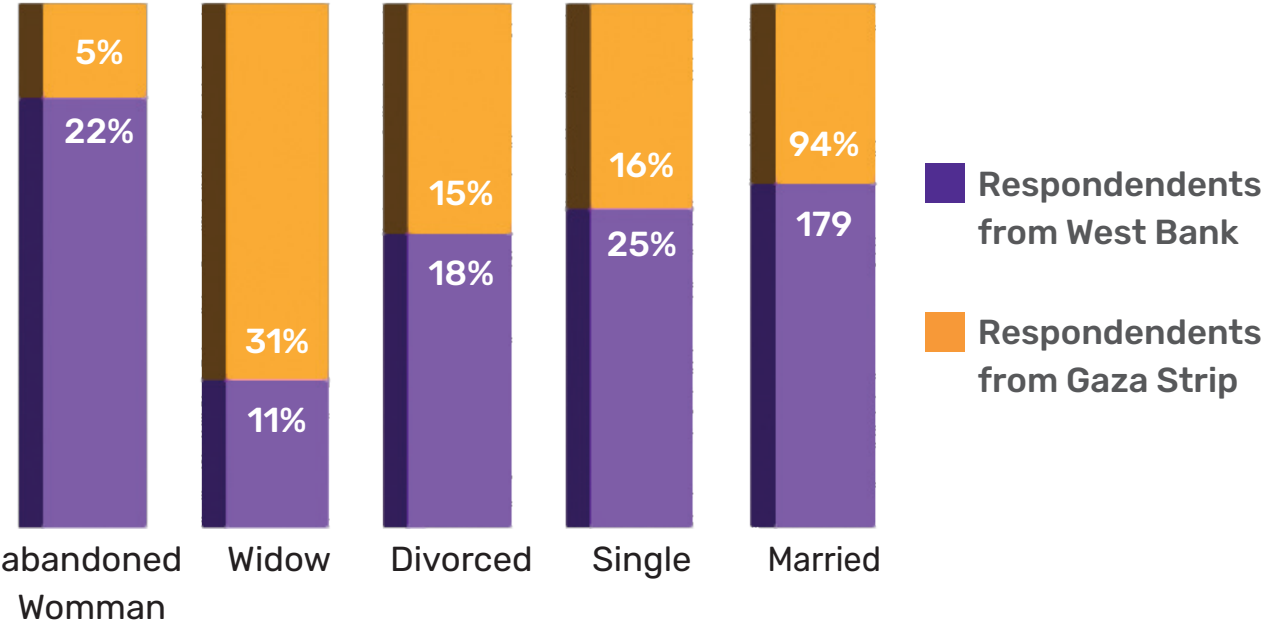
1. Geographic Areas of the Survey Respondents

Governorates of the Gaza Strip	Number of survey respondents	Governorates of West Bank	Number of survey respondents
Gaza City	52	Hebron	40
Nussirate	9	Nablus	39
Bureij	29	Jenin	40
Dir Al Balah	13	Tulkarem	42
Beit Hanoun	8		
Beit Lahia	18		
Jabalia	28		
Khan Younis	49		
Rafah	49		
Total Number of Respondents from the Gaza Strip	255 women	Total Number of Respondents from the West Bank	161 women

Table 3 Geographic areas of the survey respondents

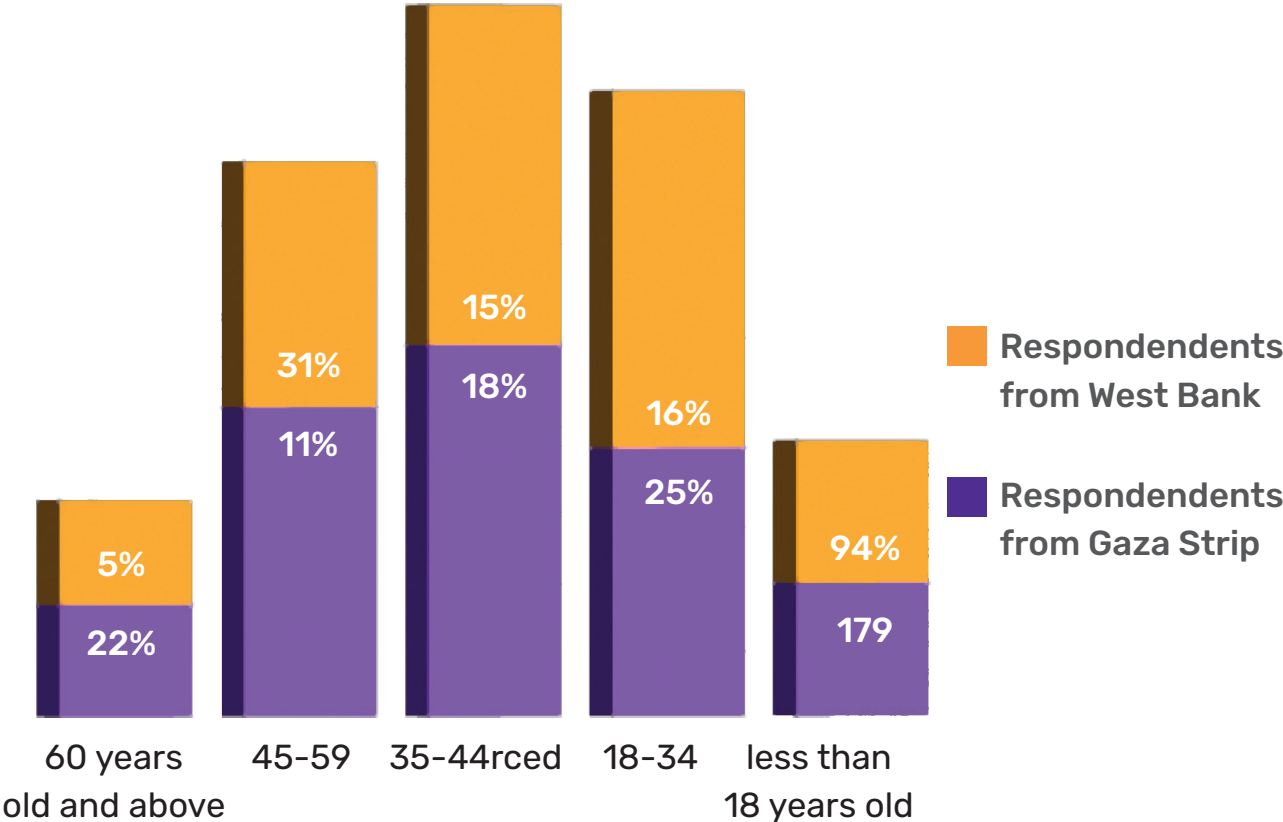
2. Marital Status of Survey Respondents

Figure 1 Marital Status of survey respondents



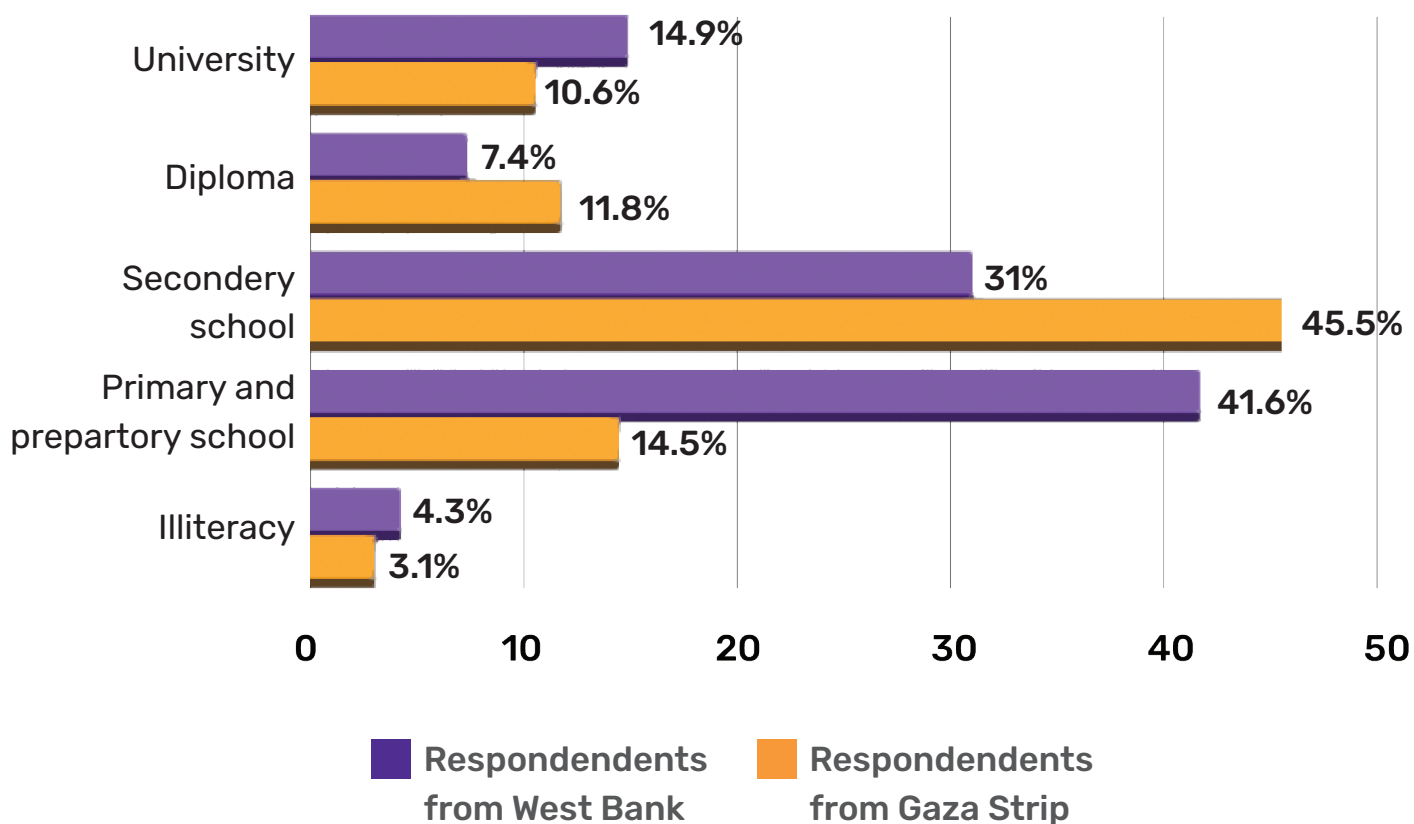
3. Age Groups of Survey Respondents

Figure 2 Age group of survey respondents



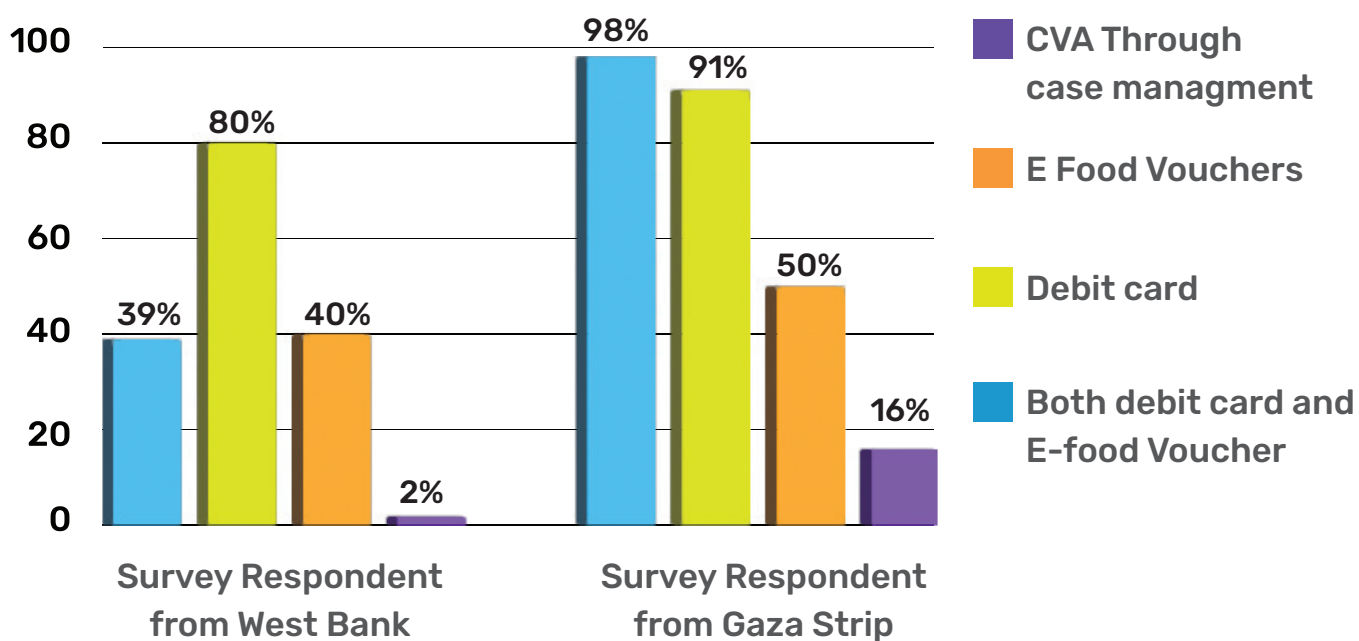
4. Education Level of Survey Respondents

Figure 3 Education level of survey respondents



5. Modality of Received CVA

Figure 4 modality of received CVA



Main Findings

This section presents the main findings of the assessment based on the 7 categories of GB risk analysis for CVA matrix.

Participation and Inclusion (Information Dissemination and Awareness)

1. Potential Risks of Information Dissemination and Awareness

Finding 1

There were no significant risks associated with the participation of the majority of GBV survivors from Gaza and West Bank in awareness workshops related to CVA.

The results show that women education is extremely important. As awareness-raising sessions on how to use cash and voucher assistance, and how to be safe, when receiving this assistance help to challenge preconceived ideas. Protection measures of participant women have to be ensured. As GBV survivors must not be exposed to any unnecessary risk when attending any awareness activities.

For instance, in some contexts, where women's mobility is severely restricted and subject to punitive action by the community, campaigns on women's rights may face potentially violent opposition. Even though in environments considered safe, campaigning can cause damage. Moreover, GBV survivors may suffer extreme psychological stress, when being reminded of their traumatic experience⁶.

The results of 9 FGDs with 101 women from the Gaza Strip and the West Bank show that the majority of FGD participants from Gaza and the West Bank did not face any risks during their participation in information dissemination and awareness workshops related to CVA at the safe spaces.

Only one FGD participant from Jabalia reported that her brother insisted to accompany her when attending the awareness workshop on CVA, considering himself as her guardian. Three FGD participants from Hebron reported also that they had faced some challenges when they had participated in these awareness sessions on CVA. One of those women was exposed to verbal violence from the members of her extended family criticizing her frequent movements and participation in

⁶ <https://www.endvawnow.org/en/articles/1165-do-no-harm-protection.html?next=1164>

community activities organized at safe spaces. A second woman was exposed to criticisms from people surrounding her who are against the idea of women's participation in external workshops. A third woman has faced security risks related to the restriction on her freedom of movement; access and mobility to the safe space for attending workshops was hindered or denied due to the Israeli security checkpoint located between her area and the location of the safe space.

It worth noting that 99.6% of questionnaire respondents from the Gaza Strip and 100% of questionnaire respondents from the West Bank confirmed that receiving CVA is acceptable action and behavior by their local community members.

“When I leave my home to attend a workshop, I don’t feel safe because my cousins insult me. They are against the idea that women need to participate in external awareness workshops”. Stated one FGD participant, aged 48 years old from Hebron.

The results of 9 FGDs with women GBV survivors from the West Bank and the Gaza Strip are corroborated with the results of KIIs with 8 case managers from the West Bank and the Gaza Strip, who all reported that mostly there were no significant risks on the targeted women of CVA, when they have attended the awareness sessions related to CVA.

Although no significant risks related to information dissemination activities of CVA were reported, two case managers from Nablus and Hebron stated that they prefer to raise the awareness of the beneficiaries through individual awareness session particularly for GBV survivors who live with abusive family members who could rob the CVA when they discover that their women relatives would receive the CVA. The two case managers noted also that some women with disabilities prefer to attend the awareness sessions with one member of their families to help them in using the debit card of cash assistance, and they noted also that some women prefer to receive individual awareness sessions over group session to retain their privacy and the confidentiality of their GBV situation.

Furthermore, one case manager from Jenin shared through KII the concerns of two women from the West Bank who did not want anyone to know about their participations in one awareness session on CVA. According to the case manager, both women were afraid that they would be deprived from this CVA by one of their family members as one of them reported that she has a drug addict son who would rob the cash if he knew about it. A second woman mentioned that if her mother in law knew about the CVA, she would take it from her. Moreover, one case manager from Gaza city reported that, sometimes, if a perpetrator husband knows that his wife has attended awareness session on CVA, he may force her to give him this CVA. The above concerns reported by some case managers from

the Gaza Strip and the West Bank indicated the necessity to consult vulnerable women about the most appropriate way to inform them about CVA, to ensure no harm is done, and protect women from any potential risks imposed by their abusive family members, if these relatives were aware about the CVA.

Finding 2

Mostly the majority of FGDs participants from the Gaza Strip and the West Bank do not reveal to other people any information related to their participation in CVA activities, as a precaution measure to protect themselves from any risks.

Finding 3

The case managers of the Gaza Strip and the West Bank adopt several methods including individual awareness sessions, home visits, couple counseling etc. to mitigate any risks on GBV survivors when participating in information dissemination activities related to CVA.

2. Measures for Mitigating Risks of Information Dissemination on CVA

In terms of precaution measures taken by the targeted women of CVA in Gaza and the West Bank to avoid any risk on them when they attend awareness activities on CVA or when they want to register their data to receive CVA under any humanitarian program, the majority of FGDs participants from the five governorates of the Gaza Strip stated that they do not reveal to other people any information related to their participations in CVA activities. Some reported that they do not register their full names in the attendance sheets of the workshops, and they type only the first letters of their full names in order not to reveal their identities for other participants. On the other hand, some FGDs participants noted that for their safety and protection from thieves they accompany their husbands, sons or brothers when they want to withdraw the cash from the ATM.

Regarding the FGDs participants from the West Bank, i.e., from Jenin, Tulkarem and Hebron, the majority of FGDs participants provided similar responses to FGDs participants from the Gaza Strip; they do not share the information received on CVA through workshops with other people to avoid any psychological harm and prevent any embarrassment if external people knew that they will receive CVA.

However, most of the FGD participants from Nablus stated that they do not take any precaution measures when they want to attend any activity related to CVA, because they do not think that they can be subjected to any risks when attending awareness sessions related to CVA, and they trust that the staff of safe space respect the confidentiality and the privacy of any program beneficiaries.

In terms of the methodology used by case managers to mitigate potential risks, when disseminating information on CVA, most of the interviewed case managers from the West Bank confirm that they try to mitigate risks on vulnerable women, who live among abusive family members by conducting individual awareness sessions for those women rather than involving them in group sessions. Furthermore, the four interviewed case managers from the West Bank stated that the targeted women have also received leaflets in Arabic with instructions and information on how to use debit card and E-food vouchers and how to report any problems related to CVA.

One interviewed case manager from Nablus also reported that sometimes she conducts home visits to some GBV survivors still suffering from family problems to check with them their situation and ensure that they do not encounter any problems due to CVA.

“For example, when a divorced woman has been subjected to lose the alimony of divorce because her ex-husband will claim that she doesn’t need this alimony due to her receiving CVA, at this time the mother of the divorced woman can receive the CVA on behalf of her divorced daughter, as an alternative solution, to ensure that the divorced woman doesn’t lose her right to receive alimony from her ex-husband.” Stated Ms. Lina Habash, case manager working at safe space in Nablus.

Another example on the attempts of the case managers in the West Bank to mitigate risks related to CVA was mentioned by the one interviewed case manager from Jenin, who stated that she escorted some of the targeted elderly and illiterate women who do not know how to use the debit card to the ATM machine to guide them on how to use the debit card. She also orientated them through mobile phone calls how to withdraw the cash through debit card when they called her.

“We have an old woman aged 70 years old. She was afraid that her son would take her money. Therefore, we accompanied her to the ATM machine and helped her withdraw money, in order to protect her.” Reported Ms. Samah Sadqa, case manager working at safe space in Jenin.

The case manager from Nablus mentioned also that she coordinated with the bank staff to provide any needed support for the targeted women who forgot

the password of their debit cards when they wanted to withdraw the cash from ATM. She also conducted spot visits to the contracted and listed supermarkets for spending E-Food voucher to ensure that these supermarkets sell the food and hygiene items to women in respected ways and do not increase the prices of their goods for the beneficiaries of the family and women protection program.

Ms. Malak, case manager from Tulkaram, reported that she always guides targeted women on how they can spend the cash assistance wisely to cover their basic needs, and how to keep the debit card and E-Food voucher in a safe place at their homes or with their relatives if they are afraid that their husbands may take the debit card from them. She mentioned also that in case women have conflict with their husbands on how to spend the cash assistance, she conducts couple counseling session for them to solve the issue related to the cash assistance and mitigate any risks of domestic violence that could be resulted by CVA.

In the Gaza Strip, the interviewed case managers confirmed that the targeted women of CVA are all engaged in the several services of safe spaces including recreational activities, psychological and legal support and most of the beneficiaries of CVA attended awareness sessions received leaflets in Arabic on how to use CVA delivery mechanisms such as debit card and E-Food vouchers. Thus for the interviewed case managers from the Gaza Strip the engagement of the beneficiaries of CVA in other support services contribute to the process of mitigating any potential risks that might erupt if women participate in awareness sessions related to CVA.

To ensure that there is no conflict between the targeted women and their husbands on how to spend the cash assistance, Ms. Maha Al Fara, case manager of the safe spaces in Rafah and Khan Younis, stated through KII that she usually conducts couple counselling sessions to orientate the couple on how to spend the CVA. In order to protect the privacy of targeted women and the confidentiality of receiving CVA, Ms. Al Fara always contacts the targeted women through phone calls directly, when informing them about the time of delivering the awareness session on CVA. Moreover, she often informs the targeted women about hotlines numbers allocated to CVA, so they can call these numbers anytime they need technical support on how to use the debit card and E-voucher.

Ms. Suhair Jouda, case manager working in Bureij safe space, stated that she tries to mitigate risks related to CVA through raising the awareness of targeted women on how to react and find solution if their husbands try to deprive them from the cash assistance. She confirmed also that, for this reason she is committed to inform the targeted women directly by the delivery time of CVA to ensure that the CVA would not be diverted for the sack of abusive family members. She mentioned also that, if the targeted women do not respond to their phone calls,

she would conduct home visits to check the situation of the targeted women and ensure that they are safe and can receive the CVA directly.

3. Information on Complaints & Feedback Mechanisms and PSEA

Finding 4

Most of the FGD participants in Hebron, Tulkaram, Nablus, Jenin, Bureij, Rafah and Khan Younis received information on PSEA and informed of SAWA hotline. However, some FGDs participants from Gaza city and Jabalia did not remember if they had received information on PSEA/SAWA hotline or not.

Finding 5

99.6% of survey respondents from the Gaza Strip and 98.8% of survey respondents from the West Bank stated that they were aware of the existing compliance and reporting mechanisms inside the safe spaces.

Part of any precaution measures to mitigate risks on women survivors of GBV is raising the awareness of GBV survivors on PSEA and on how to report any problem related to CVA through using different methods of complaints feedback mechanism.

Notably, UNFPA has zero tolerance for all forms of sexual wrongdoing, whether perpetrated against a recipient of assistance or a coworker. Sexual exploitation, abuse, and sexual harassment violate human rights and are a betrayal of the core values of the United Nations. The interests and dignity of those affected guide UNFPA's approach to prevention, response and assistance⁷.

Therefore, in this assessment the targeted women from Gaza and the West Bank were asked through FGDs if they have already received any information through UNFPA program on PSEA and the hotline of SAWA⁸ to ensure that they can report any violations related to Sexual, Exploitation and Abuse (SEA) when they access to

⁷ <https://www.unfpa.org/protection-sexual-exploitation-sexual-abuse-and-sexual-harassment>

⁸ The first of its kind in Palestine that provides distinguished services, including reporting harassment in public places, booking an appointment with a doctor to obtain remote medical advice with the possibility of downloading the application on all mobile devices Android and iOS (iPhone) and obtaining remote medical advice.

CVA services. The results of FGDs with the targeted women in the West Bank show that all the FGD participants from Hebron, 7 FGD participants from Tulkarem and half of FGD participants from Jenin, have received before SAWA hotline from PSEA staff of safe spaces, and most of those participants know about the SAWA hotline. However, most of the FGD participants from Nablus reported that they did not remember if they received information on PSEA/SAWA hotline or not.

Regarding the FGDs participants from the Gaza Strip, the results show that all FGDs participants from Khan Younis, all FGD participants from Rafah except one woman, and five FGDs participants from Bureij, had received information from the safe spaces on PSEA and SAWA hotline. However, some FGD participants from Gaza city and Jabalia stated that they did not remember if they had received information on PSEA/SAWA hotline or not. Some FGD participants from Gaza city noted that they received leaflets including instructions on how to use the delivery model of CVA and the eligible food items that are covered generally by food vouchers.

Indeed, 99.6% of survey respondents from the Gaza Strip, and 98.8 % of survey respondents from the West Bank stated that they are aware about the existing complaints and reporting mechanisms inside the safe spaces. The findings of the survey corresponded with the results of KIIs with 8 case managers from the Gaza Strip and the West Bank.

All the interviewed case managers from Gaza and the West Bank confirmed that their organizations that provide CVA for GBV survivors have complaints box and they mostly share the office phone numbers and the mobile numbers of case managers to receive any feedback or complaints related generally to the services of the safe spaces or in particularly to the quality of CVA. Most of the interviewed case managers affirmed also that they have informed the beneficiaries of CVA about the complaints mechanisms adopted by the safe spaces earlier, as well as the hotline number provided by WFP for technical complaints and inquiries on E-Voucher and debit cards written on the back of each voucher or card.

4. The Preferred Method for Information Dissemination on CVA

Finding 6

Most of FGD participants from the Gaza Strip and the majority of FGDs participants from the West Bank prefer to attend awareness workshops on CVA at the safe spaces.

Concerning the best methods that can be used in future projects to raise the awareness of women survivors of GBV on CVA without exposing them to any risks, most of FGDs participants from the Gaza Strip preferred to attend awareness workshops on CVA at the safe spaces created under UNFPA programs. The FGD participants from Khan Younis noted also those awareness sessions at safe spaces are the best option for illiterate women who cannot read brochures. However, some FGD participants from Gaza city preferred to watch informative videos on CVA, through YouTube and to receive information on CVA through hotline. Some FGD participants from Rafah preferred to receive information on CVA through reading brochures, and they argue that in the future it would be better to conduct any awareness sessions at one venue in Rafah rather than Khan Younis to save their times and their efforts.

Furthermore, the majority of FGDs participants from the West Bank preferred to attend awareness sessions on CVA at safe spaces, while some of them preferred to receive information on CVA through phone calls. Others preferred to be informed about CVA, through home visits and brochures.

Safe and Dignified Access (Delivery Mechanisms of CVA)

1. Women Groups at risks of CVA

Finding 1

Some women groups such as (Elderly women, divorced women, women with mental disabilities, wives of drug addicts and women living with their mothers in law) are more exposed to the risks when they receive CVA and they need more protection measures.

Any future interventions must take into consideration the nuances among newly vulnerable groups, and exploring the dynamics that have put them in such a precarious position to capture the characteristics that distinguish them from the usual definition of 'poverty' and their modes of coping and engagement with cash programs, as well as the risks and uncertainties that they may potentially experience and which may diminish the quality of their lives⁹.

The results of KIs with case managers from the Gaza Strip and the West Bank reveal that some women groups with specific protection needs (Elderly women, divorced women, women with mental disabilities, wives of drug addicts and women living with their mothers in law) may particularly be impacted by some risks including GBV can be associated with taking out the cash from those vulnerable women.

⁹ <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620989/rr-responsiveness-palestinian-national-cash-programme-shifting-vulnerabilities-gaza-280520-en.pdf;jsessionid=727AE20C84728E27EF19F3CF5B660F11?sequence=1>

“One woman used the CVA to pay the fees of lawyer to get divorce and she arrested her husband for not paying her alimony, as her Ex-Husband said she did not need the money because she has money to pay the lawyer “. Stated by Ms. Lina Habesh , case manager working at safe space in Nablus

“ the wives of drug addicts are under risk of robing their cash by their abusive husbands , they are subjected for all forms of violence including sexual, verbal , economic and physical violence . we support them through PSS” Ms. Hanan Diab , one case manager working at safe space in Gaza city.

2. Safety Concerns related to CVA

Finding 2

100% of survey respondents from Gaza and the West Bank confirmed that they were not robbed by thieves when they have accessed to CVA services.

Across the participants of FGDs, and survey respondents from Gaza and the West Bank, none of the beneficiaries mentioned safety as a major concern with regard to cash and vouchers.

In fact, 100% of survey respondents from Gaza and the West Bank confirmed that they were not robbed by thieves when they had accessed to CVA services. With the use of debit card and E-vouchers, it was not obvious in all the cases, that the women were exposed to risks, and women did not have to withdraw large sums of money at once, making them less likely to be targets of theft.

In many cases, the targeted women in Gaza and the West Bank took further precautions to ensure safety, including for example : Travelling in groups to receive their cash , accompanying their husbands or other family members, when they wanted to withdraw cash or when they wanted to go to the supermarket to spend the E Food voucher in the evening, not sharing the password of the debit card with others, not informing other people about their intention to spend the CVA , not chatting with strangers when going to the supermarket or the ATM, not keeping the cash in the pocket of ID , leaving a distance between them and the men in line, and finally arriving home before the sunset.

“ In opposite, we were happy when we received the cash assistance , we did not face any risk when we used the ATM , there is always police near the ATM and I can ask them to help me to access to the ATM” . Stated one FGD participant aged 43 years old from Burje.

3. Difficulties Facing CVA Beneficiaries

Finding 3

100% of survey respondent from the Gaza Strip did not face difficulties in using E-food voucher, compared to 95.8% of survey respondents from the West Bank.

Finding 4

Some FGD participants from the West Bank faced difficulties when they have accessed to CVA related to lack of public transportation in their areas to access to supermarkets located in the City Centre.

To ensure that the CVA is delivered smoothly and the targeted women did not face any obstacles that limit their access to CVA in Gaza and the West Bank, the research team asked the targeted women through FGDs and questionnaires, if they had faced any difficulties when accessing to CVA or if they had faced any restrictions that hindered their movement and prevented them to reach the CVA services in their areas.

Indeed, 100% of survey respondent from the Gaza Strip, and 95.8% of survey respondents from the West Bank who received E- Food Vouchers reported that they did not face difficulties in using E-Food Voucher.

Hence, all FGDs participants from the 5 areas of the Gaza Strip, who received E-Food Voucher, under UNFPA programs, confirmed that they had not faced any significant obstacles, when they tried to spend the E- Food Vouchers. The majority of FGDs participants from the Gaza Strip stated also that they have not any transportation problems whether when they wanted to spend the E-Food Voucher at one of listed supermarket under the UNFPA programs or when they wanted to access to the ATM machine to withdraw cash through debit card. Just two FGD participants from Gaza city reported that, they have health problems that hinder their movement, other two FGD participants from Jabalia and one FGD participant from Bureij, said also that they still have restrictions on their movement, as one of them needs to escort her husband in every time she wants to go to the supermarket to spend the food voucher because her husband is a jealous man, and the second woman, her brother prevents her to go to the supermarket, so she is obligated in each time, she wants to depart from her home to wait until

her brother leave the home, so she can then go to the supermarket to spend the E-Food Voucher before her brother returns home. Other two FGD participants from Jabalia reported that, they have some difficulties in movement, because they have health problems and one of them has partial visual disability.

“ I have no problem going to the safe space. However, if I want to go to the supermarket and the ATM, my husband has to escort me. He is a jealous man and is afraid that someone may harass me”. Reported one FGD participant from Amira Bureij.

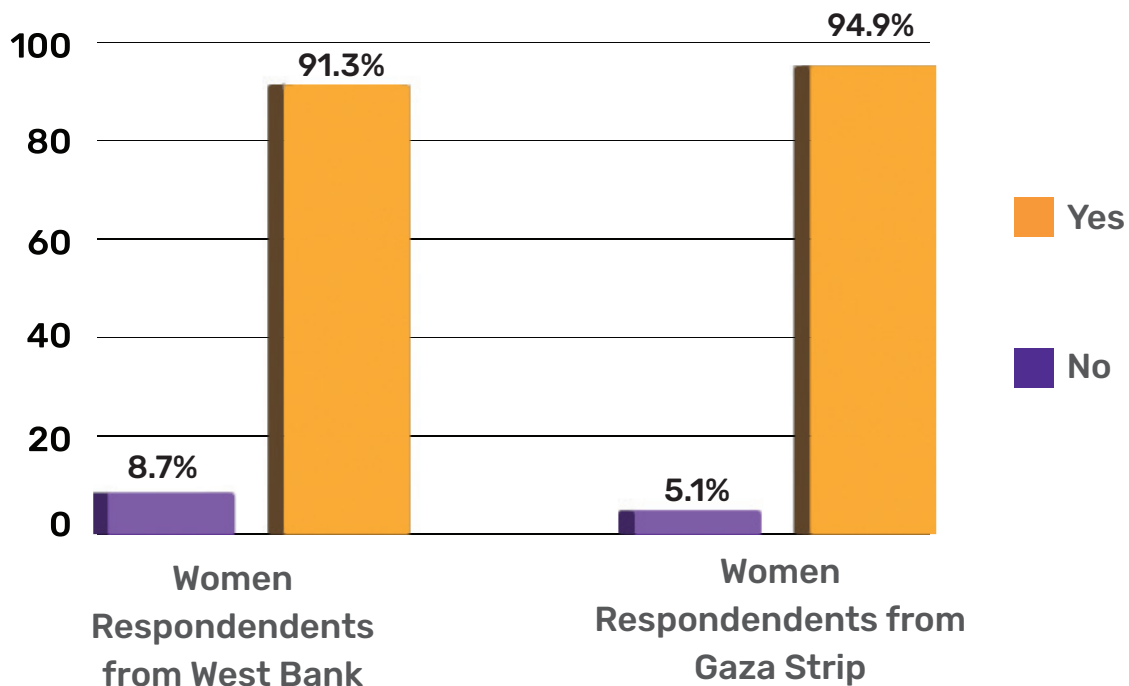
Overall, all the FGDs participants from the West Bank confirmed that they have free choice to move and travel inside their areas to access to CVA services, and they can decide by themselves the appropriate time to access the ATM machine to withdraw the cash or to spend the E-Food vouchers at the supermarket. However, the results of FGDs with women from some governorates in the West Bank show that some women face problems related to the lack of public transportation in their areas. For instance, 6 FGD participants from Tulkarem reported that they had faced difficulties to access to supermarket when they want to spend the E-Food vouchers due to the lack of public transportation in their villages which delay their arrivals to the listed supermarkets located in the city center. Six other FGD participants from Jenin faced same problem of those of Tulkarem in terms of lack of public transportation when they want to go to the city center to access to ATM machine or the listed supermarkets by the program.

Notably, all the FGDs participants from Hebron and Nablus mentioned that they did not face any problem related to transportation and freedom of movement, except one FGD participant from Hebron reported that she had health issues that prevent her movement to access to ATM machine.

The findings of survey show also that 3.7% of the survey respondents from the West Bank and 8.6% of the survey respondents from the Gaza Strip have one kind of disabilities that limit their movement to access to CVA. These disabilities including physical disability, hearing disability, visual disability and mental disability.

The following chart describes also the percent of survey respondents who stated that they have freedom to depart from their homes to access to CVA services in Gaza and the West Bank.

Figure 5 Freedom to access to CVA



Furthermore, calling the hotline numbers written on the back of the E-Food Voucher and the cash card to seek support if there is a problem is one of the preferred ways for the majority of FGD participants from Khan Younis. In one FGD conducted in Jabalia, it was noted that withdrawing the cash from ATM was particularly problematic with elderly and illiterate cash recipients. Some FGD participants from Jabalia reported that they would ask any man in the street to help them to type the password of cash card through the ATM machine. This action can expose those women to the risk of robbing the cash from them.

Regarding the participants of FGDs in the West Bank, the majority of the participants stated that they would ask the support of case managers and the staff of local partners in case they face any problems related to CVA. It is worth mentioning that two FGD participants from Jenin thanked the case manager of the medical relief society in Jenin, who escorted one of them to guide her to the correct address of the supermarket to spend the E-Food Voucher and who solved the problem of debit card ID of the second woman.

Box 1 : What is the Safe Space ?

A safe space is a formal or informal place where women and girls feel physically and emotionally safe. The term 'safe,' in the present context, refers to the absence of trauma , excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm. The key objectives of a safe space are to provide an area where women and girls can:

1) Socialize and re-build their social network, 2) Receive social support; 3)Acquire contextually relevant skill, 4) Access safe and non-stigmatizing multi-sectorial GBV response services (psychosocial, legal, medical; 5)Receive information on issues relating to women's rights, health, and services.

These spaces may take different names such as women centers, women community centers, or listening and counseling centers, to name a few. Women safe spaces are not the same as shelters or safe spaces at reception centers or one-stop centers.

Ref: <https://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf>

4. Beneficiary Preference for CVA Delivery Model

Finding 5

79% of respondents from the Gaza Strip and 70% of respondents from the West Bank reported that they prefer debit card as one delivery model for receiving the cash.

According to one study prepared by UNHCR, one of the main advantages of cash and vouchers as an assistance modality is that they are flexible and that beneficiaries can use them to address their multiple needs. The same study confirms also that there is likely to be some variation in the use of the entitlement, which is acceptable, if it does not have negative impacts on the concerned populations and their surroundings.¹⁰

For Ms. Malak Alia, case manager working in Tulkarem, debit card is the best delivery model that do no harm and saves the dignity of beneficiaries because

¹⁰ <https://www.unhcr.org/uk/515a959e9.pdf>

women would have the freedom to choose whatever they want to buy from the supermarket that offers discounts on some goods, they can even go to the restaurant with their children for the first time in their lives to enjoy a delicious meal there and buy clothes for their children.

Overwhelmingly, among those interviewed for this assessment in the West Bank and the Gaza Strip, women receiving CVA stated that they prefer receiving cash and prefer it to other forms of cash assistance. Most often, they said that they like the flexibility that cash offers, and the ability to prioritize their needs for themselves. FGDs participants from the Gaza Strip and the West Bank shared many examples, on how the cash helped them to cover their basic needs in terms of covering the cost of the medical treatment for them, and for their children, paying house rent, paying the fees of the university courses of their children, paying their debits, buying clothes for them and their children, and buying fresh food such as fruits, and etc..

“I prefer debit card because once I received this card and I was able to use the cash to buy fresh food for my son who suffer from cancer rather than buying canned food from the supermarket”. Declared one FGD participant aged 38 years old from Rafah.

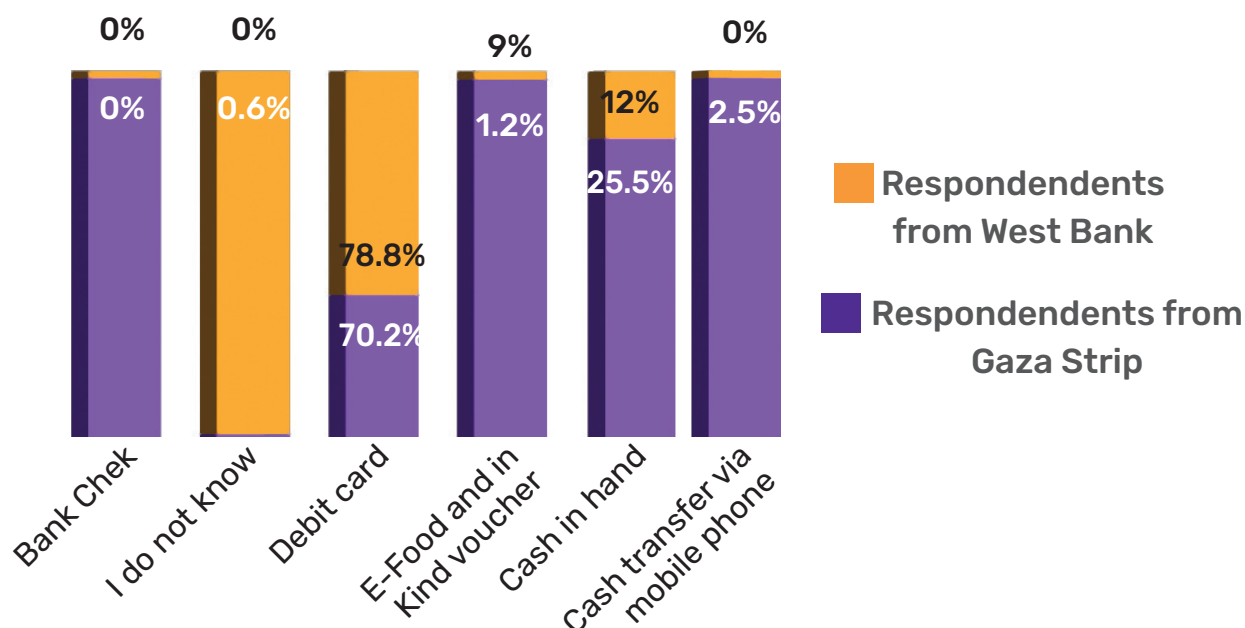
“The debit card does not limit my options as food voucher does. Through cash I can pay my debits” said one FGD participants aged 53 years old from Khan Younis.

“I feel very happy when I use the debit card. I feel more dignity and that I have the right to use my own money without begging for it from anyone. I feel independent.” Reported one FGD participant aged 48 years old from Tulkarem.

“I used the cash to buy goats and I invested in this. It delivers other goat. However with food voucher you cannot use the money to start small business”. Said one FGD participants aged 45 from Nablus

The results of survey corroborated with the results of FGDs in terms of the preference of the majority of women in the Gaza Strip and the West Bank to receive debit card, rather than E-Food Voucher. Indeed 79% of respondents from the Gaza Strip and 70% of respondents from the West Bank reported that they prefer debit card as one delivery model for receiving the cash. The following charts summarizes the percentages of survey respondents from the Gaza Strip and the West Bank who prefer different forms of cash assistance including cash card, bank check, telegraphic transfer, and direct cash in hand.

Figure 6 the most safest CVA model



Although none of the women interviewed in the Gaza Strip stated that receiving cash assistance through debit card had negative impacts, a minority preferred cash in hand, bank check and bank transferee for various reasons. Instances where debit card were not preferred largely related to the possibility of forgetting the card password and inconveniences such as the difficulties to deal with ATM machine, which obligate some women to ask the help of other bank clients to support them to withdraw the cash from the ATM machine.

“I prefer bank check because I cannot use ATM and cannot type the password. Any man in the street can take the debt card and rob the money and flee”. Declared on FGD Participant aged 65 years old from Gaza city.

Notably, Ms. Lina Habesh, case manager working in Nablus, did not agree with those women who preferred to receive cash through bank check or bank transferee because, according to her, these cash delivery models would require from the beneficiaries to wait in long lines for hours at bank cashers, however ATM machine can be accessible in any time.

For Ms. Maysa Shaldla, one case manager working in Hebron delivering the cash in hand directly to the beneficiaries can be best way for those who need urgent cash, want to pay their transportations and they do not want anyone see them before the ATM withdrawing the cash.

5. Safe Spaces and Case Management

Finding 6

CVA services are integrated within case management services provided by all the safe spaces in Gaza and West Bank.

Finding 7

98% of survey respondents from the Gaza Strip and 98.8% of survey respondents from West Bank who received cash assistance through case management including debit card stated that they did not face difficulties in accessing to the cash assistance.

According to one document prepared by the protection and community services sector in Syria¹¹, during emergencies, cash along with access to protection case management and basic service is an effective modality through which crisis-affected populations can meet their basic needs and life sustaining interventions. It is efficient, supports local markets and enables choice; promoting greater dignity for the people we serve. As acute emergencies become situations of protracted displacement, support to livelihoods solutions may replace cash assistance as a more sustainable means of ensuring economic well-being. The emergency cash component was envisaged as a protection response to increase the coping capacity of vulnerable individuals and/or families facing unexpected and significant shocks, which may be effectively mitigated through a one-time or multiple injection of cash.

The same document recommends also that cash for protection should, therefore, be designed and applied as part of a context-specific range of components to support protection outcomes. For example, cash alongside legal counselling, behavior change activities, advocacy, and quality service provision. Furthermore, cash can be provided as part of individual, family and community level protection interventions.

Furthermore, the findings of one research conducted in Morocco and Lebanon confirm also that cash assistance to be effective when given in conjunction with services, such as psychosocial support and support in decision-making on how to make best use of the cash¹².

The findings of the desk research corroborate with UNFPA approach related to CVA.

UNFPA has integrated CVA into case management as part of GBV programming across a number of field contexts including Palestine. For UNFPA cash assistance delivered in the framework of case management means providing cash directly to survivors for the purpose of supporting them to meet their essential needs related to their case action plan and to recover from their experiences of violence including

11 <https://www.globalprotectioncluster.org/old/wp-content/uploads/Cash-and-Protection-questions-and-answers-Protection-sector-Syria.pdf>

12 <https://www.unhcr.org/5d5edad97.pdf>

accessing services and/or to mitigate GBV risks. All cash assistance delivered in the context of GBV case management must align with a survivor- centered approach and adhere to the GBV guiding principles of safety, confidentiality, dignity and self-determination, and non-discrimination.¹³

Most of the interviewed case managers from the Gaza Strip and the West Bank confirmed that under UNFPA programs the CVA is integrated as a part of multi sectoral services provided based on case management approach, and through the access of targeted women to protection services including safe spaces. 98% of survey respondents from the Gaza Strip and the West Bank who received cash assistance through case management including debit card, stated that they did not face difficulties in accessing to the cash assistance through case management .

Furthermore , the results of one FGDs show that, the majority of women participants from Gaza city and Rafah, feel more comfortable to contact directly the case managers, if they face any problems when they want to spend the CVA , asking the support of those case manager to solve the technical problems related to CVA, such as forgetting the password , facing problems with the supermarkets etc.

The eight interviewed case managers from the West Bank and the Gaza Strip confirmed that mostly the participation of targeted women of CVA in the activities of safe spaces is grantees, because women who receive CVA have been already engaged in the activities of the safe spaces including psychological support activities, they were targeted by case management plans that recommends to provide financial support for those women through CVA , and in the meanwhile they receive information and awareness on CVA and other protection issues, when they access to the services of safe spaces. According to the interviewed case managers , CVA beneficiaries constitutes around 10-12% from the total number of the beneficiaries of safe spaces in Nablus, 13% of the beneficiaries of safe spaces in Hebron, 70% of the beneficiaries of safe spaces in Jenin, 17% from the beneficiaries of safe spaces in Bureij , 60% of the beneficiaries of safe spaces in Khan Younis and Rafah, 7% of the beneficiaries of safe spaces in Gaza city and 3% of the beneficiaries of safe spaces in Jabalia.

“ 80% of our beneficiaries are engaged in the activities of safe spaces and they receive Psychological support and legal aids, we have women with disabilities and women who have chronic diseases among those who receive CVA through case management”. Samah Sadqa , case manager working in safe space in Jenin.

It worth to mention that the findings of one cash impact assessment conducted by UNFPA in Gaza indicate that case management was a main contributor to the

¹³ UNFPA. Guide cash CVA

success of cash intervention for the prevention, mitigation and response to GBV, where case management includes a clear individual plan with project beneficiaries , developed with time-bound, measurable objectives, regular follow-up and support, the protection benefits of the assistance is maximized¹⁴.

However, one case manager from Gaza city , Ms. Hanan dose not prefer that women receive CVA through case managers , as according to her this act may affect negatively the professional relation between the beneficiaries and the case manager . As the beneficiaries will perceive the case manager as a source of money rather than as a professional who wants to support them in different ways.

The FGDs with targeted women from Gaza and the West Bank reveal also that all the FGDs participants are familiars with the services provided by safe spaces in their areas , All the FGDs participants in the West Bank and the Gaza Strip reported psychological support including couple counseling as two of the main services provided by safe spaces. Others reported legal aid support and health services as second service provided by the safe spaces , some mentioned other services including recreational activities , awareness raising activities on women rights ,GBV, domestic violence , nutrition and healthy food, first aid training, vocational training related to sewing , cosmetic matters and fabricating hygiene materials , and sport activities.

On the other hand , planning an exit strategy for CVA , and its encompassing program as part of initial program design or as early as possible is important for in-kind assistance as well and is only not specific to CVA. If CVA is part of individually specialized GBV support and/or case management, it is important that the case manager plan and coordinate with CVA actors, livelihoods and employment actors and other protection colleagues on case closure/exit planning¹⁵.

For the interviewed case managers in Gaza and the West Bank, targeted woman has its exist plan.

According to the interviewed case managers , the exist plan includes guidelines for women on how they can spend the cash wisely to cover her basic needs and how to allocate a part of their money for emergency time and where to save the money in secure place at home. The case manager also reported that they prepare a safety plan for GBV survivors on how to act when they are exposed to GBV and from whom they have to ask the support, and how to prepare emergency bags. Some interviewed case managers stated that through exist strategy , they check on opportunities for referring the CVA beneficiaries to livelihoods and entrepreneurship projects implemented by other partners , and including them in national health insurance systems.

¹⁴ UNFPA. 2021 Cash impacts Assessment Final Report.

¹⁵ UNFPA CVA guideline

Market impacts and access

Finding 1

99.6% survey respondents from the Gaza Strip declared that they have not faced any difficulties nor external restrictions that limit their freedom of movement to access to the market compared to 71.4% of survey respondents from West Bank.

Finding 2

28.3 % of respondents from West Bank and 23.4 % of respondents from the Gaza strip who received E - Food vouchers reported that one of the listed supermarket under UNFPA program has increased the prices of food items for them.

According to UNFPA cash guideline, the most critical prerequisite for CVA is a functioning market that is accessible to beneficiaries, without high inflation so that people can affordably purchase the items they need. Market analysis is usually the responsibility of the Cash Working Group or the Inter Cluster Working Group and should determine if intended items or services are available in adequate quantity, of relevant quality and fair price, and safely accessible to women and girls in local market(s).¹⁶

The majority of FGDs participants from Gaza city, Rafah, Khan Younis, and Jabalia and 99.6% survey respondents from the Gaza Strip declared through this assessment that they had not faced any difficulties nor external restrictions that limited their freedom of movement such as transportation , checkpoints , etc. when going to the supermarket to spend the E-Food Voucher because the listed supermarkets by UNFPA program are located in their neighborhoods. However, some FGD participants from Bureij reported, that they had faced difficulties in accessing to the listed supermarket and the ATM because of the lack of public transportation in their villages , which increased the cost of their transportation from their remote areas to the city center , where the listed supermarkets and ATM machine exist.

For example, one woman who lives in Wadi Salqa reported during the FGD conducted in Bureij, that she needs to walk on foot for 15 min until she arrives to the main street to take a taxi, and another woman from Zawida participated in the same

¹⁶ UNFPA. Guidelines for Cash & Voucher Assistance (CVA)

FGD, said that there are not listed supermarkets in her area, so she is obligated to travel to another city, Al Nuseirat, and pay around 6 NIS for her transportation to the supermarket located there.

Concerning women living in the West Bank, the majority of FGD participants and 71.4% of survey respondents from the West Bank, stated that they had not faced either any external restrictions such as transportation, check points ..etc. to access to the market and spend the E-Food Voucher or the debit card. Only 6 women from Tulkarem and Jenin reported that they had some difficulties related to the lack of public transportation in their areas. This implies that those women have to pay for private Taxi in every time that they need to spend the food voucher from the listed supermarkets located in the downtown, and also when they want to withdraw cash from the ATM machine located there, and this cost them more money to cover their transportation to the city center through private taxis.

On the other hand, the results of questionnaires in the Gaza Strip and the West Bank reveal that only 28.3 % of respondents from the West Bank and 23.4 % of respondents from the Gaza strip who received E - Food Vouchers reported, that one of the listed supermarket for spending food vouchers has increased the prices of food items for them, as well as, some FGDs participants from Rafah, Khan Younis, and Jabalia reported that some issue of price increasing by the listed supermarkets, and this has obligated them to reduce the quantity of their food purchases and drove them to buy hygiene martials with less quality.

“When I bought sugar from the supermarket, the vendor increased the price for me by 7 NIS and he tried to sell me the goods that will expire within few days, and he asked me to buy from goods existed in one corner of the shop allocated for goods will be expired within few days”. Reported one FGD participant, aged 51 years old from Rafah.

To mitigate the risks related to the access to the market and the increasing of the prices, Ms. Lina Habash, one case manager works in Nablus stated that from times to times, she conducts spot visits to the listed supermarkets to verify if the supermarkets have not increased their prices for the beneficiaries of food vouchers. Other case managers from the Gaza Strip and the West Bank confirm also through KIIs, that they always advise the beneficiaries of food voucher to call the hotline number provided by WFP to report to any problems related to the spending of food vouchers from the supermarkets including the increase of prices.

Confidentiality of Personal Data of Survivors and Persons at Risk

Finding 1

99.6% survey respondents from the Gaza Strip declared that they have not faced any difficulties nor external restrictions that limit their freedom of movement to access to the market compared to 71.4% of survey respondents from West Bank.

Finding 2

99.4 % of respondents from the West Bank and 95.7% of respondents from the Gaza Strip trust that the local service providers and the safe spaces protect their data.

According to UNFPA guide for CVA, sensitive personal data of beneficiaries, such as legal name, phone number, copy of ID documents, and etc., is usually required for processing by UNFPA, the Payment Service Provider and/or the Implementing partner as part of a CVA program implementation. The processing of personal data has legal, ethical and operational implications. Therefore, Data privacy should be guaranteed through data protection protocols with all partners and providers, particularly with regards to data sharing if using another agency's or government's delivery platform. Personal data is particularly sensitive when working with vulnerable populations, such as GBV survivors, who can be at risk of further violence or reprisals.

The UNFPA guide stresses also on the importance to follow up the UN Principles on Data Protection and Privacy, adopted by the UN High-Level Committee on Management and the minimum data protection obligations for CVA programs which include :17

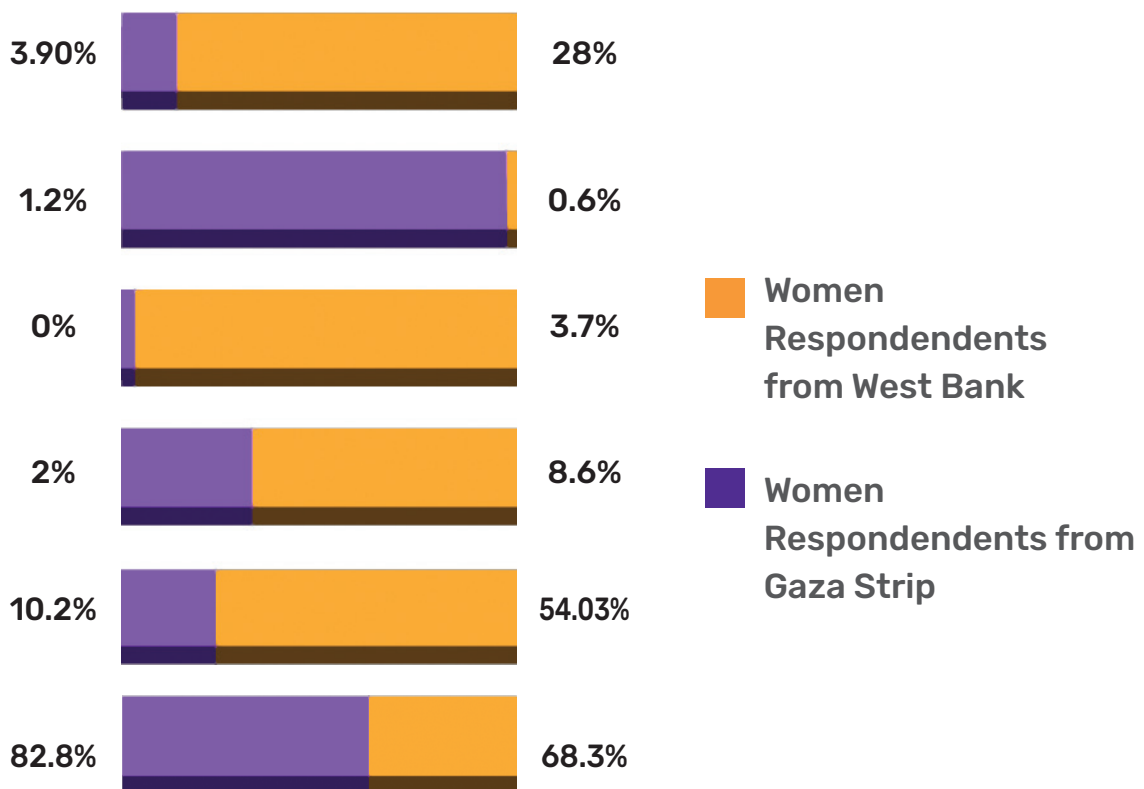
- Personal data should be lawfully and fairly collected and processed.
- Data should only be collected for the specific purposes of the CVA program.
- Data should be adequate, relevant and not excessive in relation to the CVA program.
- Beneficiaries should consent to the collection of their personal data.
- Personal data should remain confidential and at no point should be exposed to members of the public or other parties outside the scope of the CVA program.

17 UNFPA Guide CVA

→ Appropriate physical, organizational and technological security measures should be implemented to protect personal data against accidental loss and/or damage, unauthorized access, disclosure, modification and destruction.

Through this assessment, the findings of the survey conducted in West Bank and the Gaza Strip indicate that 82.8% of respondents from Gaza and 68.3% survey respondents from West Bank believe that revealing the data of CVA beneficiaries in an inappropriate way, may cause psychological harm. Other types of risks that might occur when sharing the data of beneficiaries in an inappropriate way with other parties are clarified through the following chart:

Figure 7 Types of risks when revealing data of CVA beneficiaries



All interviewed case managers from the Gaza Strip and West Bank confirmed that, when dealing with the data of CVA beneficiaries, they adhere to the UN Principles on Data Protection and Privacy. The common mechanisms used by those case managers to prevent any leak of data and information related to CVA beneficiary are similar in terms of using software program (MIS) with passwords typed by case managers from the Gaza Strip, and the use of excel sheets with passwords for filing the data of CVA beneficiaries in West Bank. All the interviewed case managers in Gaza and West Bank confirm also, that they are the ones who are authorized to access to the data through their laptops with password. All the interviewed case managers in Gaza and West Bank stated also, that they register the paper records related to CVA beneficiaries with codes without mentioning the full name of CVA beneficiary storing in closed file cabinet with a key.

One case manager from Nablus informed the research team that each 2- 3 years, the case manager has to destroy the paper files of CVA beneficiaries. One case manager from Khan Younis indicated another example of data protection policy towards CVA beneficiaries that her organization CFTA ensures that GBV survivors sign informative consent before they access to any health services. Through this written consents, it is noted that no medical or health service providers have the right to ask the targeted GBV survivors about the type of violence they suffer from or other private issues related to their cases. According to this informative consent, these medical and health service providers have to offer their services for GBV survivors in objective and dignity way without knowing any private issues related to the GBV cases.

“We ensure to call the woman herself, not her relatives. The woman comes in person with her ID, and the place of safe space is allocated for several services not just for CVA so when the woman visits the safe space no one notices that she is coming exclusively for CVA. In addition, we try to deliver the In-kind assistance to women in black bags in order not attract the attentions of other peoples about the receipt of GBV survivors of CVA.” Reported Ms. Suha Mousa, case manager work in Jabalia.

Another measure was taken to ensure the confidentiality of CVA beneficiaries was mentioned by Ms. Maysa, case manager works in Hebron, who stated that she raises the awareness of the vendors of the listed supermarkets to respect the privacy and the dignity of CVA beneficiaries when they buy goods from their supermarkets through vouchers.

The findings of survey conducted in the Gaza Strip and the West Bank reveal that 99.4% of respondents from the West Bank and 95.7% of respondents from the Gaza Strip trust that the local service providers and the safe spaces protect their data.

All FGDs participants from the West Bank and the Gaza Strip reported that they trust the local partners that they maintain the confidentiality of their files, and that they protect their data. Most of FGDs participants from the Gaza Strip stated also that they think that their data are protected because they have never heard from other people that the local partners share their information as CVA beneficiaries. They also confirmed that the case manager calls them directly through the mobile phone to inform them about the CVA to ensure the confidentiality of the service.

“Once I saw my niece in the safe space and I asked one staff about her but the latter refused to inform me about the reason of the visit of my niece to the safe space, which indicates the confidently policy of the organization and their care for not sharing the information of their beneficiaries with other people”. Stated one FGD participant aged 52 years old from Jabalia

Furthermore, one interviewed case manager works in Tulkarem declared that, to ensure that GBV survivors are not exposed to any kind of discrimination when they access supermarkets to spend the E-Food Voucher, she warns vendors to respect the dignity of the targeted women and deal with them equally as other clients. If vendors do not show respect to these women, she then reports him and removes his supermarket from the list of food vouchers.

Social Norms and Partner, Household & Community Relations

Finding 1

According to 98.1% of survey respondents from the West Bank and 98.4% of respondents from the Gaza Strip, the culture of the reception of CVA is acceptable among their local communities.

1. Social Norms and CVA

Given the impact of war, conflict and occupation on Palestine, humanitarian relief organizations often become important front-line assistance providers in situations where public sector and its social protection system and services break down due to some reasons.

In general, the Palestinian community members welcome the receipt of any humanitarian assistance including CVA from different humanitarian actors working in Palestine, particularly during wartime and emergency situations.

Apart from formal assistance programs, informal support from family and friends is an important type of social protection in the West Bank and the Gaza Strip.

In West Bank, combined support from relatives, friends, neighbors, and charitable individuals, accounts for 14.8% of the households receiving assistance¹⁸.

Concerning Gaza community, it is important to note that there are other informal forms of assistance beside the family assistance including voluntary campaigns launched by community activists and youth to support vulnerable Gaza families to receive in kind assistance during winter season such as clothes and blankets¹⁹, other campaigns were launched in Gaza to support university students who cannot afford the fees of their university courses²⁰.

18 United Nations Beirut. (2015). SOCIAL PROTECTION IN THE OCCUPIED PALESTINIAN TERRITORY: THE ROLE OF ZAKAT, <https://www.unescwa.org/sites/default/files/pubs/pdf/social-protection-occupied-palestinian-territory-zakat-english.pdf> <https://www.alaraby.co.uk/غزة-حملات-شبابية-لدعم-الأسر-الفقيرة-في-رمضان>

19

20 https://www.al-ayyam.ps/ar_page.php?id=140d8d21y336432417Y140d8d21

These forms of community support in Gaza and the West Bank typically indicate family ties and solidarity among Palestinians themselves. Thus, we can say that the culture of receiving CVA is acceptable within the Palestinian community, and it is considered as an action of sympathy and kindnesses towards needy people, and a part of Islamic Sharia values that encourage people to donate a portion of their income under the cadre of Zakat.

The findings of the survey also confirm the above analysis; according to 98.1% of survey respondents from the West Bank and 98.4% of respondents from the Gaza Strip, the culture of the reception of CVA is acceptable among their local communities.

2. Family Relations :

Finding 2

88% of married survey respondents from the Gaza Strip declared that CVA has reduced the level of tension between them and their husbands compared to 86.8 % of married survey respondents from the West Bank.

Finding 3

93% of survey respondents from the West Bank mentioned that CVA has improved their relations with their family members compared to 98% of the survey respondents from the West Bank.

According to one study conducted by WFP and UNHCR in 2013²¹, cash and voucher transfers had little impact on household dynamics, including gender relations. Even giving cash to women, while having positive impacts – allowing them to obtain access to bank accounts or to have some cash on hand – did not necessarily mean that gender relations, roles or perceptions had changed or improved. The mentioned study found that women did not need to be the direct recipients of the cash for it to have a positive impact on their lives. In almost all cases examined by the aforementioned study, whether the cash and vouchers were given to men or women, it was reported that women were involved in decision-making about cash and vouchers in their households. This was not necessarily linked to any programmatic issues, but rather appeared to be culturally based household violence.

21 <https://reliefweb.int/report/world/examining-protection-and-gender-cash-and-voucher-transfers-case-studies-world-food>

However, in this assessment, it is acknowledged during the FGDs with GBV survivors from the Gaza Strip and the West Bank, the positive impacts of CVA on family relations of the majority of FGDs participants. It is noted in many women cases that CVA has alleviated financial or food security issues, which have contributed to more peace and less violence in the household, as a stress factor was removed.

As the financial problems are a significant risk factor for domestic violence, the data collected from the respondents show that CVA can provide temporary respite and that the vast majority of women would likely benefit from some reduced GBV risk, particularly intimate partner violence.

According to the majority of these participants CVA reduced the family tension and improved the relations between the married couple. CVA helped all the participants of FGDs in Gaza and West Bank to respond to a part of the basic needs of their children in terms of paying a part of education fees , buying fresh and healthy food and buying clothes , which promote a sense of financial easiness and family comfort among the members of the households, when they find that they can purchase what they need.

88% of married survey respondents from the Gaza Strip declared also that CVA has reduced the level of tension between them and their husbands compared to 86.8% of married survey respondents from the West Bank. Moreover, 93.8% of survey respondents from West Bank mentioned that CVA has improved their relations with their family members compared to 98% of survey respondents from the Gaza Strip. The interviewed case managers from the Gaza Strip and the West Bank confirmed also that CVA reduced the tension among households because it solves somehow part of financial problems of the households. For one case manager working in Jenin, CVA has decreased by 95% of tension among family members. Another case manager working in Gaza city reported that sometimes CVA solves serious family problems and she mentioned an example of woman who paid the debit of her son after he had been arrested by the police and freed him from the prison, while another woman helped to pay the debit of her husband.

Moreover, the findings of this assessment found that CVA has alleviated part of financial burden imposed on the members of the households of GBV survivors in the Gaza Strip. The majority of FGDs participants from the Gaza Strip declared that they used the CVA to pay the debits of the family related to the basic family expenses and to cover their home rent and other expenses related to medical treatment and education fees of their children. For them paying the debits of family alleviated the psychological pressure on the households and it relieves the nervousness of the husband who feels despair when debtors ask him to pay his debt.

It is worth to mention that according to one study conducted by Oxfam each month the average family in the Gaza Strip spends ILS 29 (\$8.50) on water in 2017 and 2019. For 2017, 72.5% of targeted families by Oxfam study reported borrowing in the form of debt or credit. This has increased to 81.3% of HHs in 2019. This indicates an overall increase in hardship faced by all households in Gaza. There are also relatively higher levels of increased hardship among removed HHs who are increasingly relying on borrowing. Among MoSD beneficiaries, the percentage of HHs reporting borrowing has increased from 76.3% in 2017 to 83% in 2019. Among new applicants for MoSD assistance, the percentage of HHs reporting borrowing has increased from 75% to 81%. The largest increase is among HHs removed from the MoSD lists, up from 69% in 2017 to 78%, possibly due to their removal from MoSD assistance lists.²²

The results of the survey and the FGDs conducted under this risk assessment in the Gaza Strip are in line also with the results of one study conducted by UNFPA in Gaza, which indicates that CVA left positive impact on the targeted women in Gaza, in terms of increasing status within the household, and relatedly an increased confidence to report GBV; reenrollment or improved attendance due to regular tuition payments for children to attend school/kindergarten; reduction of inter household violence linked to debt repayment; dignity within the family as well as within the community; for some of the interviewed women, it supports to reduce conflict with landlords regarding rent payments²³.

“After receiving the cash assistance, the psychology of my husband has been improved and the tension in my family has been decreased, because we paid the debits and people stopped calling us to request their money. My husband became less nervous”. Stated one FGD participant aged 31 years old from Khan Younis.

“ Before receiving the cash assistance, we have small bottles to fill the water from the shop and my children walk on foot in hot summer and cold and rainy winter to fill up these bottles with water. After receiving the cash, we bought gallon. My husband goes at once to fill up the gallon with water . We had also shortage in blankets and my children had no shoes. I bought from the cash some blankets and shoes. My children were happy”. Stated one FGD participant aged 23 years old from Bureij.

“ I am a divorced woman living with my parents. I have one girl and one boy. We have no mattresses to sleep on, no wardrobe for my children to put their clothes, and the sleeping place is very limited. They put their clothes in a box After receiving the

22 <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620989/rr-responsiveness-palestinian-national-cash-programme-shifting-vulnerabilities-gaza-280520-en.pdf;jsessionid=727AE20C84728E27EF19F3CF5B660F11?sequence=1>

23 UNFPA. (2021). Final Report Cash Impacts Assessment

cash assistance I bought 2 mattresses, 2 blankets, and a wardrobe. The problem with my family has been solved and the tension has been reduced". Stated one FGD participant aged 34 years old from Bureij.

3. Decision Making

Finding 4

96.8% of survey respondents from the West Bank stated that CVA enabled them to make decision on how they can spend the money to respond to their needs and the needs of their families, compared to 96.4% of respondents from the Gaza Strip.

Finding 5

CVA was instrumental to increase the self-confidence of most of FGDs participants in Gaza and the West Bank.

Cash assistance can support women's household decision-making and contribute to reducing overall tensions within families. Managing economic resources can facilitate a gradual appropriation of power and decision-making by women within the family, which in turn increased their confidence. Regular cash transfers can also be a protective measure for SGBV survivors and mitigate potential risks by improving access to credit, enabling regular debt repayment and access to phone credit, which ensured a means of communication for information exchange and help in case of an emergency²⁴.

Most of FGDs participants in this assessment from the Gaza Strip and the West Bank highlighted that the CVA received was instrumental to increase their self-confidence and to be more valued by their husband, who start to respect them and to consider their opinions due to the role of those women in securing financial resources for the family. The majority of FGDs participants in Gaza and the West Bank stated that CVA increased their abilities in decision making process related to the management of family expenses and deciding how to spend the money to cover the basic needs of the households. Some FGDs participants from the Gaza Strip and the West Bank pointed out, that they make joint decision whether with their husbands, if they are married or with other family members such as the mother or the father. This implies that CVA can increase the status of women by her

²⁴ <https://www.unhcr.org/5d5edad97.pdf>

family and make her feel that she is powerful and is able to make decisions related to family matters rather than being just a victim of GBV. 96.8% of survey respondents from the West Bank stated that CVA enabled them to make decisions on how they can spend the money to respond to their needs and the needs of their families, compared to 96.4% of respondents from the Gaza Strip.

“My husband was always opposing me. After I had received CVA, his behaviors have changed positively. He agrees with me on many issues and the level of conflict between us has decreased”. Stated an FGD participant aged 40 years old from Jenin.

The absence of evidence on the negative impacts of CVA on family relations does not necessarily mean no linkage, but simply that this study could not confirm whether a linkage exists. Few women reported that CVA has somehow negative impacts on their relations with their husband. For example, one FGD participant from Khan Younis mentioned that a tension occurred between her and her husband after receiving CVA, because she needed the cash to cover some of her needs, but her husband wanted the cash to pay his debts. Another FGD participant from Jabalia stated that she had a dispute over CVA with her married brother, because her brother wanted to take the cash from her to buy pampers for his infant son.

The findings of one study on cash impact implemented by UNFPA in Gaza indicated also that there might be few and rare protection risks that could be associated with the introduction of cash assistance including the increased exposure to domestic violence (e.g., discussions on how to spend the cash trigger incidents)²⁵.

To deal with few cases of women who have conflict with their family members due to their receiving CVA, the interviewed case managers from West Bank and the Gaza Strip, stated that often when some women have problems with their husbands, or other family members on how to spend the cash, the case managers of safe spaces conduct for them family counselling sessions to discuss with them potential solutions to reduce the tension.

Some interviewed case managers reported also that under case management approach many CVA beneficiaries learn how to negotiate with their family members including husbands, brothers, mother in law, if there is a dispute on cash, and they learn also how to use positive communication skills and stress management skills to deal with critical situation that might emerge at their houses due to CVA.

²⁵ UNFPA. (2021). Final Report Cash Impacts Assessment

Fraud and Diversion with Protection Implication

Finding 1

97.6% of survey respondent from Gaza and 100% of survey respondents from the West Bank were comprised by others or by parties to receive the cash.

Finding 2

100% of survey respondents from the West Bank and 98.6% of survey respondents from the Gaza Strip reported that their food vouchers have not been withheld by anyone or by any party.

Overall, CVA has long been afflicted by the notion that it is more vulnerable to fraudulent activity and theft than in-kind support. This misperception has hampered efforts to scale up CVA so that it can be applied whenever there is an urgent need to support the GBV survivors.

Notably, one of the biggest barriers is seen to be perceived risk of Cash Transfer Programming (CTP); constraints of donor funding processes. The perceived risk of cash is amplified by limited funding and the anti-terrorism/money laundering agenda of donors. There can be less tolerance for the diversion of cash compared to in-kind aid.²⁶

According to one published article by CALP network, humanitarians know that any aid programs carry risk, no matter what transfer modality is used. There is no evidence of cash being more prone to diversion than other modalities. Some studies even suggest that losses from or diversion of cash transfers are around 2% on average, compared with up to 50% for some in-kind assistance. But while donors may be able to tolerate diversion of a modest proportion of in-kind aid, they can be much more sensitive to the diversion of cash. However, because CVA involves fewer intermediaries, in high-risk environments it can be an effective tool to avoid diversion. The same article confirms also that most cases of fraud are not attributable to the modality of assistance, but occur around procurement, registration and identification which are essential parts of most humanitarian programs.²⁷

²⁶ The Cash Learning Partnership . (2018) . THE STATE OF THE WORLD'S CASH REPORT CASH TRANSFER PROGRAMMING IN HUMANITARIAN AID

<https://reliefweb.int/report/world/cash-no-riskier-other-forms-aid-so-why-do-we-still-treat-kind-safer-option>

²⁷ <https://reliefweb.int/report/world/cash-no-riskier-other-forms-aid-so-why-do-we-still-treat-kind-safer-option>

To ensure the accountability of CVA intervention implemented by UNFPA, the research team asked the targeted women in the Gaza strip and the West Bank through FGDs and the questionnaires if any of them had to, or were asked to do or give anything they did not want to, in order to receive the cash. The results of FGDs show that none of FGDs participants in the Gaza Strip and the West Bank who received CVA reported that they were forced to give anything to anyone in order to receive the CVA or if any one tried to hold their food voucher.

The results of FGDs corroborate also with the results of survey as 97.6 % of survey respondents from the Gaza Strip and 100% of survey respondents from the West Bank stated that they were not asked to do or to give anything they did not want to in order to receive the cash.

Another question was raised through the questionnaire, asking if anyone has tried to get hold of the food voucher and PIN of targeted women, either through persuasion or force. The analysis of the responses of respondents on this question, show that 100% of survey respondents from West Bank and 98.6% of survey respondents from the Gaza Strip reported that no one has tried to get hold of their E-Food Voucher and PIN, either through persuasion or force.

Moreover, 98.8% of survey respondents from the Gaza Strip, and 97.5% of respondents from the West Bank stated that they were not forced by anyone to use the CVA to buy any secondary goods such as cigarettes and tobacco.

Benefits of CVA

Finding 3

The majority of women participants in FGDs and the survey respondents in Gaza and the West Bank have perceived positive outcomes of the CVA in terms of food security, covering a part of their basic needs and alleviating their financial problems related to home rent and debit payment.

The desk research of one assessment conducted by IRC reveals, that cash assistance was designed as one intervention in a broader package of services to support women's protection, empowerment and resilience. Protection and empowerment activities are complementary to the goal of mitigating GBV risks and can build both GBV resilience and general resilience to bounce back from the trauma and harm of abuse and to bounce forward (through healing opportunities and interventions) into a happier, healthier life. Cash assistance was identified as a needed intervention because of the high correlation reported between exposure to GBV risks and lack of financial resources²⁸.

²⁸ International Rescue Committee. (2015). Integrating Cash Transfers into Gender-based Violence Programmes in Jordan: Benefits, Risks and Challenges

One research conducted by UNHCR in Lebanon showed also that a certain level of empowerment was achieved by enabling women to meet at least some of their most pressing needs through cash assistance. Through this research cash recipients reported feeling stronger and independent; feeling equal; being no longer humiliated; feeling empowered, and in charge²⁹.

In this assessment evidence shows that the majority of women participants in FGDs and the majority of survey respondents in Gaza and the West Bank have perceived positive outcomes of the cash and voucher assistance which included: improved food consumption; reduced debt; and reduced stress among households. Feedback from FGDs with women from Gaza and the West Bank indicated that cash improved their access to health care and increased self-confidence; and increased assets (e.g., washing machine, refrigerator, wardrobe, etc.).

Data collected through FGDs and questionnaire in Gaza and the West Bank demonstrate that CVA helped the targeted women to cover the cost of other family needs such as:

- medical treatment including medicine and surgical operation.
- Pay house rent.
- Buy Fresh food and meat for the first time.
- Buy clothes for cold winter.
- Buy glasses.
- Cover education fees for children.

“The first thing I did after receiving the money was to buy rice and turkey meat after two months of being deprived of meat. I even gave 2 NIS to my sisters, which made them very happy; it was like Eid!” Stated one FGD participant aged 29 years old from Khan Younis.

“After receiving the cash, I bought fresh fruits and this was the first time for my children to eat fresh fruits. First time for them to eat an orange, a banana, and an apple. What I normally buy is necessary foods such as vegetables”. Declared one FGD participant aged 31 years old from Khan Younis.

Conclusion and Recommendation

Overall, CVA is one integrated intervention within case management services under UNFPA Palestine program, provided by the safe spaces in Gaza and the West Bank. Most of the respondents in the Gaza Strip and the West Bank are participants in multi-sector services provided by these safe spaces and they have received at least one form of CVA under UNFPA program.

²⁹ UNHCR. CASH ASSISTANCE AND THE PREVENTION, MITIGATION AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE (SGBV). Findings from research in Lebanon, Ecuador and Morocco

Most of respondents believe that case manager helped them when they faced any logistics problem related to the access to CVA and they trust that the case managers respected their privacy and the confidentiality of their information.

No significant security risks or safety concerns were reported by the majority of FGDs and survey respondents in Gaza and the West Bank. There is a growing agreement across the beneficiaries of the program in Gaza and the West Bank that CVA can potentially play an important role in alleviating a part of their financial burden, improve their family relations and reduce the level of tension between the husband and his wife.

The flexibility of debit card to be spent according to women's needs and priorities, makes it the most appropriate cash delivery model that the majority of respondents prefer to use it. However, some respondents highlighted certain difficulties facing them when they tried to spend the debit card including forgetting the password of the debit card and difficulty to use the keyboard of ATM. No fraud or cash diversion were reported by the majority of the respondents in Gaza and the West Bank, and most of the respondents confirmed that the reception of CVA is acceptable among their local communities.

Recommendations

- Raise the awareness of CVA beneficiaries on PSEA (Protection from Sexual Exploitation and Abuse) and the hotline services provided by women organizations related to GBV/SGBV.
- Continue supporting GBV survivors and those at the most risk of CVA to meet their critical protection needs and to reduce level of violence against them through case management services including CVA and other types of economic support.
- A longer period of providing CVA for at least one year will allow GBV survivors and those at risk to fully protect themselves from cycles of violence and enhance agency.
- Women who received CVA during this program still face many vulnerabilities and require further assistance, in particular to address needs such as access to health services, psychosocial support and food security.
- Linking cash assistance and case management with livelihoods projects is needed to effectively support the durable solutions approach.
- Increasing the amount of cash transfers will help GBV survivor to respond to the needs of their children such as covering the education fees and cost of medicines and nutrition.
- Strengthen the referral system by ensuring that referring actors and teams have a clear understanding of criteria for scoring and targeting the vulnerable women to receive CVA and other types of protection services.
- Ensure that beneficiaries consider the option to deliver the CVA for them through one of their trusted family members if they were subjected to GBV risks or aggravate gender and power dynamics within households, and if they were afraid that the CVA could be robbed from them by abusive family member.
- Ensure special monitoring process within the program interventions to mitigate any increased risks on GBV survivors during the course of provision of CVA.
- Raise awareness of vendors and financial service providers on do no harm and the main principal of humanitarian assistance to ensure that CVA beneficiaries receive the assistance in respected way and with dignity.
- Consider various cash transfer modalities for cases with particular challenges, such as illiterate and elderly women. While the debit cards are largely successful for most women, offering the option of other modalities such as cash-in-envelopes for GBV cases that need urgent cash to find safe shelter or access to medical services may reduce their sense of embarrassment, as well as demands on staff time to provide support.
- Ensure women's personal information is protected to the extent possible and ensure contracts with financial service providers make adequate provisions for this too. Take necessary steps to ensure that beneficiaries understand and consent to how their personal information is shared and used.

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- <https://www.endvawnow.org/en/articles/1165-do-no-harm-protection.html?next=1164>
- <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620989/rr-responsiveness-palestinian-national-cash-programme-shifting-vulnerabilities-gaza-280520-en.pdf;jsessionid=727AE20C84728E27EF19F3CF5B660F11?sequence=1>
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Annexes

1. FGDs Questions for GBV Survivors

Questions:

- I. Participation and Inclusion (Particularly Regarding Information Dissemination and Awareness)
 1. Do you face any risk if you participate in awareness activities related to cash assistance? Or when you wanted to register your name in the list of CVA? If yes, what were these risks ?
 2. How can a service provider best share information with you in the future about protection services and cash assistance?
 3. What precautions do you take to stay safe when register your name in CVA?
- II. Safe and Dignified Access (Particularly Regarding Delivery Mechanisms of CVA)
 4. Did you experience any risk related to your safety as a result of receiving the cash?
 5. Did you feel comfortable reporting this experience to anyone? Did you feel that they were able to support you in mitigating that risk or further risk?
 6. What precautions do you take to stay safe as a cash beneficiary?
 7. Do you prefer to receive cash in a different way in the future (for example: in kind, ATM, cheque, paper voucher , mobile Jawwal transfer ..? Why?
- III. Access
 8. Have you faced any difficulties in dealing with the E-voucher? (e.g. forgetting your ID number, registered points, list of supermarkets etc ..)
 9. Do you have the freedom to depart from home to spend the E-voucher in the supermarket or to visit the CBO to receive cash assistance through case management?
- IV. Market Access
 10. Have you faced any safety issues when accessing the market to spend your food voucher? Why?
 11. Have the supermarket increased the prices of goods that you bought due to the use of food voucher?
- V. Confidentiality of Personal Data of Survivors and Persons at Risk
 12. Did you feel that the cash providers upheld the confidentiality of your situation in facilitating your cash assistance? Can you explain in more detail why you think this?
- VI. Social Norms and Partner, Household & Community Relations

13. Has the cash assistance negatively impacted relations within your household?
14. Has the cash assistance positively impacted relations within your household?

VII. Fraud and Diversion with protection implications

15. Did you have to, or were you asked to do or give anything you did not want to in order to receive your cash?

VIII. Benefits

16. In general what are the main benefits for you after receiving cash assistance?

IX. Recommendations

17. Have you any recommendations to improve CVA in the future ?

2. KIIs questions for case managers

Questions:

- I. Participation and Inclusion (Particularly Regarding Information Dissemination and Awareness)
 1. Are there any risk on GBV women if they participate in awareness activities related to cash assistance? Or if they want to register their names in the list of cash assistance? If yes, what are these risks?
 2. How did as case manager/service provider mitigate these risks?
 3. How did as a case manager/service provider best share information with GBV survivors about protection services and cash assistance for GBV?
- II. Safe and Dignified Access (Particularly Regarding Delivery Mechanisms of CVA)
 4. Are there individuals/groups within this community who would experience more risk of GBV/violence than others would if they received cash?
 5. What risks would this group face because of their situation/gender?
 6. What potential GBV types could occur due the cash assistance?
 7. How can your organization mitigate these risks?
 8. What is the safest cash modality for GBV? (In kind assistance, MPCA, E-voucher etc...? why?
 9. How could your organization make the program better for survivors receiving cash in order to recover from an incident of violence and prevent further exposure to harm?

10. Are there complaints and feedback mechanisms for beneficiaries of CVA? Had you discussed these mechanisms with targeted women?
11. Have you discussed post-case management and cash assistance safety planning with your targeted women?

III. Confidentiality of Personal Data of Survivors and Persons at Risk

12. What are the measures that you take to protect the data and the confidentiality of CVA beneficiaries? What are the data protection protocol that you apply with CVA beneficiaries to mitigate risks?

IV. Social Norms and Partner, Household & Community Relations

13. What measures have you taken to avoid discrimination against CVA beneficiaries within their community?
14. Are you providing CVA in a separate way or it is integrated within other activities?
15. Had the CVA reduced or increased tension within the households?
16. What measures have you taken to reduce tension and conflict over CVA among households?

V. Benefits

17. What are the main benefits of MPCA under case management for GBV women?
18. What are the main benefits of E-voucher for GBV women?

VI. Lessons learned and recommendations

19. What are the main lessons learned from your experience in case management and CVA?
20. What are your main recommendations to improve MPCA under case management?

3. Questionnaire for GBV survivors

Demographic Information			
Marital Status : <ul style="list-style-type: none"> • Unmarried Girl • Married women • Divorced women • Widow • abandoned women • Others • Please specify 	Age Group <ul style="list-style-type: none"> • 18-30 • 31-45 • 46-60 • 61 and above 	Governorate: <ul style="list-style-type: none"> • Hebron • Jenin • Nablus • Tulkarem • Gaza city • Khanyounis • Rafah • Middle area of the Gaza Strip • North of the Gaza Strip 	Education Level <ul style="list-style-type: none"> • Illiterate • Primary or Preparatory School • Secondary school • Diploma • University • Others (Please Specify)
What type of cash assistance have you received from UNFPA?	<ul style="list-style-type: none"> • Electronic Food voucher • MPCA (Cash through case management, transportation, education etc..) • Both E-voucher and MPCA 		

SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)		
1	Have you been exposed to theft, looting; or extortion when you received the cash assistance?	<ul style="list-style-type: none"> • Yes • No
2	According to your opinion, what is the best and safest delivery mechanism that the organizations should use it to distribute cash assistance for women survivors of GBV ?	Choose one option only : <ul style="list-style-type: none"> • Cash in hand • Cheque, • Paper food voucher • Electronic Food voucher • ATM Cash Card • Mobile money transfer (Jawal) • In kind voucher • MPCA (Cash through case management, transportation, education etc..) • I don't know • Other, please specify
3	Do you know about the complaints and reporting mechanisms of the UNFPA or other organizations related to cash assistance?	<ul style="list-style-type: none"> • Yes • No

ACCESS		
4	Have you faced any difficulties in dealing with the E-voucher? (E.g losing the ID number , registered points , list of supermarkets etc ..	<ul style="list-style-type: none"> • Yes • No • Not applicable If yes, what are these difficulties ?
5	Have you faced any difficulties in receiving the cash assistance through case management?	<ul style="list-style-type: none"> • Yes • No • Not applicable If yes, what are these difficulties ?
6	Have you the freedom to depart from home to spend the E-voucher in the supermarket or to visit the CBO to receive cash assistance through case management?	<ul style="list-style-type: none"> • Yes • No
CONFIDENTIALITY OF PERSONAL DATA OF SURVIVORS AND PERSONS AT RISK		
7	Did you feel that the cash providers upheld the confidentiality of your or your child's situation in facilitating your cash transfer?	<ul style="list-style-type: none"> • Yes • No • I don't now
8	According to your opinion, what could be the potential risks of sharing in an inappropriate way your data with other parties?	Check all what are applied: <ul style="list-style-type: none"> • Discrimination against me • Physical abuse • Psychological abuse • Feelings of stigma and humiliation • I don't know • Other , please specify
SOCIAL NORMS AND PARTNER,HOUSEHOLD & COMMUNITY RELATIONS		
9	Is cash assistance acceptable within the culture and traditions of your community?	<ul style="list-style-type: none"> • Yes • No • I don't know
10	Had the cash assistance reduced the tension between you and your family members?	<ul style="list-style-type: none"> • Yes •No • I don't know • Not applicable If No , why ?

11	Had the cash assistance reduced the tension between you and your husband?	<ul style="list-style-type: none"> • Yes • No • I don't know • Not applicable If No Why ?
12	Had the cash assistance improved your relations with your friends or, neighbors ?	<ul style="list-style-type: none"> • Yes • No • I don't know • Not applicable If No , why ?
Fraud and Diversion with protection implications		
13	Did you have to, or were you asked to do or give anything you did not want to in order to receive your cash?	<ul style="list-style-type: none"> • Yes • No • I don't prefer to answer If yes, who asked you to do thar?
14	Has anyone tried to get hold of your food card and PIN, either through persuasion or force?	<ul style="list-style-type: none"> • Yes • No • I don't prefer to answer • Not applicable
15	Had you used the cash assistance for illegal matters (drugs, alcohol, etc..)	<ul style="list-style-type: none"> • Yes • No • I don't prefer to answer
Market impacts and access		
16	Had the supermarket increased the prices of goods because you use E-voucher?	<ul style="list-style-type: none"> • Yes • No • I don't know • Not applicable
17	Had you any restrictions of movement on the way to markets when you wanted to buy things from the cash assistance ?	<ul style="list-style-type: none"> • Yes • No • I don't know • Not applicable If yes, what are these restrictions?
Benefits of CVA		
18	Had the cash assistance empowered you to meet needs and decreased household tensions?	<ul style="list-style-type: none"> • Yes • No • I don't know If No , why ?
19	Are there others benefits from cash assistance?	<ul style="list-style-type: none"> • Yes • No • I don't know If yes, what are these benefits?

4. GBV Risk analysis for CVA matrix : Template GBV Risk Analysis for CVA

GBV/CVA Risk Category	GBV Risks (Context -Specific)	Potential GBV Types	Individual and Community Mitigation Measures	Humanitarian Actor Mitigation Measures	Potential Benefits in This Area
Participation and Inclusion (Particularly Regarding Information Dissemination and Awareness)					
Safe and Dignified Access (Particularly Regarding Delivery Mechanisms of CVA)					
Confidentiality of Personal Data of Survivors and Persons at Risk					
Social Norms and Partner, Household & Community Relations					
Other (Context-Specific)					

5. Leaflet of UNFPA on CVA in Arabic that was distributed for CVA beneficiaries

صندوق الأمم المتحدة للسكان برنامج حماية المراة والأسرة

ما هو برنامج حماية المراة والأسرة؟

برنامج حماية المراة و الأسرة هو برنامج ينفذه صندوق الأمم المتحدة للسكان لحماية ومساعدة الأسر الذين يعانون من صعوبة الحصول على الخدمات الصحية، والنفسية الاجتماعية والقانونية الملائمة نتيجة المشاكل الأسرية و الفقر و الأزمات الاقتصادية وحالات الطورئ.

ما هي البطاقة الكترونية؟

- يحق لكل اسرة استوفت المعايير الخاصة بالبرنامج الحصول على بطاقة الكترونية مسجل عليها اسم المستفيد ورقم متسلسل للبطاقة. يتم صرف المساعدات من خلال محلات تجارية معينة فقط (مرفق اسماء المحلات المسجلة في البرنامج).
- يوجد في كل محل جهاز سيتم من خلاله ادخال البطاقة وتسجيل المواد الغذائية والصحية المستلمة. يرجى العلم أن البطاقة الالكترونية تصدر لمرة واحدة وانه تقع على مسؤوليتك الحفاظ على البطاقة من الضياع او السرقة او التلف.
- يجب الحفاظ عليها للمرات القادمة.

ما هو قيمة البطاقة الكترونية ؟

قيمة البطاقة هو 300 شيكل تشحن لمرة واحدة فقط. يتم صرفها من اي من المحلات المذكورة في هذه النشرة. يجب صرف المبلغ قبل 30-3-2022.

انتبهوا

- ان قيمة البطاقة من حقك، و لا يجوز لك دفع اي مبلغ مادي مقابل الحصول على البطاقة الالكترونية.
- يسمح لك باضافة بعض النقود من جيبك الخاص اذا زادت مشترياتك عن المبلغ المخصص لك.
- لا يحق لك اخذ اي مبلغ من النقود من المحل اذا اردت استلام كمية من الحصة الغذائية أقل من القيمة المخصصة لك.
- ماذا افعل بالبطاقة الالكترونية
- عندما تاخذي/ين البطاقة الالكترونية من المؤسسة المسجل اسمك لديها

احتفظ/ي بها وتوجه/ي الى المحل القريب الى سكنكم سيتم ارسال رسالة نصية على جهازك المحمول لإعلامك بالموعد المحدد للصرف.

- عند الوصول الى المحل اختاروا مواد غذائية اوصحية حسب احتياجكم بمبلغ البطاقة . عند الانتهاء من اختيار المواد يجب ان يتم ابراز الهوية للمستفيد المسجل على البطاقة لصاحب المحل ليتم التدقيق وتسليمها المواد الغذائية والصحية. **على ماذا احصل بواسطة البطاقة الالكترونية ؟**
- المواد التي يحق لكم شرائها: المواد الصحية: مثل الشامبو، الفوط الصحية، الصابون، الكمادات، المعقمات، الكلور، مواد التنظيف بشكل عام المود الغذائية: جميع المواد الغذائية الاساسية مثل الطحين، الرز، البقوليات، البيض، السكر، الألبان والأجبان ..الخ
- يمنع شراء الدخان، كراتات التلفون أو أية مواد تعتبر من الكماليات.

انتبهوا

- انتبهوا الى اسعار المواد الغذائية التي تحصلين عليها حيث يجب ان تكون بقيمة 300 شيكل
- على المحل الالتزام بإشهار ثمن السلع عن طريق وضع الاسعار على كل سلعة من السلع وتقع على عاتق المستفيد الإبلاغ اذا كان هنالك مشاكل في جودة الحصة الغذائية أو عدم التزام المحل بالسعر الرسمي للمواد الغذائية.

ماذا افعل عندما اذهب الى المحل؟

- اذهبوا الى المحل القرب الى محل سكنكم او ما تجدوه مناسب ومعكم بطاقة الهوية.
- وسيقوم صاحب المحل بفحص هويتك ومقارنة اسمك ورقم هويتك مع الاسم ورقم الهوية الموجود لديه في السجل، بعد استلامك للمواد يجب عليك التوقيع على فاتورة الاستلام والاحتفاظ بها.

هل بإمكان اي شخص في العائلة الحصول على المواد؟

- نعم ، في حالة الاسم المسجل على لائحة المستفيدين مريض او يتعذر عليه الذهاب الى المحل، يحق الي فرد في العائلة الذهاب الى المحل بالنيابة عنه بشرط ان يكون عمره 18 عام او اكثر.
- يجب ابراز هويته الشخصية بالإضافة الى هوية اسم الشخص المسجل على الكرت (الهوية الصلية وليس صورة عنها).

هل بالإمكان الحصول على مواد غير مسجلة على البطاقة / او نقود؟

- لا، يمنع منعاً باتاً الحصول على اي مواد غير مسجلة على البطاقة و لا يسمح استبدال البطاقة بالنقود اسماء المحلات المشتركة بالبرنامج
- مرفق اسماء المحلات لديكم حرية الاختيار في الذهاب الى اي محل قريب من مكان سكنكم ب الامكان الذهاب ايضا الى اكثر من محل لصرف البطاقة. للاستفسار او مزيد من المعلومات الرجاء الاتصال على الرقم التالي 126-124-1800
- او التوجه الى المؤسسة المسجل اسمك لديها

