

ONE STEP CLOSER

THE ESSENTIAL ROLE OF TRANSPORTATION
WHEN ACCESSING GBV AND SRH SERVICES IN
HUMANITARIAN SETTINGS

IF I HAD TO CHOOSE BETWEEN PAYING
FOR TRANSPORTATION OR FEEDING MY
CHILDREN, I WOULD DEFINITELY NOT
PRIORITISE MY HEALTH AND WELL-BEING.

— MIRNA, a woman from Bekaa, Lebanon



OBJECTIVE

This advocacy note is intended to provide key messages, best practices, and recommendations to establish, foster or ensure the sustainability of transportation as an integral part of GBV and SRH programming. It offers donors and practitioners a brief guide to analyse possible transportation approaches derived from the direct experience and lessons learned by UNFPA and its partners from operations in humanitarian contexts across the Arab region and UNFPA's regional response to the Syria crisis.

RATIONALE

The UNFPA 2021 and 2022 Regional Impact assessments highlight how **women and girls consistently identified transportation as one of the first barriers when it comes to accessing health facilities and Women and Girls Safe Spaces** (hereafter referred to as "Safe Spaces"), **in humanitarian settings across Iraq, Jordan, Lebanon, Syria, Yemen, Sudan, and Türkiye.**¹ Given that these experiences and challenges are common to women and girls throughout the region, this advocacy brief applies to all humanitarian settings across the Arab region and in the Syria regional response.

The term '**transportation barrier**' as used in this brief **refers to** the difficulty women and girls experience in accessing and using transportation to reach GBV and sexual and reproductive health (SRH) services due to the **unavailability** or **unaffordability** of transport. In either case, women and girls who find it difficult or impossible to find or use transportation are far less likely to access inclusive programming. When asked, women and girls stated that health facilities and Safe Spaces that offer transportation free of charge are more accessible and safer.² As one girl from north-western Syria noted, transportation makes accessing facilities safer because "if we were going there on foot, our parents would prevent us from doing so out of fear of kidnapping."

In humanitarian contexts, women and girls often face various restrictions on their movement. This arises from power imbalances and unequal gender norms, which entitle husbands, fathers, brothers and/or other male family members to decide if, when and where women and girls can leave the home for any outside activity. As one adolescent girl from Idleb, Syria, explained, "girls are prevented from going out and visiting friends or going anywhere except with their father, brother or husband, while young men and men can go out at any time anywhere."³

"IF WE WERE GOING [TO THE SAFE SPACE] ON FOOT, OUR PARENTS WOULD NOT HAVE ALLOWED IT OUT OF FEAR OF KIDNAPPING."

— *A girl from north-western Syria*

It is well documented that women and girls are often exposed to safety and security risks while commuting, including when trying to access humanitarian assistance such as GBV or SRH services, during which time they may be exposed to sexual or other forms of harassment, physical abuse, or other types of GBV. As one adolescent girl from Ar-Raqqa explains, "we feel less safe than before. When we leave our homes, we are afraid of harassment, rape, and kidnapping."⁴

The *Availability, Accessibility, Acceptability, Quality (AAAQ)* framework, as developed to clarify the four core elements of the right to health,⁵ also underlines how barriers that impede access to services — including those that may not be immediately apparent — can increase the risk of multiple forms of GBV, particularly during humanitarian emergencies.⁶ This is confirmed by GBV and SRH service providers who consistently stress the essentiality of transportation for women and girls seeking to access GBV and SRH services. As one staff member stated, "accessibility of all service centres, including Safe Spaces, health facilities, and youth centres, varies enormously across different places, but a common predominant barrier to access is transportation: either lack thereof or prohibitive cost."⁷

"THE AVAILABILITY OF TRANSPORTATION WAS A MAJOR FACTOR IN MY DECISION TO GO TO THE SAFE SPACE, WHICH ULTIMATELY CHANGED THE COURSE OF MY LIFE. IF I HAD TO SPEND WHAT LITTLE MONEY I HAD ON TRANSPORT, I WOULD NOT HAVE GONE."

— *A woman from Bekaa, Lebanon*

1. UNFPA Regional Impact assessment Bridges to Hope

2. UNFPA Regional Impact assessment Bridges to Hope page 40

3. UNFPA. *Voices from Syria 2021*. page 33-34

4. UNFPA. *Voices from Syria 2021*. page 27

5. WHO, <https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/Health/RightToHealthWHOF2.pdf>

6. UNICEF, <https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf>

7. UNFPA Regional Impact assessment Bridges to Hope page 12

“THE TRANSPORTATION PROVIDED TO THE SAFE SPACE MAKE THE DECISION TO GO MUCH EASIER AND LESS COSTLY.”

— *A woman from Beirut, Lebanon, who recently accessed GBV programming at a UNFPA-supported facility*

For example, service providers working in urban areas of Lebanon explained that the schedule of activities in Safe Spaces is based on the availability of transportation by the GBV actor, since most women and girls would be unable to participate in the activities were they not picked up or reimbursed for the cost of the transportation. In urban settings, only women and girls living in a particular Safe Space's catchment area might be able to walk to access the facility. The 2022 impact assessment conducted among GBV and protection partners in the country showed that the high cost of transportation is the key barrier limiting clients' ability to access case management services (GBV and Child Protection) for 25 per cent of sector partners.

Meanwhile, service providers working in north-western Syria explained that, despite the limited availability of funds, they must prioritise transportation for vulnerable women and girls; otherwise, they would not be able to access the services. If that were the case, the Safe Spaces would end up serving women and girls who are relatively more privileged.

“WHEN TRANSPORT SERVICES ARE PROVIDED, THEY MAKE US FEEL MORE CONFIDENT TO GO TO THE SAFE SPACE BECAUSE IF WE PUT OURSELVES AT RISK OF VIOLENCE, WE ARE USUALLY BLAMED FOR THAT VIOLENCE.”

— *A woman from north-western Syria*

Lack of transportation is also a barrier for women and girls in need of essential SRH services, including access to safe delivery and other vital services. Pregnant women and girls are often forced to limit the number of antenatal care visits they can make to a health facility. By falling short of the recommended four visits, they risk their own health and lives as well as those of their babies. Because of the absence, dearth, or unaffordability of transport, women in need of emergency obstetric care may be unable to reach a health facility securely and safely. In Deir-ez-Zor, Syria, women explained that it was not uncommon for them to arrive at the hospital only 15-30 minutes

before giving birth due to the lack of available transport. In some instances, they need to resort to two different types of transportation, including a motorcycle.

Transportation barriers not only contribute to the delay in seeking health services but can also lead to increased maternal and new-born morbidity and mortality rates. The cost of transportation to a health facility for lifesaving essential SRH services can be so prohibitive as to cause a major economic setback to the family, pushing its members further into debt. Moreover, lack of transportation can cause new mothers to delay or miss postnatal care appointments, further jeopardising their health as maternal or neonatal infections or other health complications may not be detected or addressed in time, including challenges related to breastfeeding. Finally, not accessing postnatal care represents a missed opportunity for family planning counselling and psycho-social support.

Despite its evident importance, donors as well as the wider humanitarian community tend to view transportation as an optional or non-essential component of GBV and SRH programming, rather than a prerequisite to the right of women and girls to access GBV and SRH services. It is critical that access to these services be recognised as a central risk mitigation strategy to ensure the safety of women and girls and to facilitate their access to life-saving options.

Moreover, transportation funds are often only provided after costs associated with what are considered more essential programme components have already been secured, or if the overall funding appeal for transportation is not considered too high. It is indeed true that, in the interests of service provision, SRH and GBV practitioners frequently opt to cut transportation costs where available funds are limited.

Consequently, funding for transportation is often insufficiently factored in as a crucial programme component and is therefore usually scant, if available at all. The result is the likely programmatic exclusion of women and girls who lack the means to pay for transportation or are otherwise unable to reach Safe Spaces and health facilities, such as those living in areas where transportation is not available. These are women and girls who usually feature among the most vulnerable, excluded, and overlooked.

Note: Transport to life-saving medical services should take place via ambulances or other dedicated vehicles, which are not directly covered in this advocacy note.

THE ADDED VALUE OF SUPPORTING TRANSPORTATION



- **Ensuring access to SRH and GBV services is a commitment to lifesaving care.** The right of women and girls to health relies upon available, accessible, acceptable, and quality services. That possibility of providing lifesaving services decreases substantially in the absence of adequate transportation arrangements.
- **Providing actual transportation services where no such services exist** or providing cash assistance for transportation can mitigate the risks of sexual harassment and other forms of GBV that women and girls might experience on the way to and from GBV and SRH services, whether walking in the streets, using public transport, or having to ride with other men.
- **Providing support for women and girls' transportation to access GBV and SRH services is an inclusive strategy** to reduce the financial burden on women and girls and their families and to ensure access to lifesaving GBV and SRH services.
- **For adolescent girls, support for transportation can improve accessibility to GBV and SRH services and allow them to participate in empowerment activities** at Safe Spaces, especially since parents or other family members are more accepting of their daughter attending services if a safe transport option is available.
- **Transportation is an essential component of quality healthcare for pregnant women,** allowing them to make the recommended number of antenatal and postnatal care visits.
- **Access to affordable or free transportation improves access to safe delivery and emergency obstetric care.** It addresses one of the key delay factors that can lead to maternal and new-born morbidity and mortality (i.e., delay in reaching an appropriate obstetric facility).⁸
- **Women and girls with disabilities may face additional barriers to reach the facility and access the needed GBV and SRH services.** Where a person with a disability is not fully independent, the cost of transportation will increase to cover the expenses of her accompanying caregiver.
- **Domestic/intimate partner violence survivors or other GBV survivors may have limited time and resources to reach GBV services.** Providing cash support or transport to survivors can facilitate reaching life-saving services in a timely manner.
- **Older women are generally overlooked in humanitarian programming.** Providing access to transportation can help overcome the physical barriers that often prevent older women from accessing GBV and SRH services.
- **Participation in Safe Spaces activities and access to SRH services in health facilities is enhanced by limiting travel time and walking long distances,** which is a common barrier that can deter women and girls from accessing GBV and SRH services.

8. The other two delays are: delay in decision to seek care and delay in receiving adequate obstetric health care (Thaddeus S, Maine D.; Too far to walk: maternal mortality in context. Soc Sci Med; 1994 <http://www.ncbi.nlm.nih.gov/pubmed/8042057>)

TRANSPORTATION MODALITIES AND TARGETING THE WOMEN AND GIRLS IN GREATEST NEED

There are primarily two forms of transportation support offered to women and girls to access GBV and SRH services in humanitarian contexts in the Arab region and the Syria regional response: 1) cash assistance to women and girls accessing the Safe Spaces or the health facilities; and 2) the organization of vehicles to transport women and girls from their community and to bring them back after attending a specific activity or service.

For both modalities, the transportation is provided to women and girls accessing the Safe Space or health facilities, based on various vulnerability criteria, including women who recently gave birth and who lack sufficient resources for transportation; women and girls with disabilities; older women; women and girls coming from distant areas; and widows and divorced women who may be extremely impacted by movement restrictions that prevent them from travelling outside the home in the absence of male partners or family members. As part of the selection criteria, GBV survivors who want to access lifesaving GBV and SRH services have priority.

Sometimes, the criteria for selecting recipients of transportation can reflect the specific objectives the service seeks to promote and achieve. For example, in north-western Syria, UNFPA is implementing a project that provides cash assistance to women to attend postnatal care services as a means of encouraging increased uptake of these specific services. The vulnerability criteria as well as the modality of how transportation will be supported need to be clearly explained to the women and girls and to their community members, in full respect of the principles of Accountability to Affected Population (AAP), including offering clear options to all stakeholders who might wish to provide feedback and suggestions or to raise concerns.



Modality 1

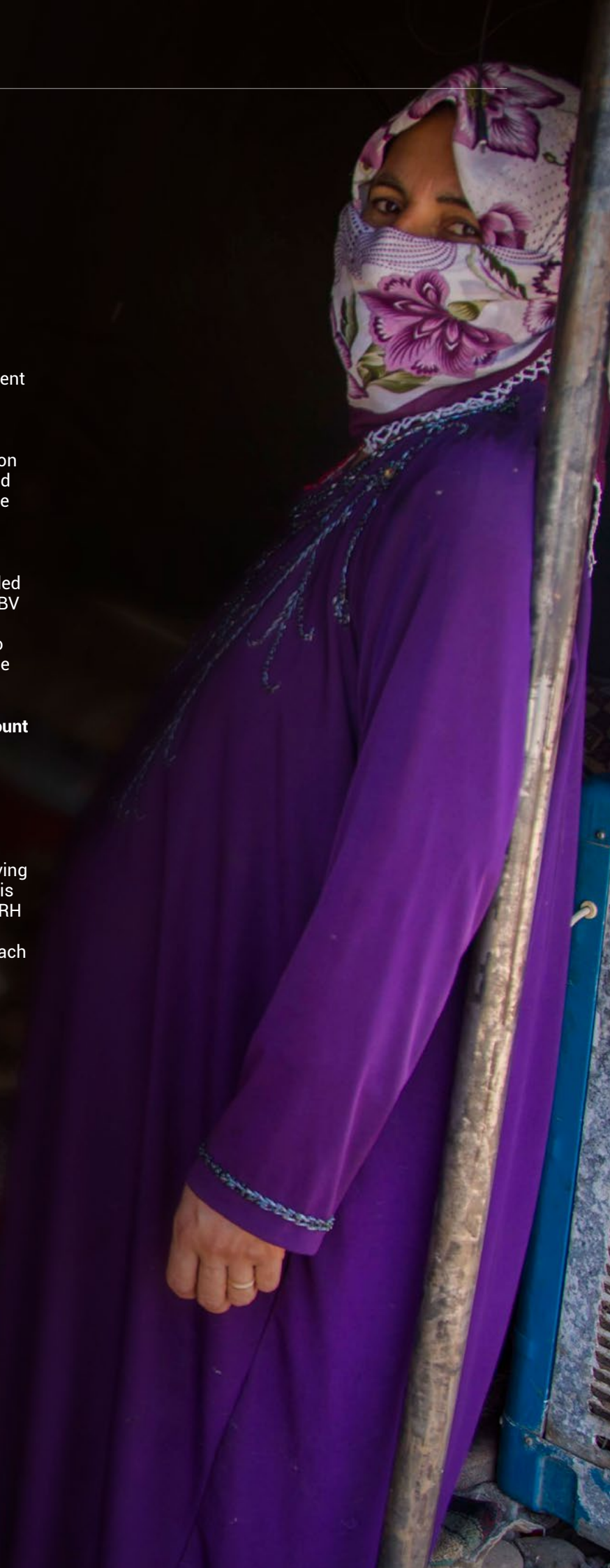
Cash Assistance

Cash assistance can take the form of a reimbursement or an advance. The cash reimbursement modality envisages a reimbursement for the round-trip cost (from home to the facility and back) paid directly to women and girls, once they arrive at the Safe Space or health facility. Therefore, women and girls who take transportation to reach the facility, will need to pay for the trip and will receive the reimbursement once they reach the service provider.

Cash advances can also be used as a form of support for transportation, especially when provided to GBV survivors or women and girls accessing GBV or SRH services to facilitate access to a specific activity or service on a set date and time. It is also used to facilitate referrals to access services in the framework of GBV case management.

Common practices identified to establish the amount of the reimbursement include:

1. A standard amount decided a priori for all participants entitled to it regardless of the departure and return area
2. The average cost of public transportation moving to and from a determined geographic area. This practice entails dividing the Safe Space and SRH facilities geographical reach into catchment areas and then deciding an average cost for each of the catchment areas the women and girls come from and return to.



CASH ASSISTANCE



Advantages

- **Women and girls have the freedom and agency to organise themselves based on their specific needs and commitments. With this approach, women and girls have the agency to decide when to access the Safe Space or health facility, how long to stay, and when to leave. They can do so in an autonomous and confidential manner.**
- **Women and girls have the agency to decide if and where to stop on the way to and from the Safe Space or health facility should they need to.**
- **GBV survivors access transportation that does not belong to a specific organization. That represents a safety measure for survivors who want to maintain confidentiality, especially when they prefer their family and community not to know they are accessing GBV services.**



Disadvantages

1. The modality of reimbursement implies that women and girls pay at least the one-way trip to the facility. This can create a barrier for extremely vulnerable women and girls who cannot afford the amount for the initial commute, especially if traveling with children or a caretaker.
2. Safety on public transportation is an issue. According to the MSNA 2022, 58.9 per cent of HHs interviewed report that women and girls feel unsafe on public transportation.
3. Cash assistance for transportation should take into consideration and cover the expenses for women and girls that need to be accompanied by a parent, family member or friend (e.g., adolescent girls, women with disabilities, older women)
4. In contexts where financial crises or currency fluctuation are common, prices of public transportation may change, and organizations will have to re-align the overall programme budget and the specific cash assistance amount to make up for the value loss.
5. In areas affected by conflict, transportation may suddenly stop or become highly insecure, with women and girls facing risks of GBV while commuting.
6. Organizations may face administrative and logistic challenges to provide Safe Spaces and health facilities with the amount of cash needed daily.
7. Safety and security concerns may also be associated with keeping cash in the facility.

In Lebanon, UNFPA provides regular cash for transport (CfT) to GBV survivors in the framework of GBV Case Management. This takes the form of recurrent support depending on the travel requirements of each case. The Lebanese financial crisis has impacted the capacity of women and girls to access case management services. This has resulted in reduced uptake of GBV services, including attendance to initial case action planning, case management follow-up sessions, and regular psychological support sessions at Safe Spaces. To mitigate this, each IP formulated CfT transfer amounts based on private transport fees and the distances to be travelled. Partners then agreed with UNFPA on the CfT thresholds.

In Yemen, UNFPA partners provide cash to address the financial barriers/transportation costs for PLW/complicated cases including transfers from BEmONC to CEmONC health facilities.

Modality 2

Direct provision of transportation

Through this modality, the GBV and/or SRH programmes will organise transportation (usually a van/bus) to drive women and girls to and from the facility. This modality usually entails the development and update of a transportation plan that specifies the logistical arrangements (times and gathering locations) for the journey to and from the specific facility. The timing of vehicles can usually be regulated in accordance with the schedule of activities at the Safe Space or the opening hours of and/or available services at the health facility. However, GBV survivors may need to be prioritised to access specialised services in a timely manner. The meeting points for pick-up are identified through participative consultations, and more than one meeting point can be chosen, to make sure all women and girls can comfortably reach the chosen location.

Depending on the context, transportation can be announced through social media (e.g., official Facebook pages of hospitals or camp management), in addition to a dedicated WhatsApp group. Sometimes, the pickup time for SRH services is announced via a public loudspeaker in specific locations of the camp or neighbourhood, such as a mosque.

“THERE IS HARASSMENT ON THE ROADS AND ON PUBLIC TRANSPORTATION, AND SOME YOUNG MEN INTENTIONALLY GO ON THE BUS IN ORDER TO HARASS GIRLS ON THEIR WAY TO SCHOOL OR RETURNING HOME.”

— An adolescent girl from As-Swaida, Syria⁹



DIRECT PROVISION OF TRANSPORTATION



Advantages

- **May decrease risk of sexual and other forms of harassment women and girls might face on the way to services.**
- **Adolescent girls can have more opportunities to access GBV and SRH services, as families normally prefer a modality they consider safer, such as this.**
- **Women and girls don't have to advance money to pay for transportation**
- **Accessing dedicated vehicles can create a sense of belonging and women and girls can start establishing social connections.**
- **Organised vehicles are well equipped to fit beneficiaries' needs, especially for people with disabilities and older women (e.g., a wheelchair is available in the van).**
- **Transportation can always be made available for any urgent GBV case follow up especially for high-risk situations and life-saving interventions, even for long-distance transportation (e.g., in the case of medical emergencies, possible survivors and other patients should be transported by ambulances or dedicated medical transportation).**
- **All drivers are trained on PSEA and are mandated to sign the Code of Conduct before starting on duty.**
- **Organization's vehicles can be used to transport GBV survivors to services they have been referred to, maintaining confidentiality.**
- **A female driver can drive the vehicle which would avoid women and girls having to share the same space with a man, which is considered inappropriate in most communities.**



Disadvantages

1. Limited women and girls' agency and freedom to stay in Safe Space or health facilities for as long as they want.
2. Limited possibility for women and girls to take advantage of the trip to accomplish personal duties or tasks (shopping, picking up children from school, etc.).
3. There are risks of delays in case any of the participants arrive late or don't show up at the meeting point at the agreed time.
4. There is a risk that women and girls are stigmatised by the community for entering a vehicle driven by a man, often considered inappropriate in most communities.
5. GBV survivors (and any other women and girls) who want to maintain confidentiality about their access to GBV or SRH services and do not want the perpetrator/community to know where they are going, may find this option less safe and viable.
6. The administrative management of this methodology may include hiring one or more drivers, renting a vehicle, vehicle maintenance, and logistics related to the vehicle (drivers' log, parking, agreement with renting entity etc)

UNFPA has been piloting various activities aimed at increasing accessibility to Safe Spaces and health facilities. In the Deir-ez-Zor Governorate of Syria, Sham became **the first female driver** recruited to transport women and girls to UNFPA-supported facilities. The strategic step was taken in line with the gender-transformative objectives of the programme and after extensive feedback from the women and girls being served stressing the need for adaptable transport services.

In north-western Syria, a UNFPA partner assessed women and girls' sense of safety when being transported to the Safe Space. Women and girls expressed concerns about entering a vehicle showing the logo of the organization, as they felt this would put them at risk in the community. Conversely, they also did not feel safe entering a vehicle without any logos as they were afraid of entering the wrong vehicle. The staff at the Safe Space worked with those being served to develop a strategy that would make them feel safe and comfortable. Women and girls suggested the use of a predetermined sign, such as an object or visual mark that is made clearly visible. This strategy provides women with an added layer of safety without risking privacy and confidentiality.

RECOMMENDATIONS FOR GBV AND SRH SERVICE PROVIDERS

1. **When designing a proposal, include a transportation budget line as a non-negotiable component** of service provision and incorporate a degree of flexibility to allow the use of different transportation modalities to support more women and girls in need of transportation to access the facilities. Transportation costs should also be factored in for any project that includes referrals for service provision.
2. **When planning to provide access to transportation through cash assistance, several considerations should be taken into account.** These include currency fluctuation, rising fuel costs, funding flexibility, and cash liquidity, all of which should be considered in the project proposal and budget under a dedicated CVA line.
3. **The reimbursement amount should be proportional to transport needs.** Just as attendance by women and girls should not be motivated by receiving cash, attending Safe Space or SRH facilities should not entail a financial burden.
4. **When directly providing transportation, a community-based approach, designed in consultation with women and girls, should be considered** to better plan the transportation's logistics (taking into consideration appropriate times, collection and drop off locations, issues of safety and security, etc.).
5. **The specific needs of people with disabilities should be considered,** including recognising that they may be accompanied by a caregiver, who will also require support for transportation.
6. **Since women often access Safe Spaces and SRH facilities with their children,** transportation should be planned with their needs in mind.
7. **Instruct medical teams, such as midwives and delivery staff, to inform women and girls about the transportation services available** to facilitate their access to such SRH services as antenatal and postnatal care. Particular attention should be paid to people with special needs, such as people with disabilities and pregnant women.
8. **Women who are economically vulnerable should receive the cash-for-transport assistance in advance as opposed to being reimbursed later.** This should be guaranteed to GBV survivors in the context of case management and as part of the emergency cash available for health facilities to respond to life threatening situations.
9. **To the extent possible, female drivers should be employed and/or a female volunteer should accompany the driver to support logistics,** such as contacting women who are late or who fail to show up at the designated meeting point. Working with community members as volunteers helps form a better understanding of how the transportation service can be tailored to the needs of women and girls and provides a solid feedback channel.
10. **Transportation staff should be trained and familiar with key topics related to the safety of people served,** including PSEA, the Code of Conduct, protocols, and investigation procedures.
11. **There should be some flexibility regarding the drop-off points.** For example, while the vehicle should not be used as an ambulance, if a passenger needs advanced SRH services, she should be driven to the nearest health facility.
12. **Transportation monitoring and satisfaction surveys should be regularly designed and implemented** to gauge whether the modality remains relevant and safe or if changes are required.

RECOMMENDATIONS FOR DONORS SUPPORTING GBV AND SRH PROGRAMMES

1. **Donors should recognise the added value of transportation to Safe Spaces and health facilities as part of lifesaving, empowering, and quality programming.** Investing in transportation is investing in the safety and inclusion of all women and girls.
2. **Donors should support transportation costs through flexible and sustainable resources as an integral part of the GBV, SRH and the GBV-SRH integrated programmes.** The investment in transportation means prioritizing a comprehensive package of support to women and girls that can address the movement restrictions so often imposed on them.
3. **Flexible funding will also support the progressive inclusion of feedback from women and girls as well as context adaptation** to inform the best modality

of transportation support. As more women and girls become involved in shaping the transportation support, this approach will continue to evolve, adapting more and more to their needs and priorities.



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