



# Improved Access to Essential Hygiene Supplies Through e-Vouchers as part of COVID-19 Response in Ukraine

## SUMMARY

*In Ukraine, e-vouchers were used to improve access to hygiene supplies for the households and healthcare, educational and social institutions during the COVID-19 pandemic.*

*The e-vouchers approach was especially relevant in the lockdown times as it limited contacts between the individuals, allowed remote monitoring and to reach the most vulnerable in the times of need. Additionally, it enabled UNICEF to reach people despite the restrictions on movement, when staff were requested to work from home.*

*Emergency preparedness of UNICEF Ukraine CO included contingency programme document with the implementing partner Triangle Generation Humanitaire (TGH) that was activated in spring 2020 to ensure immediate response during the pandemic.*

*The e-voucher system proved again to be extremely effective in ensuring the fastest possible response in the times of pandemic allowing to reach and support over 560 institutions and more than 6,500 households in Eastern Ukraine. Post-distribution monitoring reports show a high level of satisfaction of the e-vouchers project by the households, institutions and shops with expressed preference of e-vouchers to in-kind support and even cash by the beneficiaries, as well as a positive effect of the project on small and medium scale entrepreneurs working along the contact line.*

## Introduction

As with most countries, the economic impacts of the COVID-19 pandemic have further entrenched critical problems faced by Ukrainians. In Eastern Ukraine, the situation of conflict-affected population was exacerbated by the pandemic. Lockdowns and economic decline led to loss of income and increased unemployment. Access to basic social services for the most vulnerable population is limited due to their availability and

affordability. The study conducted by UNICEF in the beginning of the year projected that national poverty will increase from a rate of 27% in early 2020 to between 44% and 51% by the end of 2020, with an even larger impact on child poverty. Those most at risk of deepening poverty are households with three or more children, households with children below the age of three years, single parent households, and single pensioners [1].

The WASH situation has progressively declined over the past five years, with water supply interruptions, inability to treat water, and lack of money to pay for water and hygiene supplies due to deprived financial resources as being among the most critical problems identified. A 2019 study found that only 14% of households with low income, households with children and households with people with special needs (the two poorest quantiles) spend at least 300 UAH (\$10) per person per month for hygiene items which is the current cost of the recommended minimum hygiene basket, and that the median expenditure on hygiene items among all vulnerable households in the government-controlled areas in Eastern Ukraine was around 167 UAH (\$6) per person per month [2].

The humanitarian needs overview (HNO) also underscores that emergency needs are generally felt strongest closer to the contact line, yet, many rural areas further away from the contact line have been disconnected from the network of markets, basic services and employment they once had access to in urban centres. Those living in rural areas near the contact line in government-controlled areas (GCA) are twice as likely to experience severe impacts to their living standards as a result of the conflict [3].



**Photo 1:** Social institutions monitoring visit, small group home for children, Kramatorsk, Donetsk oblast. Items that were purchased for the e-voucher. 15/10/2020 @A.Hetman

## Description of Intervention

### 1. Emergency preparedness:

UNICEF, in partnership with Triangle Generation Humanitaire (TGH), has been implementing hygiene items distribution activities via electronic vouchers since 2016. Details on the approach with defined stages, responsibilities, advantages and experience of scale-up to support the conflict-affected population in 2018-2019 can be explored in the FN/29/2020 – “**Electronic vouchers to improve access to hygiene items for conflict-affected people in Eastern Ukraine**” [4].

In 2019, UNICEF as part of preparedness for the emergency response signed a contingency Programme Document with TGH. This standby agreement was meant to speed up response, saving time invested in building common understanding, paperwork and procedures, in case a crisis occurs. The preliminary expansion of shops along the Line of Contact was an unavoidable and essential step in this preparation.

COVID-19 health emergency in 2020 has especially strong impact on the conflict-affected areas where the local population and health and educational institutions are facing multiple deprivations. TGH has presence and the network of partner shops along the contact line in Donetsk and Luhansk oblasts. As response to the pandemic, the contingency PCA with TGH has been activated for three months duration.

It took only five days to agree the budget, coverage and workplan for the three-month contingency project that lasted from 10 April until 09 July 2020. During the defined period, healthcare facilities and households were supported with e-vouchers for hygiene supplies.

At the same time, the new scale-up project was developed to continue and extend support for hygiene and cleaning supplies to households and institutions in Eastern Ukraine. In July, UNICEF and TGH signed a Humanitarian Programme Document for a new 6-months period. This time,

support was also extended to cover educational and social institutions.

## 2. Peculiarities during COVID response:

Due to increasing number of COVID-19 cases in the areas and the associated risks, certain adjustments were made to the conduct of monitoring visits and post-distribution monitoring (PDM). Remote oversight prevailed over visits. PDM was mainly carried out by phone and control over redeeming process was possible in the online interface. PDM questionnaires included a structured set of questions adjusted for the households, institutions and shops. All shops, 96% of all institutions and 10% of all households were surveyed. Sampling had 95% confidence level and a 5% margin of error.



**Photo 2:** Disinfection in the school premises with the supplies procured with e-voucher. September 2020. @A.Hetman

All necessary Protective Personal Equipment (PPEs) was purchased and distributed to the enumerators and field workers every month to ensure compliance with protective measures during all activities. During the monitoring visits, all measures recommended in the COVID-19 Ukraine assistance delivery protocol were applied (social distancing, wearing masks, avoiding touching surfaces etc).

A special attention was paid to the organisation of the distribution of e-vouchers, ensuring that there are no large queues in front of the partner shops

<sup>1</sup> family type children's home. The couple or a person takes care of minimum 5 and maximum 10 orphans or children deprived of parental care until they turn 18.

during the distributions. According to 99% of healthcare, educational and social institutions and 72% of the households that redeemed their vouchers directly in shops during the five rounds of distribution in August-December 2020, there were no queues during the e-voucher distributions. All 62 shops that participated in the distributions were ready to take orders. During the quarantine period, the partner shops ensured social distancing in the shops and compliance with COVID-19 preventive and safety measures. It should also be noted that presence of queues during distributions is not necessarily always linked to the e-voucher distributions, as shops also have their regular customers.

The PDM results show that 96% of educational institutions, 91% of healthcare facilities, 84% of social institutions and 66% of small group homes<sup>1</sup> for children used the option to place orders during the five rounds of distribution in August-December 2020. This option is particularly comfortable for the institutions as it allows for supplying specific items preferred by beneficiaries, to order large quantities of goods if required, and to ensure effective delivery of aid in line with the beneficiaries' needs.

With regards to households, 15,9% used the option to order goods prior to redeeming the e-vouchers during November distribution compared to 7,6% who used it during June distribution. 84% of respondents reported that they did not need this option (83%) or did not use it (1%). This may be explained by the general preferences of households for selecting items directly in the shops.

Selection of the households was done in cooperation with the local authorities. Social services have the lists of the most vulnerable households in the area of their responsibility but sometimes these lists are incomplete. Surveys of the households included into these lists helped to identify the vulnerabilities and eligibility of the



households for support. Cooperation with other NGOs and local actors through the Cluster mechanism ensured coordination of response and avoidance of duplication or gaps in the coverage.

Delivery of items was not mandatory for shops, but the latter were encouraged to provide delivery services where and whenever possible. These additional services were provided by shops free of charge and prevented mass people gatherings in shops, thus contributing to protection against possible transmission of COVID-19.

#### CRITERIA FOR THE HOUSEHOLDS' SELECTION:

- Families with income below the subsistence level.
- Internally displaced people.
- Persons with disabilities and/or chronic diseases with high health-related expenses.
- Persons with disability from birth/childhood in the household.
- Person with 1<sup>st</sup>, 2<sup>nd</sup> disability group in the household in accordance with the Ministry of Health Order #561 as of 05.09.2011 on instructions on identification of disability groups: [Про затвердження Інструкції... | on September 5, 2011 № 561 \(rada.gov.ua\)](#)
- Gender based violence (GBV) survivors.
- Families with high negative coping strategies indices.
- Families with multiple children, guardians of children, households with children between 0 and 2 years old.
- Families with other persons at risk such as isolated elderly, women and men single-headed households, pregnant and lactating women, etc.
- Orphan children / Guardians of orphan children.
- Food Consumption Score (FCS) was calculated but not used in the final selection of vulnerable households as beneficiaries tend to spend most of their income on food thus depriving themselves from other essential needs or services (such as health or hygiene).

### 3. Selection of institutions and households:

The TGH's database, developed during the previous e-voucher project, was used for the selection of households. Vulnerability assessments of all households was undertaken before the distribution.

For the first round of distribution to the households in June 2020, the focus was on households with



**Photo 3:** Distribution of e-vouchers to the households. November 2020. @A.Hetman

children under 5. For the second round in November, the coverage was extended to other types of households as well. The majority of vulnerable population leaving along the contact line are elderly. Many of them have disabilities or live in the isolated settlements. Families with children tend to move away from the contact line. In order to reach the most vulnerable, the coverage was also extended to the most in need families with older children or with no children but multiple vulnerabilities.

The list of target institutions was prepared jointly by UNICEF and TGH and included facilities from the

TGH's existing database supported under a previous UNICEF/TGH projects, institutions newly identified by TGH, institutions suggested by UNICEF or WASH cluster members and the Oblast Administrations.

The main criteria for selection were urgent hygiene needs related to the COVID-19 pandemic, the proximity to the contact line, the number of patients and staff in health care facilities and number of children in educational institutions, as well as whether similar support was provided by other organisations. Priority was given to remote rural or under-funded locations and to COVID-19 cluster areas.



**Photo 4:** Monitoring visit to the school that received e-voucher for hygiene supplies. September 2020. @A.Hetman

## Outcomes

In 2020, two rounds of distribution to households and five to institutions were conducted (**Figure 1** and **table 1**).

As healthcare facilities are at the forefront of the response to COVID-19, they were prioritized for the provision of hygiene and cleaning supplies. Overall, 74 healthcare facilities (HCFs) were supported upon the launch of the contingency project with TGH in spring 2020. The second project with the CSO also included support to the HCFs. Overall, 181 HCFs received e-vouchers for hygiene supplies in October-December 2020.

Educational institutions were supported just before the start of the school year to enable safe opening of schools. A total of 187 schools and kindergartens were supported in 2020.

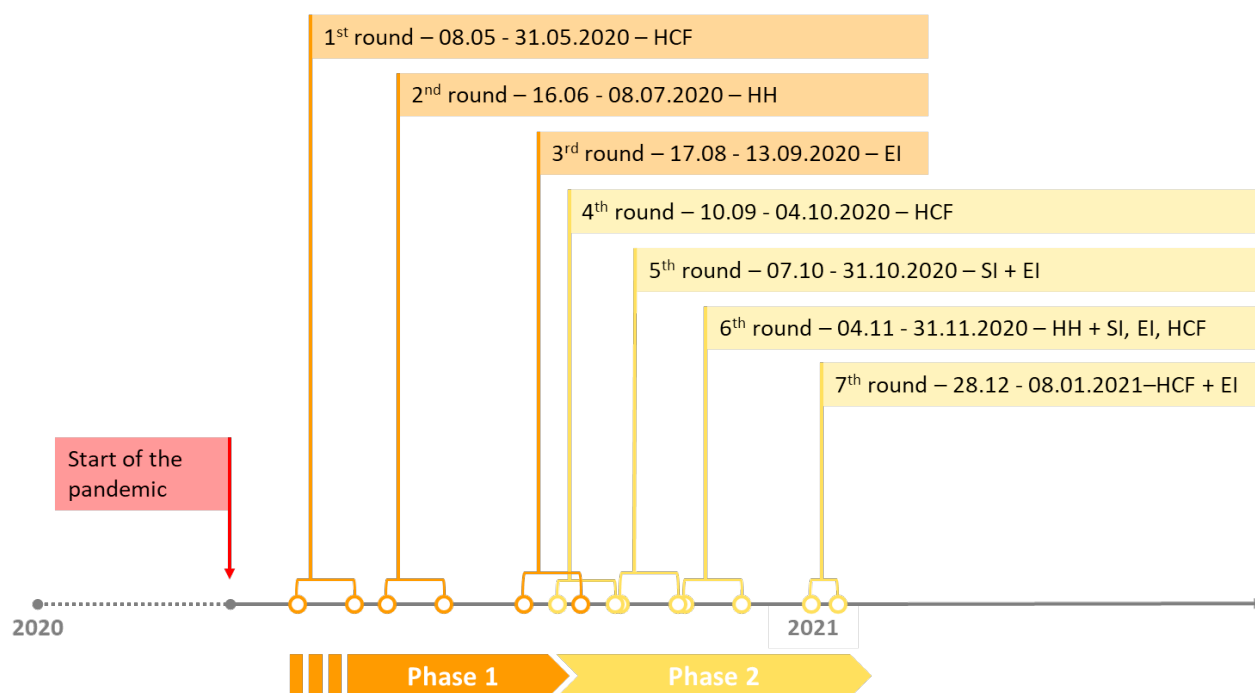
During the COVID-19 pandemic, UNICEF also extended support to social institutions (SI). Overall, 120 institutions received support, including 59 small group homes.

The calculation of the e-voucher for institutions was based on the WASH Cluster recommendations prepared to guide partners on the priority needs during COVID-19 pandemic. In addition, results of the post-distribution monitoring of previous projects and feedback from institutions were considered in the calculation. The e-vouchers covered the needs for hygiene and cleaning supplies for the three-months period. The amount depended on the type of institution and number of beneficiaries.

For healthcare facilities, the amount of the e-voucher ranged from UAH 5,270/USD 185 (rural ambulatory clinics) to UAH 77,050/USD 2,703 (rayon and city hospitals having both outpatient and inpatient services).

The maps show the geographical distribution of the beneficiaries (**Maps 1** and **2**).

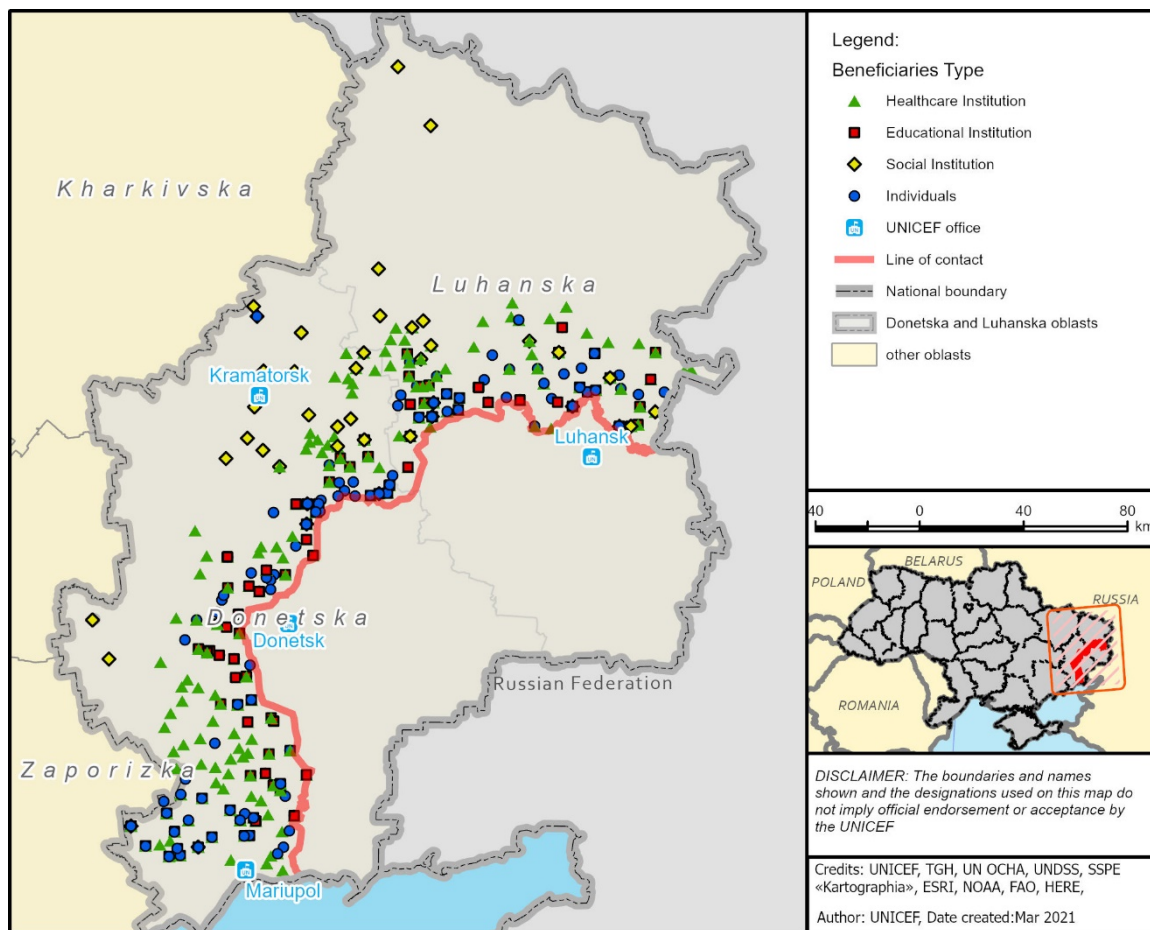
**Figure 1: Timetable of the implementation**



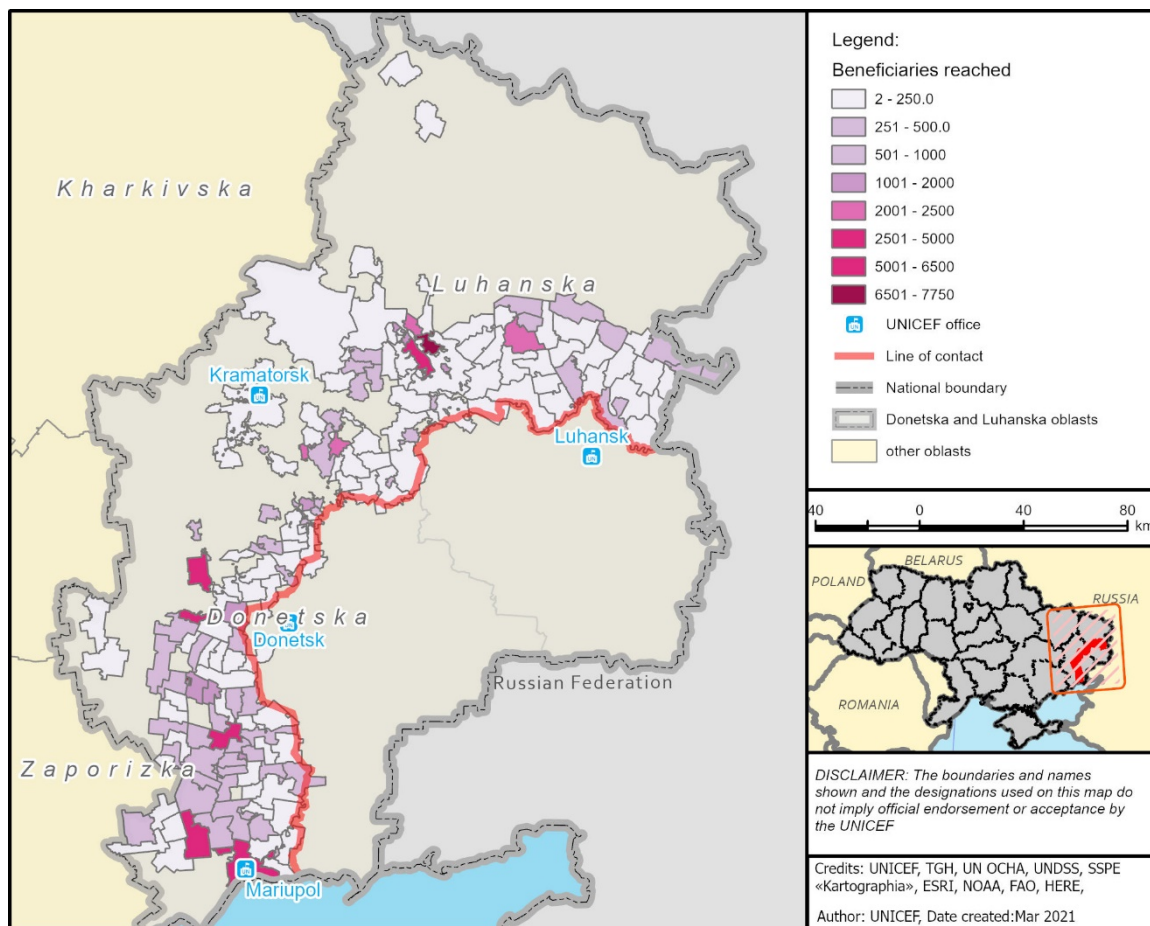
**Table 1. Summary of distributions**

Distributions	Dates of implementation	# of beneficiaries/ institutions	# of individuals
<b>Phase 1 CONTINGENCY PLAN</b>			
1 <sup>st</sup> round	08.05.2020 – 31.05.2020	66 healthcare facilities (HCF)	110,726 people (59,792 women and girls and 50,934 men and boys)
2 <sup>nd</sup> round	16.06.2020 – 08.07.2020	1,311 households (HH) and 8 HCF	74,889 people (40,559 women and girls and 34,330 men and boys) 5,060 in HHs and 69 829 in HCFs
3 <sup>rd</sup> round	17.08.2020 – 13.09.2020	183 educational institutions (EI)	29,600 people (16,658 women and girls and 12,942 men and boys)
<b>Phase 2 COVID-19 RESPONSE</b>			
4 <sup>th</sup> round	10.09.2020 – 04.10.2020	167 HCF	310,195 people (197,756 women and girls and 112,439 men and boys)
5 <sup>th</sup> round	07.10.2020 – 31.10.2020	107 social institutions (SI) and 1 EI	12,480 (7,415 women and girls and 5,065 men and boys)
6 <sup>th</sup> round	04.11.2020 – 31.11.2020	5,436 HH, 13 SI, 1 EI, 1 HCF	34,320 people (19,491 women and girls and 14,829 men and boys) 11,420 in HHs & 22,900 in institutions
7 <sup>th</sup> round	28.12.2020 – 08.01.2021	14 HCF and 2 EI	28,715 people (18,278 women and girls and 10,437 men and boys)

**Map 1. Project location – By type of beneficiaries**



**Map 2. Project location – By number of beneficiaries reached**





**Figure 2: COVID-19 Outpatient institutional hygiene kits:**

Kit 1 (OHK1)	5,001-7,500+ outpatients	27 000 UAH/ 947 USD
Kit 2 (OHK2)	2,501-5,000 outpatients	20 500 UAH/ 719 USD
Kit 3 (OHK3)	1,001-2,500 outpatients	10 500 UAH/ 368 USD
Kit 4 (OHK4)	Up to 1,000 outpatients	5 270 UAH/ 185 USD

**Figure 3: COVID-19 Inpatient institutional hygiene kits:**

Kit 1 (IHK1)	For up to 20 inpatients	22 000 UAH/ 772 USD
Kit 2 (IHK2)	Over 20 inpatients	50 050 UAH/ 1,756 USD

For educational institutions, the amount of e-voucher depended on the number of children. It ranged from UAH 6,000/USD 211 (most of the kindergartens and rural schools) to UAH 12,000/USD 421 (in cities).

**Figure 4: COVID-19 Hygiene kits for educational institutions:**

Kit 1 (EHK1)	up to 100 people	6,000 UAH/ 211 USD
Kit 2 (EHK2)	101-300 people	8,000 UAH/ 281 USD
Kit 3 (EHK3)	301-599 people	10,000 UAH/ 351 USD
Kit 4 (EHK4)	Over 600 people	12,000 UAH/ 421 USD



**Photo 5:** The Centre for Social and Psychological Rehabilitation of Children, Lyman, Donetsk oblast. A staff member of the institution in charge of material supplies demonstrates the variety of hygiene items bought in exchange of the e-voucher provided within the project. 15/10/2020 @A.Hetman

For social institutions, the number of children also defined the amount of the e-voucher. It ranged from UAH 6,000/USD 211 (mostly small group homes) to UAH 25,000/USD 877 (boarding schools and social rehabilitation centers).

**Figure 5: COVID-19 TGH Hygiene Kits for social institutions:**

Kit 1 (SHK1)	up to 20 people	6,000 UAH/ 211 USD
Kit 2 (SHK2)	21-50 people	9,000 UAH/ 316 USD
Kit 3 (SHK3)	51-100 people	15,000 UAH/ 526 USD
Kit 4 (SHK4)	101-200 people	20,000 UAH/ 702 USD
Kit 5 (SHK5)	201-599 people	25,000 UAH/ 877 USD
Kit 6 (SHK6)	over 600 people	30,000 UAH/ 1,053 USD

For small households (up to 2-3 people), the amount of the e-voucher was UAH 800/ USD 28, while for the larger households (more than 4 people), the value was increased to UAH 1,500/ USD 53. During the second distribution to households which took place in November 2020, people with disabilities also received an additional e-voucher in the amount of UAH 4,000/ USD 140 to cover their needs for adult diapers, absorbent pads and other specific hygiene items.

E-vouchers for households and institutions made it possible to procure most needed hygiene and cleaning supplies including, sanitizer, disinfectants, washing powder, toilet paper, personal hygiene items, etc.

## Post-distribution monitoring results

The PDM surveys were conducted at the rate of one for each distributions cycle using comprehensive questionnaires devised for the project, which included questions on the e-voucher distribution process, redeeming of e-vouchers,



stockpiling, satisfaction with the assistance provided and the approach to e-vouchers, preferences for assistance modalities, and the relevance and timeliness of the support provided in the context of COVID-19. The data was collected using the KoBo Tool. PDM surveys were conducted by TGH monitoring assistants by phone. Some of the results of the PDM from the second phase (August-December 2020) are presented below.

### 1. Institutions:

94 of all institutions reported that the amount of e-voucher provided was sufficient to cover their basic hygiene needs for three months (Figure 6). Moreover, 82% of institutions could stockpile hygiene items for future use.

The e-voucher system allows for making analysis of the value of e-vouchers spent on specific hygiene items and for making cumulative analysis of purchasing trends by categories of hygiene items (disinfectants, detergents, personal hygiene items, cleaning items or repellents).

The analysis below (Figure 7) demonstrates the monetary value of e-vouchers spent by all institutions (educational institutions, healthcare facilities, small group homes for children and social institutions) for each of the five categories of hygiene supplies.

Figure 6: Sufficiency of the amount of e-voucher to cover basic needs for three months, all institutions

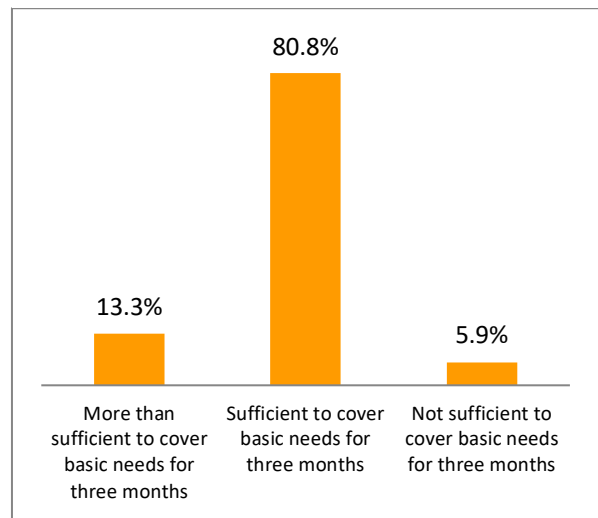
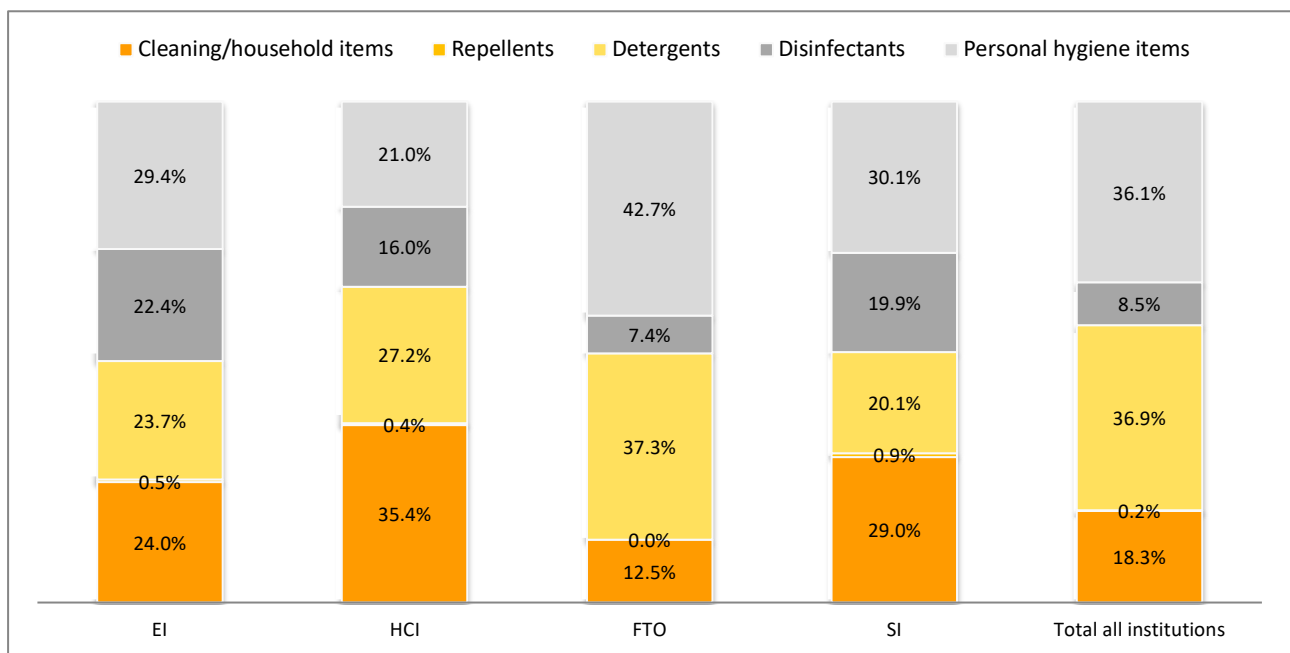
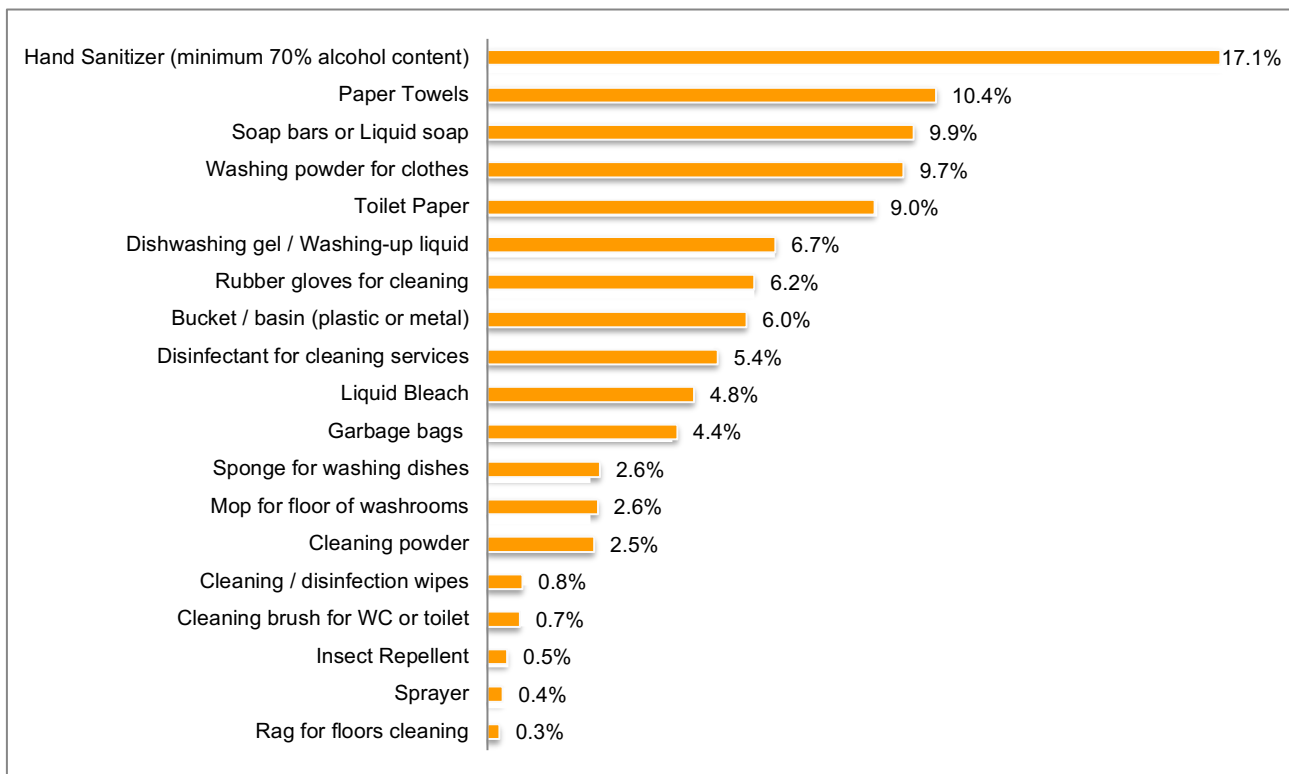


Figure 7: Share of e-voucher value per category, all institutions



**Figure 8: Value of total e-vouchers spent per hygiene products, Els**



The detailed breakdown per type of institutions is also available. For instance, the purchasing trend for the educational institutions is shown in the **Figure 8**.

The PDM also included a question on the preferred modality for similar type of assistance in the future to determine whether programmatic changes are needed to meet beneficiaries' preferences. Suggested options for potential modalities included cash, vouchers, electronic vouchers and in-kind assistance. Vouchers and e-vouchers were intentionally separated because UNICEF/TGH's e-voucher approach is much broader than the regular provision of vouchers. The e-vouchers system includes provision of additional services for beneficiaries such as making orders as per beneficiaries' preferences, deliveries to beneficiaries (institutions and households), redeeming in multiple transactions, fixed prices, follow up with beneficiaries on redeeming, etc. The PDM results demonstrate that 87.5% of institutions prefer e-vouchers as a modality for future assistance for the provision of hygiene items,

followed by in-kind assistance (5.7%), cash transfers (5.3%) and regular vouchers (1.5%).

The main reasons of why institutions prefer the e-voucher modality are linked to the possibility of ordering goods, delivery and selection of goods by shops to/by sub-institutions (subdivisions of the healthcare facilities, for instance) and not to the centralized institutions, assurance that the assistance will be spent for hygiene purposes and used by the institution the assistance is intended for. In-kind assistance is limited and does not provide choice. With regards to cash, institutions most likely would need to go through procurement procedures which will delay provision of assistance.

## 2. Households:

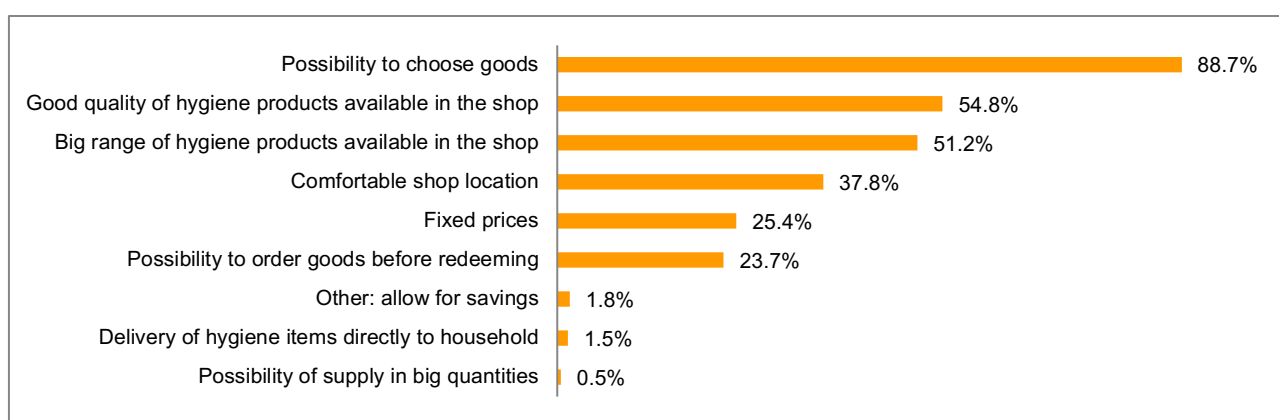
99% of the households were satisfied with the e-vouchers approach. The main reasons are highlighted in **Figure 9**:

A detailed analysis shows that the highest value of the e-vouchers spent by the households was for the washing powder (30.4%), followed by shampoo (9.2%), dishwashing gel/washing-up liquid (7.1%), adult diapers (6.7%), soap bars or liquid soap (6.4%) and toilet paper (5.2%) (**Figure 10**).

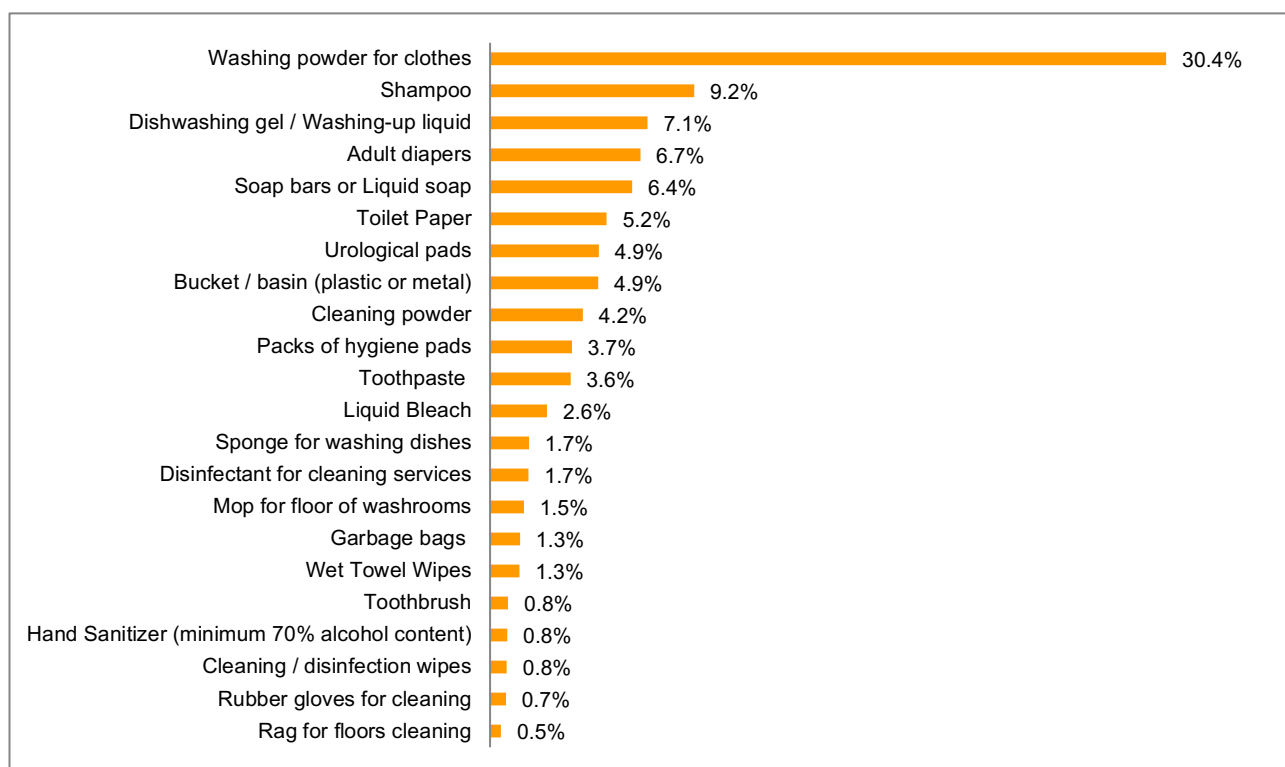
## 3. Shops:

With regards to positive effects of the project on shops, the PDM results showed an increase on the availability of products in the shops (for 79% of the shops) as well as an increase in the shops' profitability (for 94% of them). 21% of the shops reported that they already made investments into their shops from the profits received from participation in the project.

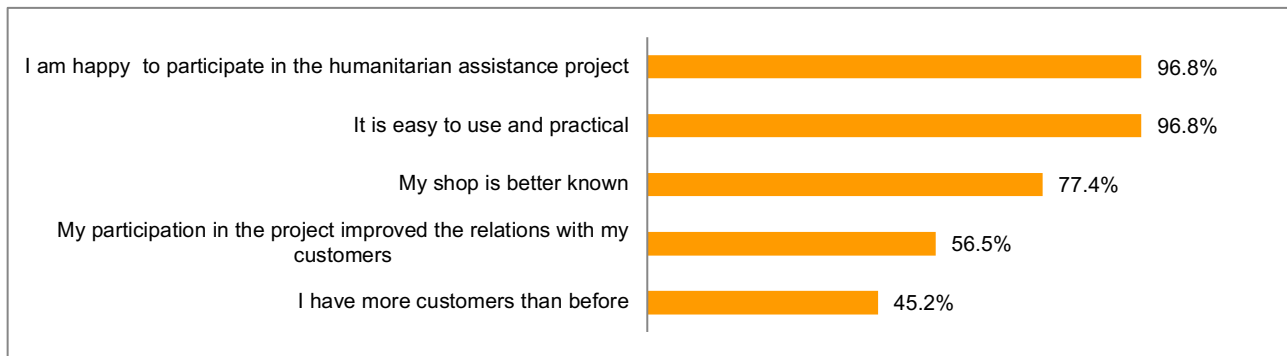
**Figure 9: Reasons for satisfaction with e-voucher modality, HHs**



**Figure 10: Value of total e-vouchers spent by hygiene products, HHs**



**Figure 11: Reasons for satisfaction with e-voucher system and project, Shops**



Examples of investments include renovations and repairs in shops, purchase of new equipment, expanding the size of shops or expanding the assortment of goods. 18% of the shops reported that they are planning to make investments soon.

Eventually, 100% of shops surveyed reported that they were satisfied with the e-voucher system and the project. The main reasons of shops' satisfaction are highlighted in **Figure 11**.

## Costs

The overall cost of all e-vouchers redeemed within two projects in 2020 was UAH 16,598,889/USD 587,572 (UAH 2,831,717/USD 100,238 during the first two rounds under the contingency project in May-July and UAH 13,767,172/USD 487,334 during the five rounds in August-December 2020). The total number of beneficiaries under the contingency project was 185,615 and under the scale-up project 415,069 people were reached through support to the households and institutions. The e-vouchers constituted 66% of the contingency project costs and 70% of the scale-up project costs.

The costs of identification of beneficiaries was minimal for both projects as existing database was used (though all data had to be double checked before the distribution). It accounted for 0% of the costs of the contingency project as all preparatory work was done in advance and 3% for the scale-up

project. They include payments to surveyors for the identification phase, trainings, transportation costs for the selection of beneficiaries' phase.

The costs of implementation account for 34% of the contingency project and 27% of the scale-up project. They include monitoring and post-distribution monitoring costs, HR and support costs for the implementation period (including HQ support costs).

From the stated above, we can conclude that with the scale up of the project the share of implementation costs decreases compared to the e-vouchers share. Besides, the existence of the database of the households and institutions almost eliminates expenses for the identification as well as speeds up the provision of support.



**Photo 6:** Kurakhiv City Hospital, Maryinsky district, Donetsk oblast. A nurse demonstrates availability of hygiene items provided within the project that ensure safety and protection of patients and staff in the COVID-19 context. 08/10/2020 @A.Hetman



## Lessons Learned

COVID-19 further exacerbated the situation in the conflict-affected areas and at the same time highlighted the need for support in the areas more distant from the Line of Contact. During the pandemic, access to hygiene supplies was critical for all institutions and households. During the first wave of distribution to healthcare facilities in May-June, focus was made on the HCF located in the 0-20 km zone from the Line of Contact. The increased burden on the health system and the lack of institutional budgeting underlined the need to expand support geographically. During the second wave of distribution to the healthcare facilities in September 2020, the HCF located 0-40 km from the Line of Contact received support.

The expansion of geographical coverage during the COVID-19 response also required the extension of the network of partner shops. New shops were identified in the locations further from the contact line and participated in the project.

## Next Steps

A study was conducted by UNICEF to assess the feasibility of expanding the e-voucher programme as a modality for humanitarian support to the households and institutions in Ukraine, including as part of the COVID-19 response and beyond, by UNICEF or, potentially, by the government [5]. The assessment also included a comparison with unrestricted cash. The short-term recommendations of the study are summarized hereafter.



**Photo 7:** Distribution of e-vouchers for households. The shop "Serezhka", Bahmut, Donetsk oblast, 04/11/2020 @A.Hetman

## Recommendations for the short term (first two quarters of 2021):

### Program – Households

Continue to use e-vouchers as a short-term emergency response to COVID-19.

- **Geographic targeting:** In the GCA, remain focused on Donetsk and Luhansk oblasts with priority given to the following: 0-20 km zone from the line of contact; rural communities; communities cut off from former market and service centres; communities hosting a proportionately large number of IDPs; communities with historically high levels of unemployment and poverty; make every attempt to provide similar assistance in the non-government controlled areas (NGCA).
- **Household targeting:** Continue to use the current process of beneficiary identification and selection; continue to involve local authorities in the process and encourage greater participation where it currently is not yet strong.
- **List of items:** basic list to include COVID-19 and hygiene related items; potentially include baby diapers due to their high cost for the vulnerable groups of population; consider expanding the network of shops to pharmacies and the list of permitted items to include basic medicines.
- **Cross-sectoral approach:** use the e-voucher system to improve access to school supplies for households requiring additional support after receiving the "blue backpack" of supplies; use the e-voucher system to improve access to basic medicines for children and families.
- **Communications:** develop a COVID-awareness behaviour change communication plan specific to households to promote appropriate hygiene practices and integrate into the e-voucher program.

## References

1. Borodchuk, N., & Cherenko, L. (2020). Fighting COVID-19 in Ukraine: initial estimates of the impact on poverty. Kyiv: UNICEF: [Fighting COVID-19 in Ukraine: Initial estimates of the impact on poverty | UNICEF Ukraine](#).
2. Kyiv International Institute of Sociology (KIIS). (2019). WASH Cluster study of humanitarian needs in eastern Ukraine 2019: <https://reliefweb.int/report/ukraine/wash-cluster-study-humanitarian-needs-eastern-ukraine-2019-enuk>
3. OCHA (2020). Humanitarian Needs Overview 2020. Ukraine: [Ukraine: 2020 Humanitarian Needs Overview \(HNO\) \[EN/UA/RU\] | HumanitarianResponse](#).
4. Truffaut S., Lupan V. (2020). UNICEF Field Note FN/29/2020. "Electronic vouchers to improve access to hygiene items for conflict-affected people in Eastern Ukraine". [https://unicef.sharepoint.com/sites/PD-WASH/Sanitation and Hygiene/Forms/AllItems.aspx?id=%2Fsites%2FDPD-WASH%2FSanitation and Hygiene%2FFN29 - Ukraine voucher schemes for hygiene%20Epdf&parent=%2Fsites%2FDPD-WASH%2FSanitation and Hygiene](https://unicef.sharepoint.com/sites/PD-WASH/Sanitation%20and%20Hygiene/Forms/AllItems.aspx?id=%2Fsites%2FDPD-WASH%2FSanitation%20and%20Hygiene%2FFN29%20-Ukraine%20voucher%20schemes%20for%20hygiene%20Epdf&parent=%2Fsites%2FDPD-WASH%2FSanitation%20and%20Hygiene)
5. Trenouth L. (2020). Ukraine Rapid Cash Feasibility Assessment Report. Kyiv: UNICEF.
6. TGH (2020, 2021). Post-distribution monitoring reports, Ukraine.
7. TGH (2020, 2021). Progress and Final Reports, Ukraine

## Photo and Map Credits

© TGH/2020/Ukraine

© UNICEF/2020/Ukraine

## Acknowledgements

UNICEF Ukraine would like to thank the team of Triangle Generation Humanitaire in Ukraine for implementation of the e-vouchers project and information provided for this field note.

## About the Authors

Sebastien Truffaut, Chief of WASH, UNICEF Ukraine

Viktoriiia Lupan, WASH Officer, UNICEF Ukraine

Andrii Solonenko, WASH Officer, UNICEF Ukraine

## About the Series

UNICEF's water, sanitation and hygiene (WASH) country teams work inclusively with governments, civil society partners and donors, to improve WASH services for children and adolescents, and the families and caregivers who support them. UNICEF works in over 100 countries worldwide to improve water and sanitation services, as well as basic hygiene practices. This publication is part of the UNICEF WASH Learning Series, designed to contribute to knowledge of good practice across UNICEF's WASH programming. In this series:

*Discussion Papers* explore the significance of new and emerging topics with limited evidence or understanding, and the options for action and further exploration.

*Fact Sheets* summarize the most important knowledge on a topic in few pages in the form of graphics, tables and bullet points, serving as a briefing for staff on a topical issue.

*Field Notes* share innovations in UNICEF's WASH programming, detailing its experiences implementing these innovations in the field.

*Guidelines* describe a specific methodology for WASH programming, research or evaluation, drawing on substantive evidence, and based on UNICEF's and partners' experiences in the field.

*Reference Guides* present systematic reviews on topics with a developed evidence base or they compile different case studies to indicate the range of experience associated with a specific topic.

*Technical Papers* present the result of more in-depth research and evaluations, advancing WASH knowledge and theory of change on a key topic.

*WASH Diaries* explore the personal dimensions of users of WASH services, and remind us why a good standard of water, sanitation and hygiene is important for all to enjoy. Through personal reflections, this series also offers an opportunity for tapping into the rich reservoir of tacit knowledge of UNICEF's WASH staff in bringing results for children.

*WASH Results* show with solid evidence how UNICEF is achieving the goals outlined in Country Programme Documents, Regional Organizational Management Plans, and the Global Strategic Plan or WASH Strategy, and contributes to our understanding of the WASH theory of change or theory of action.

Readers are encouraged to quote from this publication but UNICEF requests due acknowledgement. You can learn more about UNICEF's work on WASH here: <https://www.unicef.org/wash/>

[www.unicef.org/wash](https://www.unicef.org/wash)

© United Nations Children's Fund (UNICEF)

The statements in this publication are the views of the authors and do not necessarily reflect the policies or the views of UNICEF.

United Nations Children's Fund  
3 United Nations Plaza, New York, NY 10017, USA

For more information, please contact: [WASH@unicef.org](mailto:WASH@unicef.org)