



“With Money, 
I’m the Queen”

Integrated Cash and Gender-Based Violence Programming
for IPV Survivors in Guayaquil, Ecuador



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Full Quote:

“I feel like a queen now. I swear to you, I was minimized when I was with my children’s father. I was beaten, I was abused, I was yelled at, mistreated. But now, as I tell my children, with money, I’m the queen, because with money you can pay your expenses.”

– Ecuadorian Woman, Cash Group

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I. EXECUTIVE SUMMARY

Migrant and refugee women and girls are vulnerable to a range of risks before, during, and after humanitarian crises. Intimate partner violence (IPV) is a type of gender-based violence (GBV) and is among the many protection-specific risks they face.

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As a result of the conflict in Venezuela, an estimated 800,000 Venezuelan migrants and refugees are in Ecuador as of May 2022. Eighty percent have significant protection needs, while response services for IPV survivors remain limited and insufficient for Venezuelans and Ecuadorians alike.

Cash and voucher assistance (CVA) is increasingly being used in humanitarian response. For displaced IPV survivors, their extremely limited financial resources often restrict, or prevent, access to key services, such as medical and legal support. The flexibility of CVA can enable a timely response to meet urgent needs safely. CVA integrated within GBV case management can, for example, help an IPV survivor cover the costs associated with fleeing an abusive relationship, such as legal assistance, temporary shelter and rent, transportation to access services, food, and clothing. However, there are considerable evidence gaps on how CVA contributes to protection outcomes and which design features are most effective in doing so.

Although guidance and toolkits exist on the integration of CVA and GBV, progress is slow in the application of integrated approaches across humanitarian contexts and in the face of global GBV programming funding deficits in displacement settings. GBV specialists who lead response activities with IPV survivors must leverage all tools at their disposal to support their recovery, including the potential of integrating CVA within GBV programming, when appropriate. To promote application and adoption, it is essential that practitioners and donors alike have access to more robust evidence on integrating CVA within GBV programming to implement programming that adequately responds to GBV, including IPV.

With support from the Enhancing Learning and Research for Humanitarian Assistance (Elrha) IPV Award, the Women's Refugee Commission (WRC), CARE, the Ecuadorian Center for the Promotion and Action of Women (CEPAM), the National Union of Domestic Workers and Related Workers (UNTHA), and Mujer y Mujer Foundation (M&M) partnered in 2020 to strengthen the capacity of GBV service providers to leverage CVA within case management services in the prevention of and response to IPV for migrant, refugee, and local populations in Guayaquil, Ecuador. From August 2021 to January 2022, 113 IPV survivors from host, refugee, and forced migrant communities participated in either GBV case management (non-cash group) or integrated cash and GBV case management (cash group) for a period of three months as part of a joint program implementation and evaluation project. Using a quasi-experimental mixed methods research design, WRC and partners generated evidence in support of and provided recommendations for integrated cash and GBV programming to support IPV survivors to recover from violence.



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Survivor of IPV living in Guayaquil, Ecuador
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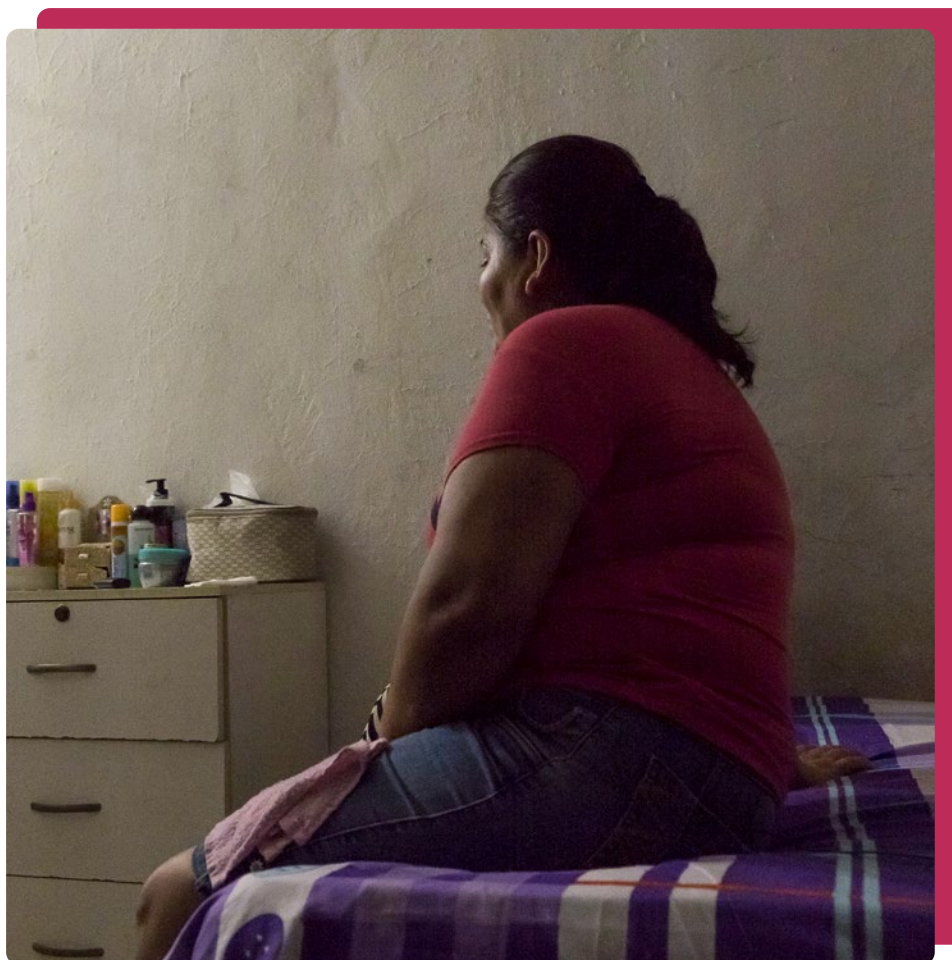
KEY FINDINGS

- Participants in the cash group reported feeling safer and more secure than those in the non-cash group. The cash transfer was directly linked to increased protection outcomes for IPV survivors by diminishing the financial gap survivors faced in their recovery and reducing financial drivers of further risks of exposure to IPV. Receiving cash prevented them from returning to or engaging with their abusers in moments of economic instability, even when their abusers tried to take advantage of their financial vulnerability.
- One-third of the participants in the cash group invested in a small business, which allowed many of them to generate a sustainable income, to exhibit independent decision-making, and to feel self-reliant and empowered. Though the cash was helpful and created economic opportunity for some, most survivors reported that it was not enough. Many participants spent the cash transfer received on meeting basic needs, obtaining medical care or medicines, or paying off debts, rather than using it for expenditures that would more directly reduce IPV and increase protection.
- Over the program period, refugee and migrant women in the cash group experienced less IPV, higher employment, and more access to services than Ecuadorian women. However, they still faced the risk of violence from non-partner aggressors, such as law enforcement and other authorities, who may place survivors at risk of exposure to sexual exploitation and abuse. Refugees and migrants reported insecurity due to their lack of legal documents.
- Participants in the cash group reported better outcomes for themselves, including more independence, confidence, and resilience in comparison to the non-cash group. They also reported greater behavioral, psychological, and physical improvements for their children than the non-cash group. As women became better equipped to leave abusers and meet the needs of their children, their relationships with their children improved. In helping mothers in this program, children also benefited.

RECOMMENDATIONS

- Referrals of IPV survivors to cash plus programming should be systematically adopted. Cash alone is insufficient, but the delivery of cash in tandem with other activities and services, including legal and psychosocial support and workshops to build peer networks, is key to survivors’ recovery as well as the recovery of their family members.
- In order for cash assistance integrated within GBV programming to be used for reduction of IPV and increases in protection outcomes, survivors’ basic needs must be met; otherwise the cash transfer will be used for survival needs, and it is less likely that survivors’ protection from IPV will be increased. Allow cash transfer values that are not one-size-fits-all but are variable, specific to the needs of each survivor based on categorization informed by protection market assessments to support protection outcomes and harmonized with the Minimum Expenditure Basket (MEB) to meet basic needs.
- Similarly, integrate program components to support children of IPV survivors to increase their safety, well-being, access to services, particularly psychological care, and to decrease violence impacts. Many IPV survivors are mothers who are also making decisions for the safety and wellbeing of their children
- Ensure that in addition to CVA referrals, referrals to livelihoods programming are activated, and that livelihoods support is inclusive of basic literacy and numeracy as well as business skills training to augment the economic capacity of IPV survivors and improve their self-reliance.

- Assist IPV survivors in implementing survivor-led initiatives to better serve the various needs of participants in the program. One opportunity is supporting survivor groups or networks with Group Cash Transfers in addition to individual-level CVA-GBV case management assistance.
- Provide refugees avenues to secure legal documentation, either through direct legal services or a dedicated referral system to another aid organization.
- Leverage local partnerships to meet the variety of survivors' needs by developing a dedicated referral network across organizations. Assessing partners' capacities early on, during development of the program, is essential. Employing peer-to-peer capacity building can support partners to better implement a cash-integrated gender-based violence (GBV) response Case Management program, hereafter referred to as Cash-GBV Case Management, especially for marginalized populations like LGBTQI+ individuals.
- Improve the accessibility of and safety during reporting abuse for survivors. Within the current legal environment in Ecuador, seeking justice is retraumatizing, time-consuming and in vain for many survivors. With Ecuador's incidence of femicide at its highest since 2014 –196 deaths in 2021, it is paramount that IPV survivors are better supported when seeking justice.



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Survivor of IPV living in Guayaquil, Ecuador
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II. BACKGROUND

There is evidence that cash and voucher assistance (CVA) can help reduce intimate partner violence (IPV) and support IPV survivors’ recovery. There are, however, significant evidence gaps on how CVA contributes to protection impacts—for example, reductions in risk of GBV or exposure to GBV, increased access to services and reductions in risky coping strategies, and which design features of CVA (for example, delivery modality, delivery mechanism, transfer value, transfer frequency, and transfer duration) are most effective. More evidence is needed to identify the optimal activities to complement CVA, to effectively shift intra-household power relations, reduce IPV, and support survivors’ recovery from incidents of violence.¹

CVA is increasingly used in humanitarian response; as of 2019, approximately 18 percent of humanitarian assistance globally was delivered via CVA.² The use of CVA for protection outcomes is the least reported compared to other sectors, such as health or food security.³ Currently, humanitarian GBV programming does not comprehensively or consistently consider CVA, and little is known about the protective effects of its approach within humanitarian contexts or among conflict-affected and displaced individuals and families.⁴ The humanitarian community is slow to integrate CVA into GBV case management or to consistently assess if CVA can be supportive to GBV survivors.⁵

The Women’s Refugee Commission’s (WRC) research in urban sites in Ecuador found that urban refugee individuals at risk of GBV, as well as GBV survivors, are critically underserved.⁶ The United Nations High Commissioner for Refugees’ (UNHCR’s) “Graduation Approach” program in Ecuador found that CVA played a fundamental role in the protection and well-being of women and their families, and was linked to reduced incidents of IPV in households that received cash assistance.⁷ There is also evidence



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Needlework made by a survivor of IPV
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- 1 Women’s Refugee Commission (WRC) and International Rescue Committee (IRC), *Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities* (2018), [genderandctpwrcirc.pdf](#).
- 2 The Cash Learning Partnership (CALP), *The State of The World’s Cash 2020: Cash and Voucher Assistance in Humanitarian Aid* (2020), https://www.calpnetwork.org/wp-content/uploads/2020/07/SOWC2020_Full-report.pdf.
- 3 CALP, *The State of The World’s Cash Report: Cash Transfer Programming in Humanitarian Aid* (2018), <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-sowc-report.pdf>.
- 4 M. Meinhart et al., “Identifying the Impact of Intimate Partner Violence in Humanitarian Settings: Using an Ecological Framework to Review 15 Years of Evidence,” *Int J Environ Res Public Health* (2021 Jan);18(13):6963.
- 5 WRC, *Tackling the Integration of Gender-Based Violence Prevention and Response and Cash-Based Interventions* (2018), [genderandctpwrc.pdf](#).
- 6 WRC, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence* (2016), <https://www.womensrefugeecommission.org/research-resources/mean-streets>.
- 7 UNHCR, *Cash Assistance and the prevention, mitigation, and response to sexual and gender-based violence (SGBV): Findings from research in Lebanon, Ecuador, and Morocco* [Internet] (2019, cited 2021 Mar 11), <https://www.unhcr.org/5d5edad97.pdf>.

from development programs in Ecuador on the impact of cash transfers on IPV.⁸ An impact evaluation focused on Ecuadorian women indicated that cash transfers reduced controlling behaviors and multiple forms of IPV (e.g., moderate physical and any physical or sexual violence) by 6-7 percent.⁹

The project aimed to understand more about the specific dynamics of case management and cash referrals for IPV survivors and identify how best to address the needs of IPV survivors by including cash in a package of response services. Building on existing findings and tools,¹⁰ the intervention piloted the integration of a cash transfer into urban GBV response to support survivors of IPV in migrant, refugee, and host communities.

This evaluation report provides contextualized evidence for the support of integrated cash and GBV case management for IPV survivors—forced migrants, refugees, and host nationals alike — in Guayaquil, Ecuador. Based on research that used a mixed methods approach that leveraged quantitative and qualitative data, this report examines key impacts and outcomes, as well as barriers and facilitators to program participation. It presents lessons learned and recommendations for future implementation of integrated CVA and GBV programming.

III. SETTING: GUAYAQUIL, ECUADOR

The 2019 National Survey of Gender Relations in Ecuador reported that around 65 percent of women have suffered violence in their lives.¹¹ 2021 was the most violent year for women on record; official and civil society organizations' data triangulate an increase in femicides and other violent deaths totaling 196, meaning a woman died a violent death every 44 hours.¹² This is the highest number of cases in Ecuadorian history and an increase of 32 percent since 2019 and 19 percent more than in 2020. Surveys show that 67.4 percent of women who experience GBV do so in the form of physical abuse and 63.3 percent in the form of sexual violence.

Guayaquil is the second largest city in Ecuador, the country's main port, and host to the majority of Venezuelan migrants and refugees in the country. Seventeen percent of Ecuadorians in Guayaquil live in poverty or extreme poverty. Displaced Venezuelans suffer from a chronic lack of resources to meet basic needs.¹³ Guayaquil also has reported one of the highest levels of domestic violence since the mandatory COVID-19 lockdown began. The pandemic emergency line registered an average of 67 alerts each day from women in Guayaquil who reported IPV, based on the Ecuador Integrated Security Service calls. From March 12 to May 20, 2020, 6,321 calls for help were registered. At the national level, the 911 line received 17,964 cases, about 257 daily.¹⁴

8 M. Hidrobo, A. Peterman, and L. Heise, "The Effect of Cash, Vouchers, and Food Transfers on Intimate Partner Violence: Evidence from a Randomized Experiment in Northern Ecuador," *Am Econ J Appl Econ*, 2016 Jul; 8(3):284–303.

9 Cash Transfer and Intimate Partner Violence Research Collaborative, *Cash, food, and vouchers reduce intimate partner violence in urban areas in Ecuador* (2019), International Food Policy Research Institute (IFPRI), <http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/133160>.

10 Tenzin Manell and Holly Welcome-Radice, "Utilizing Cash and Voucher Assistance within Gender-based Violence Case Management to Support Crisis-Affected Populations in Ecuador," ReliefWeb (2020), <https://reliefweb.int/report/ecuador/utilizing-cash-and-voucher-assistance-within-gender-based-violence-case-management>.

11 Instituto Nacional de Estadística y Censos (INEC). *Encuesta nacional sobre relaciones familiares y violencia de género contra las mujeres (ENVIGMU)*, (2019), https://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas_Sociales/Violencia_de_genero_2019/Boletin_Tecnico_ENVIGMU.pdf.

12 Infographic, <http://www.fundacionaldea.org/noticias-aldea/femicidios2021>.

13 Working Group for Refugees and Migrants. (2020). Ecuador - GTRM Guayaquil: Informe Operacional - Julio 2020 [ES], <https://www.r4v.info/es/document/ecuador-gtrm-guayaquil-informe-operacional-julio-2020-es>.

14 Desirée Viteri Almeida. COVID-19, Violence Against Women, And Femicide In Latin America (2020), <https://theowp.org/reports/covid-19-violence-against-women-and-femicide-in-latin-america/>.

CARE’s 2021 Rapid Gender Analysis (RGA) found that the COVID-19 pandemic disproportionately affected the refugee and migrant populations compared to Ecuadorians. The RGA showed that women, children and adolescents, people with disabilities, LGBTQI+ individuals, and people engaged in the informal economy face unique and disproportionate repercussions and require immediate protection measures. Migrants and refugees living by themselves faced greater risk due to lack of support networks. Girls, women, and LGBTQI+ people continue to be at great risk of GBV during the pandemic. GBV occurs at home, in public spaces, in schools, and at work, and it intersects with xenophobia, homophobia, and other types of discrimination.¹⁵

As the deteriorating humanitarian, economic, and political conditions in Venezuela continue to force Venezuelans into other countries, Ecuador is more often a destination country rather than one of transit.¹⁶ Currently, Ecuador hosts over 860,000 refugees and forced migrants,¹⁷ of which more than 500,000 are from Venezuela.¹⁸ Significant gaps remain between the needs of these populations and the resources of the national government and host communities to cope. UNHCR, the International Organization for Migration, other UN agencies, and nongovernmental organizations (NGOs) likewise struggle to meet the humanitarian needs of these refugees, including delivery of GBV response.



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Aerial view of Guayaquil, Ecuador

15 CARE, Rapid Gender Analysis, 2021, https://www.care.org.ec/wp-content/uploads/2021/12/cartilla-care-web_compressed.pdf.

16 CARE International, *An Unequal Emergency: CARE Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela*, ReliefWeb (2020), <https://reliefweb.int/report/colombia/unequal-emergency-care-rapid-gender-analysis-refugee-and-migrant-crisis-colombia>.

17 UNHCR. (2022). Ecuador. Retrieved May 16, 2022 from <https://reporting.unhcr.org/ecuador>.

18 UNHCR. (2022). Ecuador: *Monthly Update February 2022*. <https://reporting.unhcr.org/document/2027>.

IV. PROGRAM DESCRIPTION AND EVALUATION

In this context, the program model implemented was cash-integrated gender-based violence case management (Cash-GBV Case Management). The program model drew on guidance in the Cash and GBV Compendium¹⁹ and the WRC-IRC-Mercy Corps CVA-GBV Toolkit,²⁰ and was contextualized for implementation in Guayaquil, Ecuador.

PROGRAM DESCRIPTION

Specifically, this program aimed to support survivors of one kind of GBV—IPV—who were adult cis or trans women, internally displaced persons (IDPs), forced migrants, refugees, or Ecuadorian nationals (Annex 1). The program model was implemented from August 2021 to January 2022. All case management followed an individualized, survivor-centered approach that started with voluntary disclosure and ended with case closure or referral for further case management support, depending on the individual case.

This contextualized program model was initially piloted by CARE and two local organizations, Centro Ecuatoriano Para la Promoción y Acción de la Mujer (CEPAM) and the Unión Nacional de Trabajadoras del Hogar y Afines (UNTHA). Piloting then continued with the addition of a third local partner, Fundación Mujer y Mujer (M&M). During program implementation, partners recognized difficulty in recruiting migrants and refugees as well as individuals with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). To achieve these program goals, M&M was included after the start of the Cash-GBV-Case Management program.

At first CEPAM's role alone, and later the role of CEPAM and M&M, was to deliver Case Management to survivors of IPV and facilitate cash referrals. CARE's role was to train CEPAM's case workers in gender-sensitive CVA and the use of CVA within GBV case management, as well as to facilitate cash delivery by liaising with CEPAM and M&M and the financial service provider, Banco Pichincha. UNTHA's role was to refer survivors who met the programmatic criteria to CEPAM.

IPV survivors disclosed on a rolling basis at CEPAM and M&M. Case Management activities took place in confidential and secure places in CEPAM's and M&M's Guayaquil offices. The program model was as follows: UNTHA identified IPV survivors, including domestic workers. CEPAM and M&M caseworkers registered survivors and assessed needs for psychosocial support, legal advice, and protection services, as well as cash for protection. The assessment for cash for protection covered considerations, including security conditions to access the cash; if the survivor could use the cash to cover their most urgent needs; whether the cash would be linked to any associated risks for the survivor; and whether the survivor could securely receive SMS text messages or phone calls (which is needed as part of the cash distribution and modality). If the survivor qualified based on this assessment, they were asked whether they would like to receive cash. If they consented, a cash referral was initiated. Cash was delivered in tandem with ongoing Case Management through to case closure.

In this program, each survivor received one cash transfer equivalent to US\$100, which was unconditional and unrestricted, meaning that there were no requirements or restrictions on the survivors to access and use the funds. The survivors accessed the cash transfer via an ATM using a unique pin number, received by phone or voucher. In this context there are service providers delivering Multi-Purpose Cash Assistance (MPCA) to meet basic needs and livelihood support. However, during implementation these referral pathways were at times underutilized. Furthermore, case workers "soft labeled" the transfer for livelihood outcomes with survivors in the cash group, often encouraging survivors to invest a portion of their transfer in an income-generating activity.

¹⁹ CARE International, *Cash & Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners* (2019), https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA-GBV-guidelines-compendium.FINAL_.pdf.

²⁰ Women's Refugee Commission, *Resources for incorporating gender-based violence (GBV) considerations into cash assistance and vouchers (CVA) and the use of CVA in the prevention and response to gender-based violence* (2018), <https://www.womensrefugeecommission.org/research-resources/mainstreaming-gender-based-violence-considerations-cash-voucher-assistance>.

PROGRAM EVALUATION: METHODOLOGY

The aim of the program evaluation was to assess the effects of a Cash-GBV Case Management program on protection-related outcomes for survivors of IPV in comparison to traditional (i.e., non-cash-integrated) GBV case management. The program evaluation explored the following questions:

1. What are the effects of cash within GBV Case Management on IPV-related outcomes of women and LGBTQI+ survivors of IPV?
2. What are the pathways of change for women and LGBTQI+ survivors of IPV who participate in the cash and GBV Case Management intervention?
3. What changes do IPV survivors experience in their personal, household, and professional spheres after participating in the Cash-GBV-Case Management intervention?
4. What recommendations do IPV survivors have for similar programming in the future?



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Survivor of IPV living in Guayaquil, Ecuador
Consent provided

Using quasi-experimental study design, the evaluation examined the outcomes and impacts of the cash-integrated GBV Case Management in comparison to the GBV Case Management alone over the three months of the program. The target sample was 150 participants total (120 in Cash-GBV Case Management and 30 in GBV Case Management). A quantitative survey was administered at the start and then again at the end of the program for each participant; the questions included in the survey were adapted from validated scales and questionnaires, took an hour to complete, and assessed demographic information, GBV and other experiences of violence,²¹ economic agency,²² personal well-being,^{23,24} and access to services. The quantitative data was used to assess differences in experiences of violence, economic capacity, and personal well-being over the course of the program. For further detail on the methodology, including on ethics, see Annex 2. For the quantitative analysis, only findings with statistical significance are presented in this report.

Qualitative and participatory methods were also used in workshops and in-depth interviews with participants; in addition, key informant interviews were held with program staff. Participants were selected for workshops using criterion-based sampling, based on their length of time in GBV case management, whether they received a cash transfer, and their migration status. Program staff who were interviewed at the end of the evaluation period were selected based on purposive sampling and included two staff members from CEPAM, two staff members from M&M, one staff member from UNTHA and one staff member from CARE. The purpose of qualitative and participatory methods was to provide grounded research that enhances the Theory of Change and measures (see Figure 1).

In addition, three after-action review workshops were conducted virtually led by CARE U.S. in April 2022 with a purposive sampling of CARE Ecuador, CEPAM, M&M, and UNTHA staff, as well as a purposive sample of women and LGBTQI+ survivors in the cash group to inform programmatic and operational lessons learned and recommendations for future programming.

21 Beusenberg, M., Orley, J. H., & World Health Organization. Division of Mental, H. (1994). A User's guide to the self reporting questionnaire (SRQ / compiled by M. Beusenberg and J. Orley. In. Geneva: World Health Organization.

22 USAID, CARE, Technical Assistance to NGOs International, World Food Programme, & Feinstein International Center, Tufts University, (2008). *The Coping Strategies Index: Field Methods Manual*. <https://www.fsnnetwork.org/resource/coping-strategies-index-field-methods-manual>.

23 Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of personality and social psychology*, 60(4), 570–585. <https://doi.org/10.1037//0022-3514.60.4.570>.

24 WHO, *WHO multi-country study on women's health and domestic violence against women : initial results on prevalence, health outcomes and women's responses* (2005). <https://apps.who.int/iris/handle/10665/43309>.

Figure 1. Theory of Change co-developed with CARE, UNTHA, WRC, and CEPAM at project inception for the "IPV Innovation."

Inputs

Identification of IPV survivors aligned with the programs inclusion criteria:

- Women who are survivors of IPV (new cases)
- LGBTQI+ IPV survivors, new cases
- Women survivors of IPV who have been identified as an emergency and require the fund to protect their life, that of their children or persons under their care
- Women survivors of IPV who are in the process of leaving a shelter and rebuilding their plans, which includes the livelihoods of Ecuadorian women and women in human mobility

Measure: Monitoring data

GBV case management services for survivors of IPV

Measure: Monitoring data

CVA for IPV survivors integrated in to GBV case management

Measure: Monitoring data

Service referrals for IPV survivors within GBV case management

- Referral to a psychological and mental health assistance service
- Referrals to legal services
- Referrals to protection services
- Referrals to livelihood services

Measure: Monitoring data

Outputs

Participation of survivors of intimate partner violence in GBV case management services

Measure: Monitoring data

Acceptance of the CVA by IPV survivors

Measure: Monitoring data

Increased awareness and access to referral services for IPV survivors

- Increase in access to legal services
- Increase in access to protection services

Measure: Monitoring data

Satisfaction of participants (IPV survivors) with services

Measure: Monitoring data

Outcomes

Increase in the economic capacity of the survivors (Control and decision-making on capital, goods and services)

- Improved decision-making by women (about their own resources, their own lives, their own bodies)
- Improved knowledge of women's rights
- Improved self-reliance and empowerment
- Improved coping strategies (e.g. decrease in hazardous work, lending from moneylenders)(focus on what types of job changes occurred; or change in access from different jobs)
- Travel and relocation to a safer place

Measure: Research data

Increase in assets of IPV survivors (measured, for example, by access to capital, goods and services)

- Increase in economic resources
- Increase in social capital and social networks
- Increase in ability to generate income to cover basic needs

Measure: Research data

Impacts

Hypothesized, intended impacts

Decreased (risk of) GBV in the future for survivors of IPV

- Increased protection
- Decrease in physical violence and risks (e.g. femicide)
- Decrease in sexual violence
- Decrease in cases of child marriages (existence; its negative side effects)

Measure: Research data

Unintended negative externalities

Decreased protection of survivors / increased GBV in survivors

Measure: Research data

OUTCOMES

Within the Theory of Change, the outcomes and impacts for both qualitative and quantitative analyses were divided into four categories: IPV and protection; economic agency; well-being; and assets. The dimensions or aspects evaluated within each of category are outlined below.

IPV and protection

4 dimensions of IPV were evaluated: emotional, economic, physical, and sexual violence. Participants reported on the frequency of violence over 3 and 12 months. The frequency of quarreling, family violence, and patterns in male controlling behaviors were also assessed.

Economic agency

7 aspects were analyzed: (1) employment; (2) money earned over the last 30 days; (3) current savings; (4) debt, (5) coping strategies (which was evaluated as an index); (6) household decision-making; and (7) feelings of autonomy and the locus of control (sense of agency regarding one's life).

Well-being

Overall mental health and feelings of hope; family and child well-being

Assets

Access to services, healthcare, and legal services, over the past 3 months was assessed

LIMITATIONS AND CHALLENGES

Several limitations and challenges were encountered during implementation and the evaluation:

- Partners set out to reach a target sample of 300 IPV survivors, with 150 survivors in each arm of the intervention. The cash group aimed to include 145 cis women, with a target of 2 survivors living with disabilities, 8 survivors with diverse SOGIESC and 82 survivors who were migrants and refugees. However, this target was difficult for CEPAM to reach, and the target samples for the cash and non-cash groups were both reduced to better reflect the scope of the population and the resources available to evaluate the program participants. At the start of the intervention, 113 participants were recruited to be part of the study sample, with 93 cash recipients and 20 participants in the non-cash group. Due to attrition and data collection constraints due to the COVID-19 pandemic, only 60 participants were interviewed at the end of the evaluation period, of which 2 were in the non-cash group.

- While an explicit goal of the program was to effectively include survivors with diverse SOGIESC as program participants, after half the sample was surveyed at baseline, it became apparent through the recruited participant data that this goal was not being achieved by the implementing partner, CEPAM. To augment the evaluation and achieve the goals of the project, the program staff identified another partner with specific expertise in serving LGBTQI+ populations, M&M. In September 2021, M&M joined the program as an implementing partner, and provided program recruitment, referrals, and case management. However, despite the inclusion of M&M, it remained difficult to reach the targets set for this program. In Ecuador, the LGBTQI+ population is extremely hidden due to gender and social norms and discrimination. As a result, not enough evaluation data was collected to disaggregate findings for this population and findings could not be tailored or even analyzed for this population as part of the study.
- Endline data collection was disrupted due to an increased number of COVID-19 cases in Guayaquil between late 2021 and the end of January 2022. In-person interviews that were planned to take place in CEPAM's offices were shifted to phone interviews to protect participants and data collectors. However, this shift in methods increased the difficulty in contacting participants due to their situations of violence. Many survivors' contact information was indirect, such as phone numbers of friends or family; in some cases, phone numbers were listed that they shared with their families, including their aggressors.
- Garnering participation from the study population was difficult. First, there were several activities conducted in a short period of time, including the baseline questionnaire, the cash group interview, the participatory workshops or the qualitative interview, and the endline questionnaire. Many participants may have declined study participation due to time constraints with their jobs or enterprises, COVID restrictions and re-traumatization in disclosing their abuse multiple times, as recorded by data collectors. Given the sample attrition, the differences over the evaluation period were analyzed for cash recipients only; similarly, the ability of the statistical testing to examine these differences is diminished due to the small sample size, as well. Nonetheless, trends in the data have been interpreted to contextualize all findings reported. In place of the intended differences-in-differences analysis (see Annex 2 for further details) between the cash and non-cash group over the evaluation period, this report presents a secondary analysis of differences-in-differences between participants by migrant status in the cash group to examine specifically the impact of this evaluation on forced migrants and refugees.



CREDIT: © 2021 CARE.
Needlework made by a survivor of IPV
Consent provided

V. FINDINGS FROM THE QUANTITATIVE DATA ANALYSIS: DESCRIPTION OF THE SAMPLE

At the beginning of the program, 113 program participants were surveyed, 93 of whom were in Cash-GBV-Case Management, referred to as the "cash group," and 20 of whom were in GBV-Case Management only, referred to as the "non-cash group."

All participants in the study were adult, cis women, and nearly all identified as heterosexual; two participants identified as gay or lesbian. In the cash group at baseline, the largest age group comprising 35 percent were 25-34 years old, 16 percent were 18-24 years old, 30 percent were 35-44 years old, and 18 percent were 45 years old and older. This was similar in the non-cash group, where 40 percent were 25-34 years old, 15 percent were 18-24 years old, 35 percent were 35-44 years old, and 10 percent were 45 years old and older. In both groups, the most common level of education was secondary or baccalaureate – 45 percent in the cash group and 53 percent in the non-cash group. In the non-cash group, the largest proportion of participants, 50 percent, were currently married. This differed from the cash group, where 65 percent were never married, previously married or previously partnered. The cash and non-cash groups also had similar proportions of individuals with disability, with 46 percent and 50 percent reporting having a severe disability (at least one domain of the Washington Group Set²⁵ with a lot of difficulty/cannot do at all), respectively. The cash group had a smaller proportion of refugees and forced migrants (35 percent) than the non-cash group (55 percent). The majority (40 percent) of participants in the cash group earned no amount of money in the past 30 days; approximately 20 percent earned less than \$50, 20 percent earned \$50-\$100 and 20 percent earned more than \$100. In the non-cash group, the proportion of participants who earned no amount of money in the past 30 days was similar (41 percent). However, the proportions at the subsequent earning levels were notably different: 30 percent earned less than \$50, 25 percent earned \$50-\$100 and 5 percent earned more than \$100. The median debt was \$50 higher in the cash group compared to that of the non-cash group, \$200 (IQR = 0-1000) and \$150 (IQR²⁶ = 82.5-925), respectively. At endline, the median debt increased to \$400 (IQR = 80-1500) for the 58 remaining cash group participants.

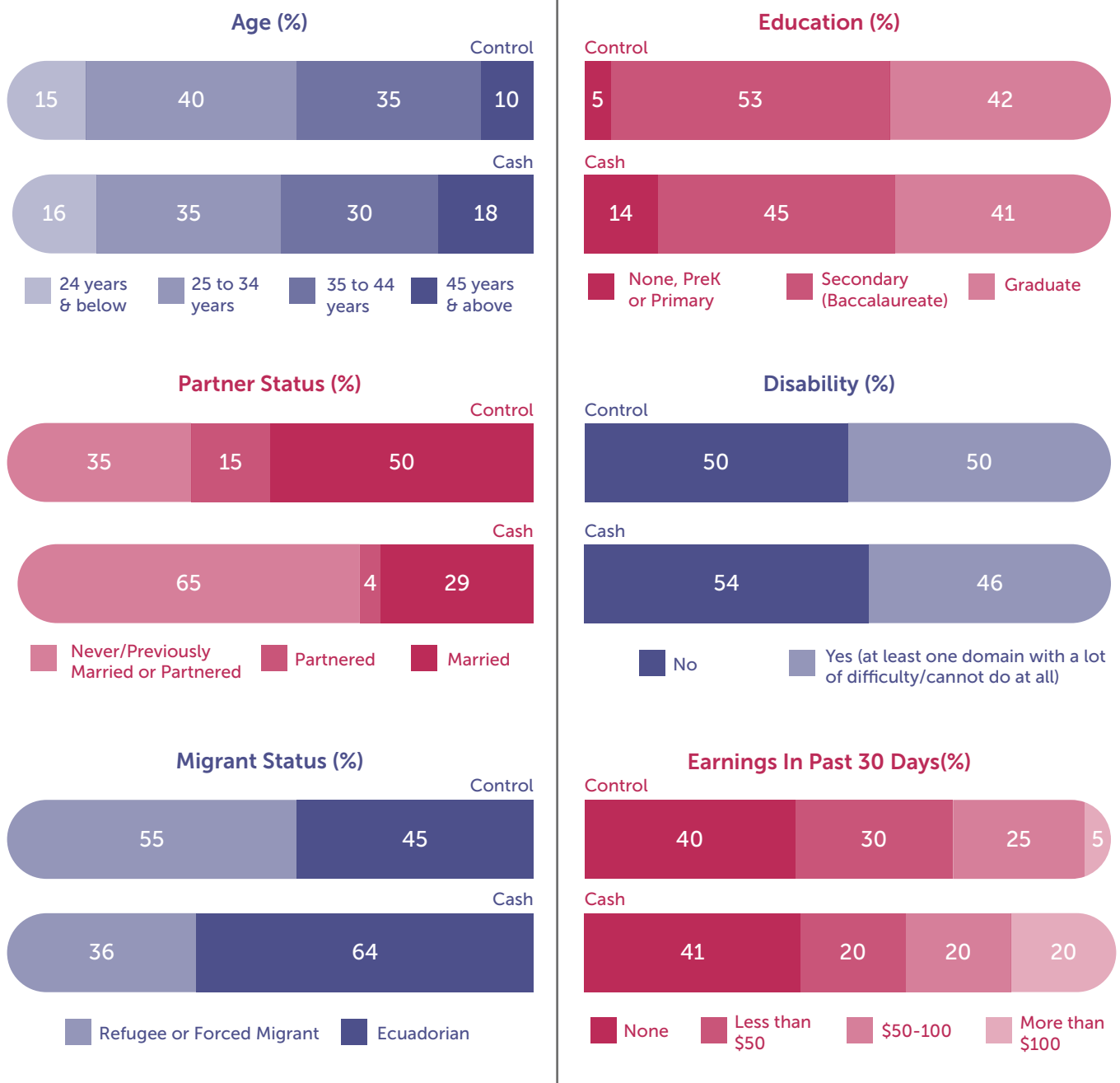


CREDIT: © 2022 Sway Culture - Unsplash.
Busy street in Guayaquil, Ecuador.

25 National Center for Health Statistics, (2015). *Washington Group on Disability Statistics: Short Set of Questions on Disability*. www.cdc.gov/nchs/washington_group/wg_questions.htm

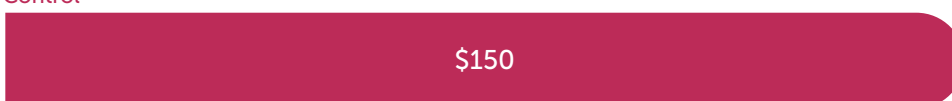
26 IQR stands for interquartile range.

Figure 2. Participant Demographics at Baseline, Cash (N=93) and Non-cash (N=20) Groups

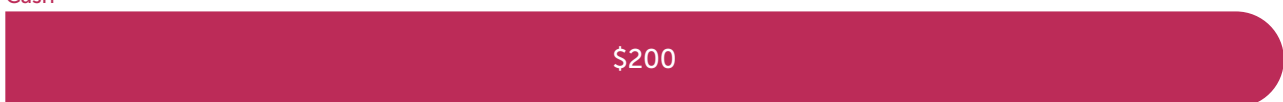


Debt (Median \$USD)

Control



Cash



VI. FINDINGS FROM THE QUALITATIVE ANALYSIS: CASH INTERVENTION GROUP VS. NON-CASH GROUP

QUALITATIVE DATA AND STUDY SAMPLE

Analysis

Qualitative methods, including data collection methods, are described in Annex 2. For all qualitative transcripts, analytic memos were created that were used to generate the initial findings and a codebook. The initial findings and the codebook, along with excerpts from the data, were shared in a co-analysis workshop with key project stakeholders, where methods of interpretation and feedback on the codebook were provided and the codebooks were refined.²⁷ The data were assessed using a mixed-methods approach, which is presented below along with the number of participants who reported said finding in the parentheses (N).

CASH INTERVENTION GROUP

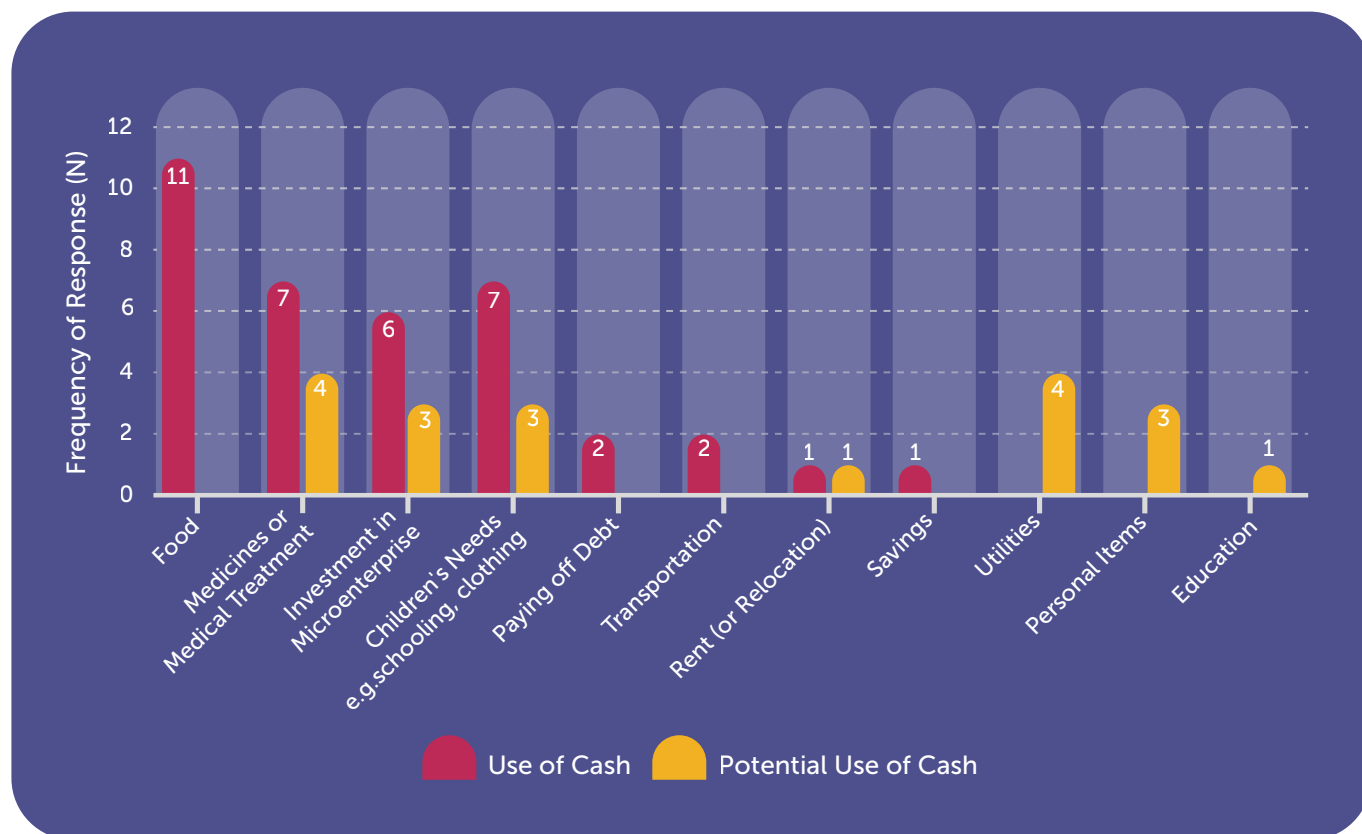
All recipients positively regarded the cash assistance provided.

- **Delivery mechanism:** Accessing cash via ATM proved challenging for approximately a third of the participants (6), whereas over half had no trouble at all (10). All recipients were able to access the cash, usually enlisting the help of the cashier or the accompanying case worker. Only a few suggested alternate delivery mechanisms to ATM (4); this recommendation came from participants who had easy and difficult experiences alike.
- **Safety of the distribution:** The majority of participants felt that there was no risk in accessing cash from the ATM, nor did they experience any threat to themselves or the people around them (11). For individuals who felt there was some or substantial risk (6) (e.g., becoming a victim of theft), half of that group did not feel it was enough to challenge their comfort in withdrawing the cash.
- **Expenditure:** The highest reported use of cash was purchasing food (11), followed by purchasing medicines or medical treatments for themselves, their children, or other family members (7). A third of the participants reported being able to invest in an existing or new small business and purchasing tools (e.g., cookware) or supplies (e.g., rice, meat, nail polish) to generate products and services for sale and thus earn income. Cash transfers also enabled recipients to address their children's needs (e.g., schooling, clothing, diapers; 7), pay off debt (2), afford transportation (2), pay rent (1), and put a little away for savings (1).²⁸
- **Transfer value:** Around 45 percent (8) felt that the cash value was sufficient while 40 percent (7) felt that the transfer value was insufficient to change their circumstances or felt that they could have done better with a higher transfer value. When asked about how a higher transfer value would have been spent, responses varied from paying for utilities (e.g., electricity or internet) (4), to medical or dental care (4), purchasing items for children (e.g., school supplies, or clothes) (3), and personal items (e.g., hair care or pillows) (3). A few individuals wanted to invest in a microenterprise (3). One participant hoped to permanently move away from her husband with her son, while another hoped to fund her education.

²⁷ After the codebook was finalized, the data and codebook were uploaded and analyzed with deductive and inductive coding using Dedoose. Only five workshop transcripts were analyzed, as the participants in two workshops were confused by the questions, offered short responses, or did not speak at all (groups 4 and 5).

²⁸ During the AAR workshop with LGBTQI+ survivors, participants reported expenditure on shelter, food, and healthcare (unranked).

Figure 3. Uses and Potential Uses of Cash, Qualitative Reports from the Cash Sample (N=18)



EFFECT OF THE PROGRAM

Changes in IPV: Cash Group

Over 75 percent of the cash recipients stated overwhelmingly that they felt safer after participating in the program (14) whereas a few stated that they were still experiencing violence (3). A third of the women reported that they still experienced some form of IPV after participating in the Cash-GBV-Case Management program. Forms of IPV included harassment, economic or legal retaliation, or controlling behaviors; for half of women suffering from controlling behaviors, these behaviors were an improvement from former, more severe forms of IPV that they were experiencing before the start of the program, such as physical or sexual violence.

Some women attributed the improvement in their circumstance of violence to the cash directly, stating that it provided them the resources to temporarily relocate or avoid returning to their partners in times of economic hardship. Similarly, a few stated the cash transfer empowered them to separate from their partner more permanently.

"That [the cash] helped me not to decide to return because at one point he, he also found out that I was in bad economic shape and without work and he was looking for me, and the truth is that my daughter was, as I said, she also had the flu, she was already without food supply and she could not work because she had no materials to be able to work. So many times we women went back to, even for that reason, and that was like, that's why I tell you, it [the cash assistance] was like a miracle."

- Refugee woman, cash group

Only a few individuals (4) mentioned that the cash had no impact on their IPV at all and cited varying reasons. For example, one woman was entrenched in a legal battle with her ex-partner and was suffering legal retaliation from him; another felt that there is never enough money to fix any problems, regardless of how much money you have.

As for other services in the program, nearly all participants mentioned psychological counseling as a key factor in improving their circumstances, along with the social work services and the group workshops. For many, the counseling provided improvement not only to their mental health but also their self-esteem, autonomy, and resilience. The program activities and the interactions with staff also taught participants about abusive behaviors that they were not aware of, which helped them identify those patterns in their own relationships. With both confidence and knowledge of their rights, these women were able to stand up to, and in some cases leave, their abusers.

"I participated in a talk ... When they were giving the types of violence, I said 'oh, I am being abused by my partner and I didn't know,' so that motivated me to seek help because things were getting a little out of control."

- Refugee woman, cash group



Credit: © 2021 CARE
Survivors of IPV participate in psychosocial workshops that feature art therapy
Consent provided

"I went to the psychologist. The psychologist made me understand the situation. I have come out ahead... I told the father of my children: 'I don't want you to threaten me, I don't want you to tell me anything because now I know there is a law that can put you in jail and who is going to help you? I am attending CEPAM talks, I have help there from the CEPAM psychologist and she says that there are entities that without me spending a cent you can go to jail, so don't bother me because I am determined to send you to jail.'"

- Ecuadorian woman, cash group

Around a third of cash recipients mentioned that legal services were integral in changing their circumstances of violence, through filing allegations against their abusers or even, as a result of knowing their rights, threatening legal action to prevent their partners from enacting further abuse.

When asked if she felt more secure after entering the program, one participant said:

"It's like when you have your mom, right? And somebody does something to you. You then complain; 'Mommy, they hit me and this and that.' So that's how I feel; like with my mom. And whoever tries to touch me, or if the father of my children tries to touch me, I have my lawyer, and so on."

- Ecuadorian woman, cash group

Changes in IPV: Non-cash Group

Non-cash group program participants also felt that case management services had a positive impact on their situation of violence. While some were still in relationships with their abusive partners and experiencing some emotional or economic abuse, they felt the case management helped them. These women reported being able to cope better as well as recognizing problematic behaviors and setting limits, altogether resulting in some positive progress or changes in their partner's behavior. One participant remarked how filing an allegation against her husband with the authorities prevented him from enacting further physical abuse. Some non-cash group participants started new relationships during the intervention period and felt that their experience in the program helped them set boundaries and expectations with their partners as well. For those who had ended their relationships or lived elsewhere, they were no longer experiencing violence, and felt that the program allowed them to process their abuse psychologically and helped them feel safer overall.

When asked about the change in her situation of violence:

"I lived with my partner and I lived very stressed. Then I moved away from this, the father of my children, and really now that I moved, that I am over there alone if I miss my family because my family is all here in the center, so I'm kind of thrown away over there. But I do feel calm, in that aspect I feel calm, my peace of mind is the main thing, and the other thing I do feel worried about because I'm not with my family, I'm a little bit distant."

- Ecuadorian woman, non-cash group

When asked about the impact of the psychological services:

"I think as a positive effect, uh, I, I mean, it scared me a little bit to begin with because I'm currently in a relationship and knowing that you're in patterns [laughs]...I mean, it made me examine my relationship a lot, like for care issues obviously."

- Ecuadorian woman, non-cash group

However, for refugee women in the non-cash group, their protection during the implementation period was less secure compared to those in the cash group. Though their relationship with their abusive partners had ended, they still felt threats of GBV elsewhere, and felt they would be taken advantage of by someone else, due to their legal status. These threats included exposure to sexual exploitation and abuse by Ecuadorian law enforcement and other authorities. Their legal status also inhibited their work in formal sectors, for which some had experience, thereby limiting their economy opportunities and stability.

Participant 1 (talking about her story):

She is far from her family, she has no one, she has no legal documents. The police bother her all the time. Sometimes an officer insinuated to her that if he stops her for not having legal documents, she should sleep with him. She cannot work at all.

Participant 2:

"Pfff, oh boy, family, work, people you think you know. Everything is so unsafe."

- Refugee women in workshop 2, non-cash group

CHANGES IN ECONOMIC SITUATION, AND PROFESSIONAL LIFE

Cash Group

Just over half of cash recipients mentioned that over the duration of the program their financial situation improved (10); others reported that their financial situation was “more or less” the same as before, or, at least stable.

Many participants mentioned that they had jobs (14), primarily in informal sectors with their own microenterprise, such as selling food or desserts, clothing, or household goods, providing cleaning services or nail care. Only a few participants stated that they were no longer working and were unable to because of their health, their children’s health, or they were looking for something that would allow them to be closer to home. Jobs that were closer to home, or had flexible hours, allowed participants the autonomy to both earn money and take care of their children, which was a priority. If women were unable to pay for or carry out childcare themselves, they relied on extended family members or their older children to care for young ones.

“I feel more empowered now, to be able to work, take care of my children, that’s how I feel right now, and thanks to that I have another job now, although I don’t earn millions, I feel that I make enough now. My earnings weren’t as much in my previous job and yeah, I feel more empowered now, what can I say? Eh [silence] I don’t have words.”

- Ecuadorian woman, cash group

Nearly all participants reported being able to make financial decisions themselves about the cash transfer received, although a few participants consulted their older children, parents, siblings, or friends. Ultimately, in these situations where they consulted others, the decision was theirs to make. Receiving the cash transfer and the process of decision-making improved self-reliance and feelings of empowerment in every cash recipient. Further, these women proved to themselves that they could support and sustain their families on their own without a partner.

“Yes, it has changed for me because I feel more confident, I have my own opinions, I say what I do and before, I didn’t because I depended on someone else. Now I am the one who has to take care of my children and everything, so I am more self-confident.”

- Ecuadorian woman, cash group

Women who invested in their small businesses discussed more openly their goals for the future, including ways to expand their business, and generate more income. Those who did also wanted to empower other women, by strengthening others’ economic capacities and building social networks.

“What I would like to ask for, if possible, is to make integration groups like we did here that day...Among all the users, among all the people who have received the money, and see what kind of business we can come up with by joining forces. And if there is one person that did not invest or could not invest, help her. We would tell her ‘Look, I have worked on this, and if you want, I can lend you a few things or help you with a few things and do this and that for you.’”

- Ecuadorian woman, cash group



Credit: © 2021 CARE
Survivor of IPV in the cash group completes paperwork to receive her cash assistance integrated within the delivery of GBV case management Consent provided

Non-cash Group

Participants in the non-cash group stated that their economic situations had not changed much during the intervention period, even if they were able to access referrals beyond GBV case management, such as referrals for food or health. Most individuals mentioned that they were receiving help from others, primarily family members, to cover their basic needs. A few were able to secure resources from other programs or organizations. Only one non-cash group participant mentioned having a steady job, while two mentioned that they were participating in informal trade part time. The remaining non-cash group participants were unemployed; almost all stated that finding a job or having a steady income was a goal and enabler for changing their circumstances. Only half of the non-cash group stated that they were in control of their own financial decisions.

All refugee women in the non-cash group mentioned that the struggle to secure their legal documents was a barrier to finding jobs and accessing livelihoods, and that earning income was an integral step in being able to change their situation positively, to have autonomy and achieve independence.

"I am also hopeful with the help to regularize my paperwork, because once I have my documents here, I will be able to exercise my profession and do so many things."

- Refugee woman, non-cash group

CHANGES IN PERSONAL WELL-BEING

Cash group

The integrated program components of the cash transfer and GBV case management had significant impacts on participants' well-being, and their mental health. Participants reported being more confident, resilient, and independent overall, which was often attributed to the economic empowerment provided by the cash transfer.

Nearly all participants, 94 percent, referenced the case management services as an integral part of their improvement. Having this support, during which participants were learning about their rights with other survivors and processing their abuse with professionals, laid a strong foundation for these women to make changes in their lives, especially when provided with the opportunity of economic assistance.

"I was coming out of a fight at home with my husband. I had suffered violence. It was like a moment when I said I don't want to live like that anymore. I left my house alone at that moment and went to CEPAM to get help. I arrived there feeling very bad, desperate and I came out thinking differently. I went to get my son, my things and I left and when I came here, I immediately had appointments with the doctor [psychologist] that helped me change a little bit more each time, and more and more with what I talked with the doctor I realized other things about myself too. We reviewed things about my childhood, things that moms did not consider and now they do. In other words, it has been an evolution."

- Refugee woman, cash group

Non-cash Group

Among women in the non-cash group, GBV case management was the most impactful in improving mental health, self-esteem, and resilience through psychological counseling, social work services, and group workshops. They were able to stand up to their abusers, fight for their rights, and alleviate the stress of violence. However, they still experienced tensions in their relationships, as well as social isolation, primarily from family. Most notably, the locus of change and resilience was still external; participants in the non-cash group felt better after participating in case management services, but were unable to enact that change on their own, still seeking help in hopes of changing their circumstances.

"There are times when you feel that, like everything is impossible, then you talk to another person and that person gives you another vision, you feel more confident, you feel more confident, that you can do something that you didn't know you could do, and you have the ability to do it...I really felt very good talking to her [case worker]."

- Ecuadorian woman, non-cash group

A participant in the non-cash group was particularly motivated to help other women as she was inspired by the help she received. She posted on WhatsApp about the services offered at CEPAM and provided addresses and phone numbers for those who request it from her.

Participant: "I publish it in my status. I post it in my status, even my niece who is a doctor comes to me and says, 'aunt you are fem-, feminine-'"

Facilitator: "Feminist"



CREDIT: © 2022 djmanuelmaciasvoiceove - Pixabay.
Woman overlooking Guayaquil, Ecuador.

Participant: "Feminist. Yeah, and I was telling her, and what is that? (laughs), is that you fight for women's rights, 'oh yes, then yes I am, yes I am', I tell you like this, because no man has the right to take and mistreat any woman, no man, I tell you...they gave me the CEPAM form and I tell you, I took a picture of it, and I publish it in that. The other time CEPAM invited us ...I took it and published it. Then the people who know me the most, the ones who have my contact, they look, and I tell you, yes, they have asked me, and I do, I do pass it on and I have sent them the address, all that."

- Ecuadorian woman, non-cash group

CHANGES IN FAMILY LIFE

Cash Group

Several women recognized the impacts that their own experience with IPV might have on their children. They were concerned about their children's well-being, particularly the deterioration of their mental health, an acceptance of abusive behaviors, and drug use to cope with risks in their neighborhoods.

Many women in the cash group reported using the cash transfer to pay for children's basic needs and felt that their children were doing well over the course of the program. For some women, who felt their children's well-being did not improve during the program, the tension in their relationships with their children increased. However, there were several other women who saw notable changes in their children over the course of the program. These women passed on lessons learned from the program to their children, including facilitating their children's access to psychological care, modeling to their children the changes they were making in themselves, and ultimately, strengthening relationships with their children.

"It is relevant to mention my second daughter's way of thinking, with respect to femicide. She rejects it and supports the campaigns. She feels in some way in conformity with the perpetrators."

- Refugee woman in Workshop 7, cash group

"My children are not alone anymore, they no longer stay alone, they no longer listen to problems, and the eldest who was on drugs, he has already lowered a lot his, his, his anxiety from his abstinence."

- Ecuadorian woman, cash group

"Getting here, yeah, because my daughter is calmer here now, she's now going to school normally. Of course, she doesn't want to go alone as her father will see her, but she's going outside every now and then. Before, she had problems, and used to shake...My daughter is happy for the help she's getting—the one that the psychologist is giving her and me and the baby."

- Ecuadorian woman, cash group

Non-cash group

The experience of women IPV survivors in the non-cash group had significant impacts on their children, who either witnessed violence or experienced neglect from their abusive partners. As a result, participants were concerned for the mental health and well-being of their children. This was a significant motivator for women to change their circumstances, as they realized that their experience of violence was extending beyond themselves and negatively affecting their children. Unlike participants in the cash group, however, none of the women in the non-cash group mentioned improvements in the well-being of their children, nor were they able to integrate them in the case management services.

"She is 15 years old now. When she arrived, she was 12 and she is a very mature girl, she understands everything, she knows everything that is going on with her father. It is true that she is psychologically harmed because of that."

- Refugee woman, non-cash group

"...when the serious problems started, too hard, I tell you, he [husband] was too selfish and manipulative towards me and I saw that he was doing that with my son... I saw that he [husband] also wanted to do the same, zero friendships, zero outings so that my son couldn't go out with his friends, his classmates... He was already putting his 'buts,' his anger and all those things. Then I said, the same thing he did to me he wants to do to my son, I am not going to let him have it and that's when I showed myself and that's when the problems started."

- Ecuadorian woman, non-cash group

VII. FINDINGS FROM THE QUANTITATIVE DATA ANALYSIS: DIFFERENCES BETWEEN ECUADORIANS AND REFUGEES OR FORCED MIGRANTS

The outcomes and impacts of 93 cash recipients at the beginning of the program (baseline) were compared to 58 recipients at the end of the program (endline), by migration status. Significant differences were found between Ecuadorians and forced migrants or refugees in the cash group across three outcomes over the evaluation period from baseline to endline (see Table 1): any IPV in the last 3 months;²⁹ having worked in the past 30 days; and the number of services accessed in the last 3 months.

- **IPV:** Overall, the cash group experienced an increase in any type of IPV, over the study period, 34 percent. The difference between reports of any IPV was significantly higher among Ecuadorian than refugees, approximately 35 percent (p-value = 0.029). Ecuadorians reported a statistically significant increase in IPV from baseline to endline by 44 percent, whereas refugees reported a 9 percent increase in IPV, which was not statistically significant (p-value = 0.53).

29 Any IPV was defined as a report of physical, sexual, emotional, or economic violence occurring once or more in the past 3 months.

- **Economic capacity:** Migrants and refugees reported an increase in working in the past 30 days by 22 percent, which was statistically significant (p-value = 0.045). Ecuadorians also reported an increase in work, although by 7 percent, but this difference over time was not statistically significant. By the end of the evaluation, a higher proportion of refugees or forced migrants reported working in the past 30 days as compared to Ecuadorians, the difference of which was estimated to be 15 percent, but this finding was not statistically significant.
- **Access to services:** Migrants and refugees reported an increase in access to services by 0.73, meaning that most refugees gained access to one more service, such as health or legal services, over the study period; though, this finding was not statistically significant. Conversely, Ecuadorians reported a decrease in access to services with a score reduction of 1.24, indicating a reduction of one or more services used, which was statistically significant. The difference in access to services between refugees and Ecuadorians was 1.97 (p-value = 0.029), thus migrants and refugees reported access to approximately two more services than Ecuadorians during the program, which was statistically significant.

Table 1. Differences-in-Differences, Cash Sample by Migrant Status, Ecuadorian vs. Refugees (n = 141)

	Difference from Baseline to Endline (0 mo. - 3 mo.)		
	Any IPV in the Last 3 Months	Worked in the Past 30 Days	Access to Services (Number of Services in the last 3 Months)
Total Cash Sample	<u>34.92%</u> ↑	11.79%	-0.62
Ecuadorians	<u>44.90%</u> ↑	7.17%	<u>-1.24</u> ↓
Migrants and Refugees	9.04%	<u>22.36%</u>	0.73
Differences Between Refugees and Migrants and Ecuadorians	<u>-35.80%</u> ↓	15.20% ↑	<u>1.97</u> ↑

Notes: **Underlined** estimates are statistically significant (p-value < 0.05). All estimates were calculated using linear regression models with robust standard errors, controlling for age, education, marital or partner status, and disability status.

VIII. DISCUSSION

Differences in Outcomes and Impacts: Cash vs. Non-cash Group

IPV AND ECONOMIC CAPACITY

The evaluation substantiates the reduction of IPV and improved economic capacity through the Cash-GBV Case Management program. Qualitative findings showed that the increase in IPV was not linked to the cash transfer received by the intervention group. It was noted several times, in both participant and staff key informant interviews, that abusers will take advantage of a woman's economic vulnerability to re-establish their relationship. The use of cash was directly linked to reduced exposure to violence in the qualitative findings, since many women reported that the assistance allowed them to avoid returning to abusive partners out of desperation. **Cash assistance was found to be a method of IPV prevention and mitigation in the program.** Detailed findings for IPV and economic capacity are as follows:

- All cash group participants stated that they were able to withdraw cash without their abusive partners knowing. In cases where others were aware of their recipient status, it was because participants included those individuals in their decision-making process. This is also supported by the **increased household decision-making for members of the cash group** during the evaluation period, as the cash transfer may have reversed those outcomes if abusers were aware of the transfer, or if the cash transfer placed them at greater risk.
- Both cash and non-cash group participants used similar strategies in addressing their abuse. **The knowledge of their rights, identification of patterns of abuse, and newfound self-esteem and empowerment through psychological counseling and survivor workshops contributed significantly to reducing participants' exposure to IPV.**
- **Legal services, whether used or not, became a method of IPV prevention and/or mitigation in some cases** as abusers stopped inflicting violence out of fear of legal recourse.
- Overall, **cash assistance increased participants' economic capacity and economic resources** over the evaluation period. Qualitative findings illustrate that participants' investment of part or all of the cash transfer into an existing or new microenterprise provided them with a method of generating sustainable income in some cases or, at the very least, some economic stability. This is supported by the increased percentage of participants who worked and earned money in the past 30 days from quantitative findings.
- From the qualitative findings, **greater financial control in conjunction with cash assistance led to a better sense of autonomy in the cash group** compared to the non-cash group. This is highlighted by the notable differences in the locus of change between the two groups. Participants in the non-cash group often cited external factors as drivers of their change, for example, feeling better after receiving case management services. **Cash recipients more often identified themselves as the driver of their change, especially those who were able to invest into a microenterprise or other income-generating activity.** The control over their financial decisions and their success in supporting their families by themselves resulted in increased self-reported self-reliance and empowerment among cash recipients more so than among participants in the non-cash group.
- Cash transfers were provided with the objective of recovering from IPV. However, many recipients' expenditure was to cover basic needs. In this context there are service providers delivering MPCA to meet basic needs and livelihood support; however, during implementation these referral pathways were at times underutilized. As the cash transfer was not designed to meet basic needs or livelihoods recovery, findings were unsurprising that the cash transfer did not lead to individual-level economic growth. During implementation, case workers "soft labeled" the transfer for livelihood outcomes with survivors in the cash group, often encouraging survivors to invest a portion of their transfer in an income-generating activity. **The non-cash group had less economic stability overall, by comparison, reporting fewer improvements in economic situations and more instances of engaging coping strategies, such as borrowing money from family members or friends, than the cash group.** In addition, a higher proportion of participants reported unemployment in the cash group, but this finding is limited by the small number of non-cash group participants overall.

However, our quantitative findings show that there was an increase in IPV in the cash group over time. The difference in findings between the quantitative and qualitative methods could be explained by several confounding factors in the quantitative data. First, participants recognized an increased awareness of abuse in the qualitative findings. In the interviews, participants reported learning more about women's rights and types of abuse during the program. This could have led to increased reports of violence from baseline to endline if women were more aware of or more willing to report different types of violence they experienced. The same phenomenon would have indicated an underreporting of abusive behaviors at baseline.

Second, although all participants were selected for the program based on their experience of IPV among other criteria, some respondents had missing data for these metrics. Only 41 percent of participants reported any type of IPV in the last 12 months at baseline. Moreover, without the non-cash group for comparison, we cannot assess if the report of IPV increased for all, or the effects of cash thereon. However, the qualitative findings showed that the increase in IPV was not linked to the cash transfer received by the intervention group. Last, the increased reports of IPV at the end of the program could be attributed to the omicron wave of the COVID-19 pandemic. During periods of pandemic quarantine, reports of domestic violence increased in Ecuador as a result of increased time spent locked down with abusers. As endline data was collected during a wave with the highest case count of the pandemic, the incidence of IPV experienced could have increased, since CEPAM closed their offices for two weeks and many women used these services to find time away from their abusers.

PERSONAL WELL-BEING AND FAMILY RELATIONS

Across both the cash and non-cash groups, GBV case management was a significant factor in participants' recovery from IPV, including improvements in mental health, and increases in autonomy, resilience, and self-esteem. However, in the non-cash group, improvements and increases were more emphatic. Detailed findings for well-being and family relations are as follows:

- **GBV case management provided much-needed psychological care to survivors, and was integral to building their confidence, especially when standing up to their abusers.** Participants reported frequently that all staff provided encouragement to defend their rights, seek justice, and prioritize themselves. The combination of psychological, social, and legal services allowed participants to feel well supported in recovering or coping with IPV.
- **Workshops and other group activities provided access to a network of survivors, which was important not only for additional social support, but also empowerment, as participants were able to make connections and friendships, and realize that they were not alone.**
- For participants in Cash-GBV Case Management, **changes in well-being and family relations linked to GBV case management magnified the impacts of cash assistance.** As previously mentioned, **economic security and decision-making increased at a larger degree for cash participants compared to those of the non-cash group, leading to more autonomy, self-reliance, and empowerment.** This fostered, in conjunction with improved mental health and self-esteem from GBV case management, **a greater sense of resilience among cash participants over non-cash group participants.**
- For those in the cash group, receiving cash assistance directly challenged gender norms in Ecuador that women should be provided for by their partners, allowing participants to see that they could provide for themselves and their families. Emboldened by their new financial power, **cash recipients were more confident that, with the right opportunities, they could continue to improve their lives. These impacts were even more pronounced for participants who were able to generate income by investing the cash assistance into an income-generating activity compared to cash participants who did not.** New businesswomen sought other opportunities, networked, and expanded their microenterprises. **The economic impact of the Cash-GBV Case Management also decreased stress factors due to poverty more so than GBV case management alone,** as cash participants were able to cover basic needs more easily than the non-cash group. This had a particular impact on their physical health and access to healthcare. Non-cash group participants were able to seek out referral services or additional aid through case management to cover the costs of medical care. However, **the cash group was able to access more health services directly by themselves and cover associated costs, resulting in comparative improved physical, mental, and psychological health over the non-cash group.**

- Many survivors across both the non-cash group and the cash group program had children and were explicitly concerned about the impact that economic insecurity and violence had on their children's lives. However, cash recipients were able to address those concerns more readily than non-cash group participants. **Cash recipients covered their children's needs with the cash assistance, but some demonstrated increased capability in dismantling internalization of abuse, likely due to the increased autonomy and resources to dedicate to these issues, especially with cash to reduce transportation barriers.**



Credit: © 2021 CARE
Survivors of IPV participate in psychosocial workshops that feature art therapy
Consent provided

DIFFERENCES BETWEEN POPULATIONS: REFUGEES VS. ECUADORIANS

As evidenced by the quantitative analysis and the qualitative findings, aspects of this evaluation were unique to refugees. In the quantitative data, refugees in the cash group were found to have experienced a smaller increase in IPV, had worked more in the last month, and had access to more services by the end of the program than Ecuadorians in the same group.

The difference in reported IPV may be attributed to differences in culture; Ecuador may have increased normalization of violence compared to that of the countries of origin for migrants in the program. Similarly, this finding may be confounded by increased awareness and recognition of IPV among participants in the program and COVID-19, as discussed earlier in this report.

Among those in the cash group, refugee participants reported more often having worked in the last month in comparison to Ecuadorians. The difference in this economic outcome may also be attributed to differences in social norms for refugees in Ecuador compared to Ecuadorians themselves. One key informant commented on this phenomenon specifically during an interview, sharing her view that refugee women were more willing to engage in the informal sector, whereas Ecuadorian women viewed this less favorably.

Refugees also reported a higher number of services accessed compared to the rates of access by Ecuadorians in the cash group. This difference may be attributed to both social norm differences and their legal status, as refugees may have been more inclined to seek legal or immigration services to secure their documentation.

In the qualitative data, refugees in the non-cash group reported more vulnerability due to legal status than those in the cash group. These non-cash group participants wanted to secure their legal documents to increase their access to formal jobs and financial security. Due to the economic stability or opportunity induced by the cash transfer, legal assistance may have been a less pronounced need and, thus, unmentioned in the cash group.

PROGRAM IMPLEMENTATION:

Findings from All Participants - Services

Participants in this program really valued the services provided by CEPAM and M&M. They regarded the staff as kind, knowledgeable, and supportive. There were only a handful of incidents where participants felt that they did not receive the help they wanted (5), were not given information (1), or did not like the treatment from staff (1). In all of these cases, there was a connection to access to legal services. For example, one participant did not know about the legal services initially, as the case worker did not relay the information to her; she learned about the services

from a friend. Another wanted legal help in reclaiming her house from her ex-partner, but when the lawyer suggested pursuing a criminal case, she decided against it. Overall, these instances did not cloud their opinion of the services provided.

To participate in services, some participants experienced financial (transportation costs) and time barriers (experienced due to scheduling conflicts with their job or caring for their children, as well as distance traveled to reach services). In a few cases, women mentioned their partners were aware of their participation in these services and disapproved. Some participants were able to enlist help from their social networks, friends, and family to borrow money to cover the costs of transportation to reach case management or other services or accept caregiving of their children. The flexibility and understanding from the case workers in rescheduling appointments were strong facilitators of participation.

Across the 23 in-depth interviewees and 35 workshop participants, psychological services were mentioned as the most helpful, followed by social work, then legal assistance, and finally, other services such as referrals for food or health.

Most participants were referred to either CEPAM or M&M by someone they knew, such as a friend (11), neighbor (4), family member (2), or boss (1). The remainder of participants were referred through another institution, such as a hospital (1), a university (1), the Prosecutor’s Office (2), or a different aid organization (2). Only one person learned about these services through a poster advertisement. All participants mentioned they would recommend or had recommended case management services to other survivors.

IX. PROGRAMMATIC AND OPERATIONAL LESSONS LEARNED AND RECOMMENDATIONS

Key programmatic and operational lessons learned, and corresponding recommendations, were identified by participants in the cash group, by participants in the non-cash group, by program staff during KIIs, by cash group participants during the after-action review, and by program staff during the after-action review. These are captured in the following discussion and Tables 2 and 3 below.

Program staff during KIIs identified several barriers to reducing IPV and implementing integrated cash and GBV case management in Guayaquil and in the Ecuadorian context generally. These included the normalization of violence, legal system deficits, the economic consequences of the COVID-19 pandemic, and discrimination against LGBTQI+ individuals.

The normalization of violence in Ecuador, which affects forced migrant, refugee, and host communities alike, is pervasive. The ubiquity of violence, the cultural norm that women are relegated to the private sphere and meant to be provided for by their partners, the lack of awareness of these problematic behaviors, and the lack of formal reporting systems and violence protection policies contribute to this problem. The legal system specifically is a barrier for women in reporting their abuse and seeking justice. In the current legal environment in Ecuador, survivors are often deterred by case processing time, legal fees, and re-traumatization of disclosing their abuse. There are also social repercussions to reporting, as many women feel they will be ostracized by their communities or families for reporting their abuse.

For refugees specifically, the complexity of their legal status inhibits their ability to work and thus to meet their basic needs, such as food and shelter. Refugees and forced migrants work hard to overcome those insufficiencies and sometimes make compromises to secure those resources. One program staff member remarked during the KIIs how resilient refugee participants were and the stark contrast in their sense of agency from what was culturally observed among Ecuadorian women. Moreover, as migrants, they have little to no social support network and are often alone.

The changing economic situation in Ecuador, already tenuous, has been exacerbated by the COVID-19 pandemic; women have been severely impacted. Many lost their jobs during the pandemic, which increased their vulnerability to IPV. As one key informant cited, abusers will often take advantage of a woman's economic vulnerability in order to continue their relationship and, thereby, their abuse.

For LGBTQI+ populations, the most cited barrier was the lack of visibility in society overall. Since this population is often hiding their sexual orientation or gender identity so as to reduce the prejudice and associated violence they face, outreach in general, and especially regarding IPV, is particularly difficult. One key informant from M&M noted that no LGBTQI+ organization had ever tackled the issue of IPV for this population in Guayaquil before.

Table 2. Programmatic lessons learned and recommendations



Key



-  Cash group
-  Participant AAR
-  Program staff KII
-  Non-cash group
-  Program staff AAR

1	Lesson	Recommendation
	<p>Case identification – identifying forced migrants/ refugees and survivors with diverse SOGIESC; challenges for cash recipients who fell ill not having a designated alternate recipient; while this project focused specifically on survivors of IPV, caseworkers identified many survivors of other forms of GBV who did not meet the selection criteria and so were not eligible for Cash-GBV Case Management</p>	<ul style="list-style-type: none"> At registration collect contact and identification information for an alternate cash recipient designated by the survivor who is a "safe choice" as an alternative to the process indicated in the SOP Incorporate a campaign on GBV prevention and response and services for individuals at risk and survivors to make service providers and their services known to survivors in the community Future programming should meet the needs of all survivors of GBV, including adolescents including those with children (caseworkers encountered individuals as young as 14 years of age who were survivor), and male survivors of sexual violence, for example forced migrants and refugees fleeing conflict Strengthen the capacity of service providers to safely and proactively identify survivors of marginalized profiles, for example, refugees/migrants, LGBTQI+ survivors and survivors living with disabilities and ensure strong partnerships with organizations that have existing expertise in identifying and serving these populations
2	Lesson	Recommendation
	<p>Psychosocial support and case management follow up – case management services, including psychosocial support, were highly effective; however, further follow up will ensure comprehensive support to survivors to meet their needs holistically</p>	<ul style="list-style-type: none"> Increase number and duration of follow-up visits in order to ensure needs are met timely and comprehensively (%) for example, once every week phasing to once every two weeks for a longer duration for 6 months When first integrating CVA into GBV response consider increasing the number of caseworkers on staff and decreasing the ratio of caseworkers to survivors as an enabler of comprehensive support and to support caseworkers with their learning curve while implementing the approach³⁰

30 Best practice guidance recommends 1 case worker to 20 survivors; consider 1 case worker to 15 survivors.

Key

-  Cash group
-  Non-cash group

-  Participant AAR
-  Program staff AAR

-  Program staff KII

3	Lesson	Recommendation
	<p>Referral pathways – while referral pathways were identified during the program design and included in the SOPs, they were not used to their full potential, in particular cash to meet basic needs, livelihoods, and legal assistance</p>	<ul style="list-style-type: none"> Systematically use referral pathways to increase access to services for survivors, including MPC to meet basic needs, livelihoods, health, shelter, sexual and reproductive health (SRH), education Livelihoods support should include livelihoods case management and tailored capacity building, for example, business planning, numeracy, literacy, job placement to support survivors' fully recovering from incidents of violence and to achieve self-reliance Improve referral system to organizations that can support forced migrants and refugees with legal assistance as this is one of their most significant barriers
4	Lesson	Recommendation
	<p>Strengthen social networks among survivors and opportunities for the program model to be driven by survivors – women showed substantial initiative to empower other women through the program</p>	<ul style="list-style-type: none"> Increase opportunities for design and implementation of the intervention to be driven by survivors, including survivor-led ~ co-design and co-analysis workshops Build in opportunities for survivors to continue strengthening social networks beyond the workshops, for example, recreational activities In addition to individual-level assistance, consider group cash transfers to survivor groups to resource survivor-developed solutions to survivor-experienced barriers to recovery from incidents of violence Increase access to safe spaces during and beyond program enrolment
5	Lesson	Recommendation
	<p>Cash transfer timing, value, duration and frequency – one-size-fits-all case transfers should shift to a tailored approach to meet unique IPV cases and associated needs; transfer value, duration, and frequency was insufficient to cover associated costs of participation, which became barriers for participants, including the costs of transportation and childcare; timing of the transfers was not always predictable</p>	<ul style="list-style-type: none"> Increase the transfer value, duration, and frequency range for diverse survivors and their protection needs in accordance with market assessments of protection-related goods and services and associated costs; ensure harmonization of cash for protection transfer value with MEB and ensure referrals across sectors, with attention to family size of the survivor, including the number and age of children in the household Transfer value and duration should account for costs of transportation to reach case management and duration of GBV Case Management Ensure predictable timing of transfers Provide childcare during participants' engagement in Case Management activities (meetings with case workers, attending workshops, etc.)

Key |  Cash group |  Participant AAR |  Program staff KII
 Non-cash group |  Program staff AAR







6	Lesson	Recommendation
	<p>Confidentiality of survivors' cash recipient status – despite efforts to keep the transfer confidential, some program participants shared their eligibility for cash (or lack of eligibility) with each other, which created difficulties for case workers in managing survivors' expectations</p>	<ul style="list-style-type: none"> • Emphasize the importance of confidentiality regarding cash recipient status to survivors during the case management process 
7	Lesson	Recommendation
	<p>Retention of survivors – Some participants in the cash group did not continue with case management after receipt of the cash transfer</p>	<ul style="list-style-type: none"> • Increase opportunities for design and implementation of the intervention to be driven by survivors to enhance retention • Case workers should further emphasize the importance of all program components with participants • Use multiple communications channels for contacting survivors, for for example, phone and WhatsApp    
8	Lesson	Recommendation
	<p>Lack of engagement with family members of survivors – this was a gap and could have been an opportunity to engage survivors' current partners in workshops on women's rights, gender norms, and attitudes for a gender-transformative approach; this would especially benefit women who have remained in their partnership by choice</p>	<ul style="list-style-type: none"> • Incorporate program components to directly and indirectly support survivors' partners, children, and other dependents, such as psycho-social support. Integrating program components that address these secondary impacts would be not only positive for children of survivors but also for alleviating stress experienced by survivors related to tension with their children  

Table 3. Operational lessons learned and recommendations

Key |  Cash group |  Participant AAR |  Program staff KII
 Non-cash group |  Program staff AAR

1	Lesson	Recommendation
	<p>Remote management due to the COVID-19 pandemic and safety considerations – while inception workshops, trainings, and other coordination touch points were planned to be in person, everything shifted to be carried out virtually; this created some confusion at times between partners about roles and responsibilities and undercut rapport among partners at the beginning of the project</p>	<ul style="list-style-type: none"> • Wherever possible, key coordination moments should take place in person, especially when launching integrated programming in which the aspects of integration are new to all or some partners 
2	Lesson	Recommendation
	<p>Partner self-assessment and capacity building are key to effectively carrying out CVA- GBV Case Management – Adjustments after the project launch were needed to stopgap case identification and to meet the inclusion goals of the project</p>	<ul style="list-style-type: none"> • Ensure that the project proposal and design stages include both an assessment of partners and partners' self- assessment to fulfill scopes of work, including to be inclusive of populations they have not previously worked with, and definition of caseload size (including non-cash group size if carrying out research) to determine which and how many partners should be engaged • In implementing partnerships between international NGOs and local actors, thorough assessments of local partners' capacity are key, including their orientation to inclusion of marginalized populations, program goals, and to ensure their input in program design and training early on • Ensure partnership from project conception with LGBTQI+ expert organizations to facilitate safe and effective case identification for individuals with diverse SOGIESC • Emphasize peer-to-peer capacity building among implementing partners on inclusion of marginalized subgroups of survivors, including LGBTQI+ survivors    

Key



Cash group



Participant AAR



Program staff KII



Non-cash group



Program staff AAR

3

Lesson

Recommendation

Modality and delivery mechanism –

survivors reported wanting access to multiple delivery mechanisms; project staff identified opportunities to enhance efficiency of cash delivery

• Cash was widely preferred and should be prioritized over vouchers or in-kind assistance



• In addition to ATMs, employ cash-in-hand and other feasible delivery mechanisms for this context such as feasibility of mobile money (which may be a barrier for forced migrants and refugees who do not have identification to get a SIM card)



• Ensure that recipients are familiar with technology new to them in one-on-one meetings within caseworkers before cash delivery



• Administrators of the cash modality recommended that there should be more flexibility in requesting and changing the activation of codes for ease of delivery to program participants



• Future standard operating procedures should allow sufficient time and occurrence (2x per week instead of 1x per week) within the referral to request codes, and more control over activating and deactivating the codes based on the survivor's needs



CALLS TO ACTION FOR STAKEHOLDERS

- **Donors:** Use of CVA within the protection sector lags behind use of CVA within other sectors. Donors who have already made commitments to scale up CVA within humanitarian response and those who have yet to do so should dedicate funding streams in support of longer-term CVA for protection outcomes, including GBV prevention and response. Funding should cover program costs with budget flexibility to support survivor-centered design as CVA referrals must be tailored to meet individual needs. Donors should prioritize funding local organizations, including women-led, youth-led, migrant/refugee-led, LGBTQI+ led and disabled persons organizations that are delivering services, including CVA, to GBV survivors. Funding should support start-up and institutionalization costs, as well as research to address gaps. As GBV caseloads may grow over time based on rolling case disclosure, and case needs may vary, contingency is important. Donor guidelines should incentivize linking cash for protection with economic recovery programming that is inclusive of and tailored for GBV survivors.
- **Coordinators and members of cash and GBV sub-cluster working groups:** Refer to the Cash and GBV Compendium for guidance by phase of the program cycle to take up best practice. Based on the evaluation and programmatic and operational lessons learned, specific calls to action are as follows:
 - **Coordinators and members of cash working group:** Proactively coordinate with GBV subcluster coordinators working group and members to include protection-related goods and services in market assessments and planning for cash delivery. Employ multiple delivery mechanisms for maximum flexibility and safety for survivors. Integrate protection-related costs within the MEB and employ "top-ups" to support protection outcomes via referrals from protection specialists. Ensure that economic recovery programming that uses CVA includes GBV survivors within the eligibility criteria and is tailored to meet their unique needs. Develop SOPs in collaboration with GBV actors, including local actors, to support systematic integration of CVA within GBV response at scale.
 - **GBV specialists, including GBV coordinators and working group members:** Proactively identify protection-related goods and services to be included in market assessments as led by cash specialists. Develop SOPs in collaboration with CVA actors, including local actors, to support systematic integration of CVA within GBV response at scale based on best practice guidance. In collaboration with CVA actors, leverage the Cash and GBV Compendium's GBV Risk Matrix to identify potential associated risks and mitigation mechanisms for safe receipt and use of cash by GBV survivors, and inform survivor-specific cash safety plans within individual case action plans.

- **Researchers:** To support uptake of evidence-based programming, researchers should focus on addressing five key research gaps to support policymakers and service providers: (1) CVA and GBV outcomes for excluded, marginalized populations, such as survivors with disabilities and LGBTQI+ individuals; (2) comparing different CVA modalities and their impact on GBV outcomes; (3) combinations of CVA and complementary services to achieve GBV outcomes; (4) the use of conditionality in achieving GBV outcomes; and (5) longer-term impacts of CVA interventions on GBV outcomes. Such research will help donors, policymakers, and practitioners with evidence-based guidance. Coordination of research efforts is key to avoid duplication and reduce the burden on survivors of GBV and risks of re-traumatization in data collection efforts. Wherever possible, researchers should use existing data sets and establish data-sharing agreements that adhere to data protection best practices.
- **Governments:** The State must fulfill its role to ensure a life free from violence and provide comprehensive services to GBV survivors, including migrants and refugees, as well as survivors with diverse SOGIESC. Steps should be taken to address gaps in regularization for migrants/refugees to access relevant documentation as well as gaps in legal support to prevent, mitigate, and respond to GBV, including IPV. Funding government-led services as well as local civil society services is critical and should include funding of CVA-integrated Case Management.

CONCLUSION

The evidence to date on the use of CVA for GBV outcomes has been mixed. From this program evaluation, there is evidence for the efficacy of cash-integrated GBV programming in reducing and preventing future IPV for refugee, forced migrant, and host survivors. Moreover, there is evidence to support that cash-GBV Case Management programs--and potentially not only cash-integration but CVA-integration, can induce economic stability for IPV survivors. Future CVA-GBV Case Management programming should consider adapting this program model and employing evaluation to continue to test program components, refine recommendations and develop and facilitate the broad implementation of evidence-based programming to support survivors' recovery from IPV.

As more Venezuelan women and LGBTQI+ individuals seek refuge in Ecuador, nearly all of whom have reported experiences of GBV, it is important that donors, policymakers, and humanitarian service providers use advance their protection and economic empowerment. With the research findings, lessons learned, and recommendations provided in this program evaluation, integrated cash and GBV programming is a promising, path forward for displaced and crisis-affected survivors of IPV.

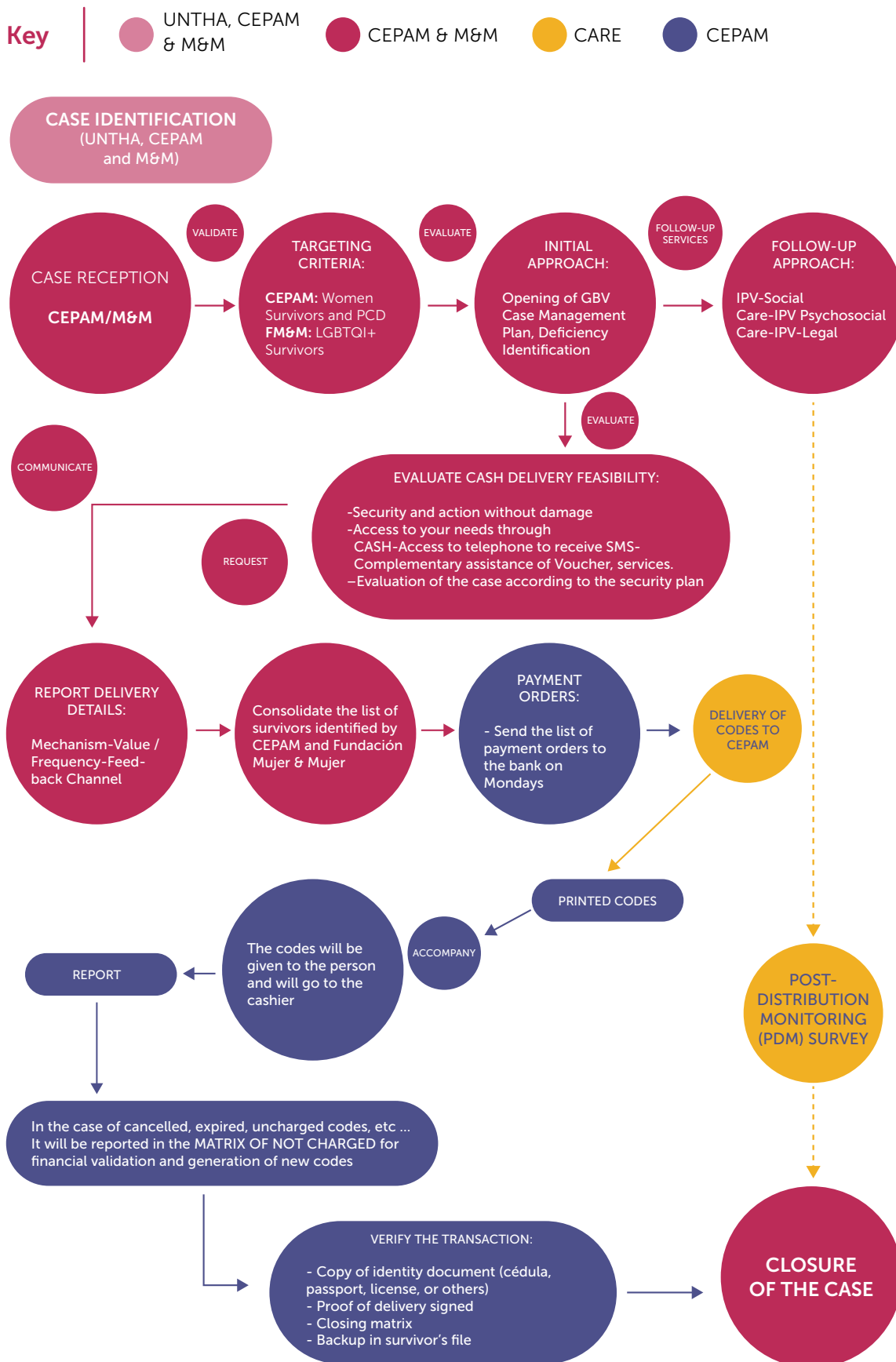


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US dollars - the currency used in Ecuador.

ACRONYMS AND ABBREVIATIONS

AAR	After-action review	MPCA	Multi-Purpose Cash Assistance
CEPAM	Centro Ecuatoriano Para la Promoción y Acción de la Mujer	M&M	Mujer y Mujer
CVA	Cash and voucher assistance	SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
FGD	Focus group discussion	SRH	Sexual and reproductive health
GBV	Gender based violence	UN	United Nations
IDP	Internally displaced person	UNHCR	United Nations High Commission for Refugees
IPV	Intimate partner violence	UNTHA	Unión Nacional de Trabajadoras del Hogar y Afines
KII	Key informant interview	WRC	Women's Refugee Commission
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex		

ANNEX 1: REFERRAL PATHWAY ACROSS CARE, CEPAM, MYM, AND UNTHA



ANNEX 2: METHODOLOGY (CONTINUED)

QUANTITATIVE METHODS

For each outcome or impact, adjusted and unadjusted differences from baseline to endline were calculated, using either t-tests and linear regression models, controlling for age, education, marital or partner status, disability, migrant status, whether they were Ecuadorian or refugees. As a secondary analysis, a differences-in-differences analysis was conducted with cash recipient sample by migrant status, by which the changes in outcomes of the study were compared from baseline to endline for both Ecuadorians and forced migrants and refugees, which was then used to calculate the differences between those groups at endline. The analysis employed linear regression models with robust standard errors, controlling for age, education, marital or partner status, and disability status. The outcomes for this analysis were selected if the coefficient of migrant status was statistically significant in the regression models estimating adjusted differences. For this, only findings with statistical significance were presented, the level of which was set significance 95%. All quantitative analyses were conducted using Stata SE 16.

QUALITATIVE METHODS

For the qualitative evaluation, 6 participatory workshops were conducted with a total of 35 participants and 34 in-depth interviews were held with 23 program participants and 6 program staff. Each participatory workshop was conducted in person halfway through the intervention period. The participants were sampled from the quantitative data and grouped by their intervention group and migrant status (refugee/forced migrant vs. Ecuadorian). Each workshop lasted between 40 and 70 minutes and participants were reimbursed for their travel. Though the initial study design set out to complete 8 workshops in total, workshops 3 and 6 were combined due to the small number of participants in group 6. For the in-depth interviews, each interview was conducted at the end of the evaluation period and took 40–60 minutes to complete. Initially, these interviews were conducted in person, but were later conducted over the phone due to safety concerns with the COVID-19 pandemic. Eighteen cash recipients were selected for an interview using convenience sampling from the quantitative data. Five non-cash participants were selected from outside of the initial study sample; however, these participants were also receiving GBV case management services as part of the program. This method of participant selection was employed by the data collection team to capture perspectives of program participants who did not receive cash, as the participants in the initial sample declined to participate. Participants for the in-depth interviews were also sampled based on their migrant status. Across all qualitative activities with program participants, 18 percent were refugees.

DATA COLLECTION

All qualitative activities were conducted by the WRC research team in Spanish. Audio recordings were then transcribed into Spanish text and translated into English for analysis. All researchers received training from WRC researchers in application of the survey tools and research methodologies.

AFTER-ACTION REVIEW

Conducting an After-Action Review (AAR) for each completed project is a common practice of CARE and its partners. The AAR for this project adapted CARE's AAR methodology and took place through hybrid (in-person and Zoom link) focus group discussions (FGDs). FGDs were conducted with women survivors who received Cash-GBV CM, LGBTQI+ PVI survivors who received Cash-GBV CM, and with partner staff. Each FGD was led by CARE's senior cash and market technical advisor with contributions from WRC's associate director for cash and livelihoods, and followed the same structure: welcoming and contextualization of the activity, discussion of key questions, and closing. Each FGD lasted for roughly 90 minutes and was simultaneously translated in Spanish and English.

Here below, the breakdown of FGD participants:

Participants felt comfortable and willing to share their experiences and feedback with the facilitators, including identifying programmatic and operational lessons learned and recommendations.

	Date	Categories	No. of Participants	Age	Sex
1	25/03/2022	Women IPV survivors who received Cash-GBV Case Management	4	18-30 31-64	0M - 1F 0M - 3F
2	30/03/2022	LGBTQI+ IPV survivors who received Cash-GBV Case Management	8	18-30 31-64	0M - 1F - 1O 0M - 2F - 0O
3	19/04/2022	Partner staff: CEPAM, UNTHA, MyM, CARE	7	18-30 31-64	1M - 4F 0M - 2F

ETHICS

This study received approval from the Allendale Investigational Review Board in Connecticut, USA. Participants and key informants were informed of the study's purposes, risks, and benefits and given the opportunity to provide written consent to participate in the study. Names and other identifying information were not collected from participants. In-depth interviews and participatory workshops were conducted in Spanish and audio-recorded with the consent of the participants. All individuals or entities named in this report are named with their explicit consent. WRC provided an information sheet to each participant with WRC's contact information and directions for anonymous reporting channels. The recordings were subsequently deleted. Any names mentioned during the qualitative research data collection were deleted during transcription. All data collected for this report were stored securely on password-protected devices once uploaded and transferred to WRC, and data were not shared outside of the WRC evaluation team.

“With Money, I’m the Queen”

Integrated Cash and Gender-Based Violence Programming
for IPV Survivors in Guayaquil, Ecuador

