

Utilizing Cash and Voucher Assistance within Gender-based Violence Case Management to Support Crisis-Affected Populations in Ecuador

Learning Brief

December 2019



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. To learn more, visit www.womensrefugeecommission.org.

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Cover photo: A displaced Venezuelan woman who received case management support shares that she used the cash transfer to establish a safer livelihood that would reduce her future risks of GBV © CARE

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Background

Traditionally, refugees and internally displaced persons have received aid in the form of in-kind assistance. Cash and voucher assistance (CVA) is now a common tool in humanitarian action used to meet the diverse needs of those displaced by crisis and conflict, and it is on the rise. Preliminary findings from the [3rd Grand Bargain Cash Workshop](#)¹ in 2019 suggest an estimated 60% scale-up of total cash and voucher delivery from 2016 to 2018; this translates to around US\$4.5 billion in CVA (including programming costs) delivered in 2018. Despite a push by several humanitarian actors since 2015, its use for protection outcomes – including to support the [prevention of and response to gender-based violence \(GBV\)](#)² – trails behind that of all other sectors.

Refugees, internally displaced, and migrant women and girls face risks of and incidents of gender-based violence (GBV) before, during, and after crises. GBV is a pressing concern and the responsibility of all humanitarian actors. CVA, while not always appropriate, can play a key role in the prevention of and response to GBV. It is essential to better understand how CVA can help prevent, mitigate, and respond to GBV. Building evidence on utilizing cash transfers is therefore much needed in order to strengthen the community of practice on responding to and preventing GBV and is key to advancing outcomes under the [Call to Action Roadmap](#),³ the [GBV AOR Strategy 2018–2020](#),⁴ [The Agenda for Collective Action](#),⁵ the Gender and Cash sub-working group and the Localization workstreams of the [Grand Bargain](#),⁶ the [Global Framework for Action](#),⁷ and the Global Protection Cluster (GPC) Task Team on Cash for Protection.

About the Project

With support from Sweden's Ministry for Foreign Affairs, Womens Refugee Commission and CARE partnered to advance the Call to Action Roadmap by strengthening the capacity of GBV and CVA service providers in Ecuador to leverage CVA within case management services in the prevention of and response to GBV for crisis-affected populations.

This project, which spanned September to December 2019, serves as an opportunity to model comprehensive GBV case management in the face of high rates of GBV and to influence how humanitarian and development sectors and their practitioners respond to GBV in Ecuador. CVA has not yet been systematically leveraged to meet the needs of GBV survivors and those at risk (GBV clients). Previous work by CARE has focused on GBV prevention and mitigation in support of local government, women's rights organizations, and civil society strengthening local policies and frameworks; these efforts will be complemented by this project's focus on GBV response.

This project leveraged two key resources on the integration of CVA and GBV:

- The [*Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response*](#)⁸ (*Toolkit*). This toolkit is designed to support CVA and GBV practitioners' work to ensure protection from GBV for affected populations by collecting the requisite information on risks for affected populations with an age, gender, and diversity (AGD) lens; identifying community-based or self-protection mechanisms; informing tailored and protective CVA; and preparing a monitoring system based on identified protection risks.⁹
- The [*Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners*](#)¹⁰ (*Compendium*). The *Compendium* fills a gap in CVA guidance within the IASC [*Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*](#)¹¹ as well as in the [*Inter-Agency Gender-based Violence Case Management Guidelines*](#),¹² and consolidates and summarizes multiple evidence reviews of CVA and GBV as well as practical tools, including the WRC's *Cash and GBV Toolkit*.¹³

WRC and CARE leveraged the *Compendium* and adapted the *Toolkit* for context and local partnerships in El Oro, Ecuador, delivered the integration of CVA within GBV case management to support 100 GBV clients based on rolling case disclosures, and conducted monitoring of CVA referrals to ensure that CVA fulfils its intention within GBV case action plans and does not expose clients to further harm.

Context: Migration and GBV in Ecuador

With the deterioration of the economic and political situation in Venezuela, a humanitarian crisis has spilled over into over 16 countries in Latin America¹⁴ and the Caribbean, including Ecuador. According to the United Nations (UN), approximately 4.8 million Venezuelans have fled their country.¹⁵ An estimated 500,000 Venezuelans are currently in Ecuador¹⁶ and thousands of migrants transit through the country en route to other countries in the region.¹⁷ Like neighboring countries, Ecuador struggles to provide basic services its citizens and its infrastructure and services are being further stretched to meet the needs of displaced populations, including Venezuelans.

Gender relations in Ecuador and Latin America overall continue to be influenced by patriarchy, discrimination, gender stereotypes, and violence. According to the 2019 National Survey of Gender Relations in Ecuador, 7 out of 10 women have suffered some kind of violence in their lives.¹⁸ Since the [*Comprehensive Organic Law against Women Violence*](#) was enacted in 2018, more than 720 cases of femicide have occurred. In 2019 alone, 42,000 complaints of violence were filed before the justice system.¹⁹ Sexual violence against children and adolescents is extremely high in Ecuador; on average, each day seven girls ages 10-14 give birth to a child.²⁰ Despite these drastic figures and commitments made by the government regarding efforts to implement and enforce the law, there is insufficient resource allocation, establishment of local protection systems, and commitment from local authorities. These gaps translate to displaced populations being underserved and under-protected.

As many as 99% of Venezuelan migrants claim to have suffered discrimination because of their nationality and 57% suffered some type of abuse.²¹ Most Venezuelan migrants face protection risks, including GBV, because of their lack of legal protection, especially the inability to receive asylum, and rising xenophobia. Sex work networks in Ecuador recruit Venezuelan women in border areas, where there are higher rates of sexual exploitation and sexual violence. Sexual abuse and trading



sex for food, shelter, and visas are common. Women, unaccompanied minors, individuals of non-conforming sexual orientations and gender identities are most at risk for xenophobia—as supported by their own testimonies.²² There are significant gaps in access to sexual and reproductive health services among the migrants.²³ In many cases, HIV or irregular immigration status, combined with economic insecurity, forces migrants to assume survival strategies, including sex work and crime. GBV response and prevention services for the Venezuelan migrant populations is limited and insufficient.

GBV is underreported by Ecuadorians and Venezuelan migrants. However, international, national, and local actors are working to strengthen and extend local protection systems, including GBV service provision. This effort is primarily being led by civil society. Because state-level protection systems are not responding to all the needs, civil society organizations often deliver services to GBV clients and their families—including shelter, legal support, and accompaniment. Civil society organizations have standard case reference systems, assist survivors through the complex legal processes for the restoration of their rights, provide comprehensive support within their limited means, and advocate for better and greater resources by the government to address GBV.

This pilot project was implemented in the southern part of Ecuador, in the province of El Oro, which hosts a large population of migrants from Venezuela. El Oro borders Peru and is both a point of transit moving to and from Peru as well as increasingly a destination for settlement. Migrants and refugees are mainly grouped in the towns of Machala and Huaquillas.

CVA for GBV Outcomes in Ecuador

The government of Ecuador has two decades of social safety net experience and conditional cash transfers are one of the features of this support. However, the use of CVA for humanitarian response is nascent. CVA was previously used at scale in the 2016 post-earthquake response. Since the influx of Venezuelans in Ecuador, various humanitarian agencies have been using CVA to meet basic needs, shelter, and transportation.²⁴

There has been limited use of CVA for protection. UNHCR found that in its “Graduation Approach” (GA)²⁵ program across six cities in Ecuador that CVA was effective in preventing and mitigating GBV for female refugees insofar as transfers were received in conjunction with other service elements, such as psychosocial support and self-esteem strengthening, capacity building for economic independence, women’s rights, and support from caseworkers. Cash transfers have been found to play a fundamental role for women and their families, especially in the phase of arrival and integration in the host country, helping to relieve tensions due to poverty and displacement and potential violence. When women received transfers, the impact on the whole family was found to be positive—women invested more in family well-being and intimate partner violence (IPV) was also reportedly reduced.²⁶

There is also evidence from the development programs in Ecuador on the impact of transfers on IPV. Findings indicate that transfers reduce controlling behaviors and multiple forms of IPV (e.g., moderate physical and any physical or sexual violence) by 6 - 7 %. Impacts do not vary by transfer modality. This suggests that violence is not being used to forcefully extract resources. It is the initial conditions and power dynamics between partners that are important in determining the magnitude and significance of reductions in IPV.²⁷

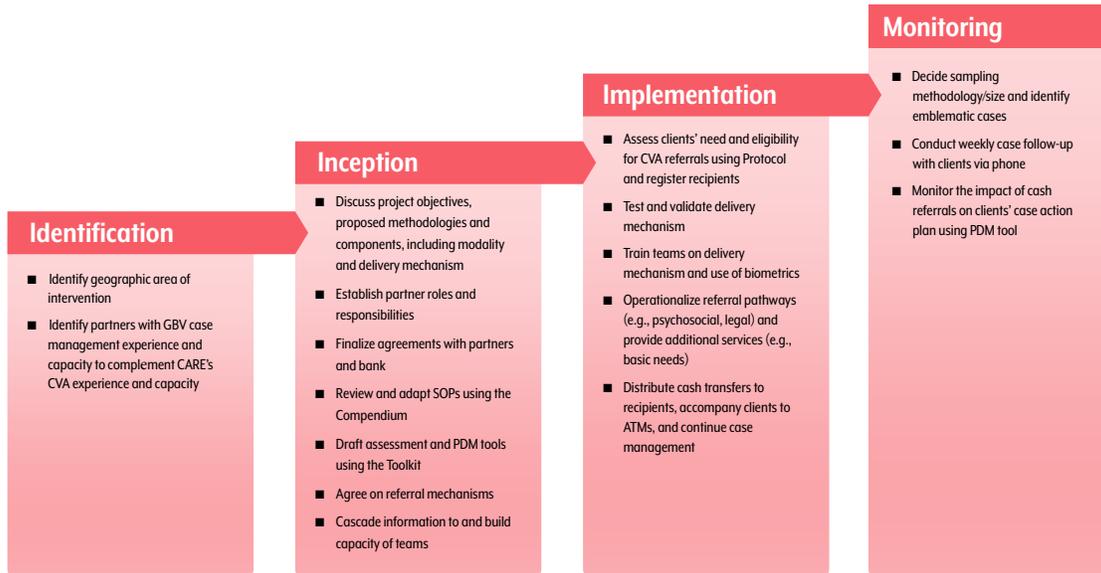
Implementation Partners

| Partner and Expertise | Implementation Role |
|---|---|
| <p>The Women’s Refugee Commission (WRC) is a research and advocacy organization which for three decades has worked to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC has been developing guidance, workshops, tools, and trainings for humanitarian practitioners, including curricula centering gender, GBV, and CVA for over a decade. WRC is a founding member of Call to Action, co-leads the GPC Task Team on Cash for Protection, is a member of CaLP’s technical advisory group, is a member of the Grand Bargain sub-working group on Gender and Cash, and a member of the GBV AoR.</p> | <p>Project lead; Technical assistance</p> |
| <p>CARE Ecuador CARE is an international organization that fights poverty for all by focusing on girls and women with programs that bring lasting change to communities. CARE is co-lead of the Grand Bargain sub-working group on Gender and Cash and co-chairs the GBV AoR’s Policy and Advocacy Reference Group and Task Team of GBV and Localization.</p> <p>Active in Ecuador since 1962, CARE has satellite offices in Ibarra, Manta, and Huaquillas. CARE works with several local partners and directly implements programs supporting migrants and vulnerable Ecuadorians. Programming includes sexual and reproductive health (SRH), gender-based violence (GBV), water, sanitation, and hygiene (WASH), food and nutrition security (FNS), and shelter. Programming is delivered via service provision and several modalities, including in-kind and CVA. Since 2018, CARE Ecuador has been using CVA in its humanitarian response, including multipurpose cash transfers and vouchers for basic needs, shelter, and transportation.</p> | <p>Lead on local coordination; Technical assistance on CVA; Delivery of CVA and legal services</p> |
| <p>Fundación Quimera (FQ) works to improve the living conditions, health, environment, and rights of the most vulnerable. FQ conducts GBV case management for migrant and refugee women and their families and supports women’s empowerment and autonomy. FQ has referral agreements for medical, psychosocial, legal, and livelihoods support with local organizations.</p> | <p>GBV case management</p> |
| <p>The Latin American Platform of Sex Workers (PLAPERTS²⁸) advocates for the rights of women, men, individuals with nonconforming sexual orientations and gender identities who are sex workers, people living with HIV, and drug users who perform sex work. PLAPERTS conducts case management and assists survivors navigate the justice system. PLAPERTS also provides psychosocial support and capacity building. PLAPERTS is a member of the Global Network of Sex Work Projects and the regional platform for Latin America and works to ensure the integrity and security of its associates.</p> | <p>GBV case management</p> |



Project Process

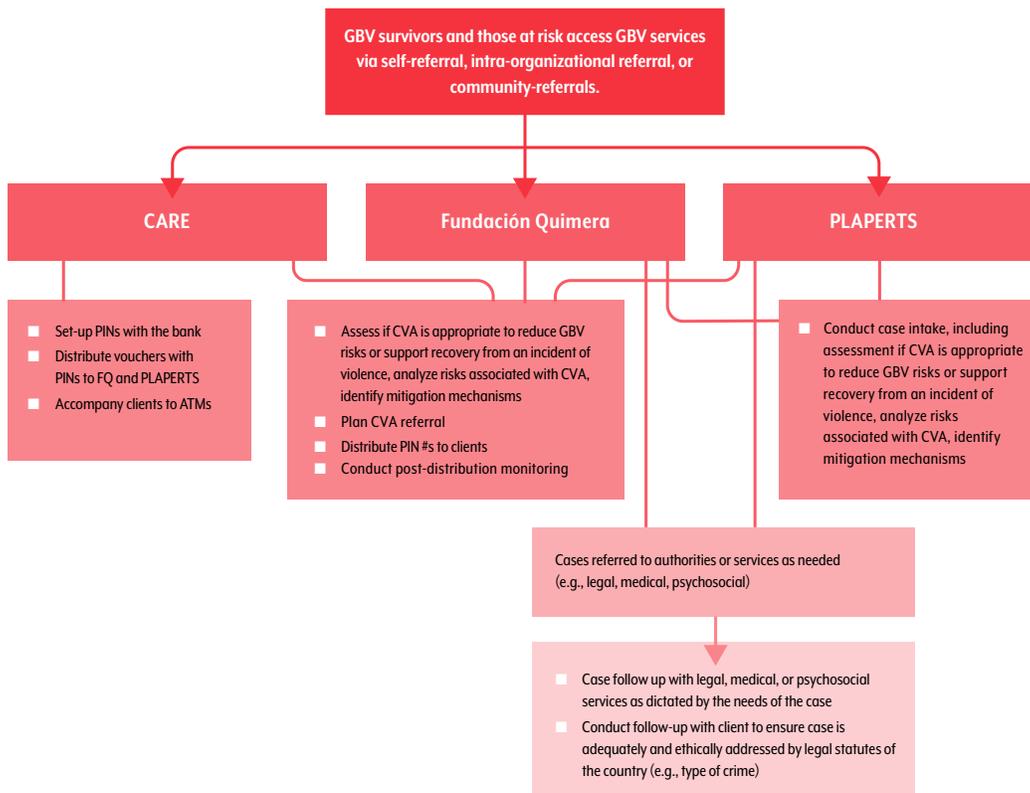
CARE Ecuador led the following four-step process.



GBV Referral Pathway

CARE and its partners integrated CVA where appropriate (and within the parameters of the project) into the existing GBV referral pathway.

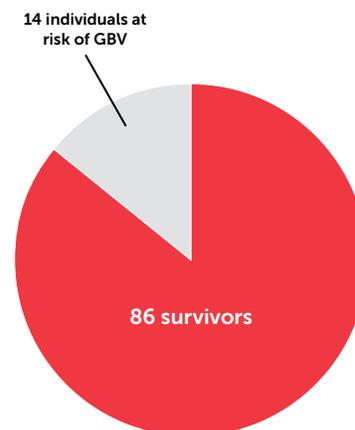
CASE MANAGEMENT FLOWCHART



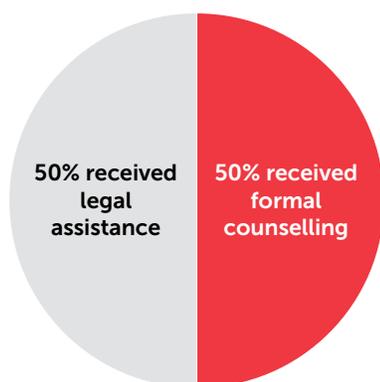
CVA referrals in El Oro

Case workers provided services for over 120 cases, 100 of which were deemed to be eligible for a CVA referral. CVA was delivered to 86 survivors and 14 individuals at risk of GBV by CARE using cardless ATMs. Registration in CARE's system includes biometrics (e.g., the right index fingerprint), which allows the target population, many of whom lack proper identification, to be identified by the bank. Each recipient received a one-time transfer of US\$100.

100 Cases Eligible for CVA Referral



Assistance from FQ or CARE



In addition to receiving GBV case management and CVA referrals, all clients received psychosocial support through either FQ or PLAPERTS. In addition, as determined to be the needs of the case, 50% received formal counselling by professional psychologists through FQ or CARE and 50% received legal assistance through FQ or CARE.

Limitations

Several limitations were encountered in designing and implementing the project:

Delays in project start-up

- Due to a national strike and violent riots in response to the Government of Ecuador's austerity measures in early October 2019, the inception workshop was delayed and WRC and CARE's international technical advisors were not able to participate in-person during the inception workshop. However, remote participation was achieved. The workshop was carried out by the regional team and CARE's Ecuador leadership team.
- Despite several months of negotiations before the start of the project, challenges were encountered finalizing agreements with the Bank of Pichincha to use the cardless ATM as the delivery mechanism. Final testing and product readiness were done mid-November, which pushed the cash transfers to the very limit of the project period.
- One of CARE's GBV partners and its government partner, both of which participated in the inception workshop, declined to participate in the pilot. CARE was quickly able to incorporate PLAPERTS and a separate rapid inception meeting was conducted.



Seed funding and short project duration

- Given the short project duration and low budget, eligibility criteria for CVA referrals to support GBV cases were limited; referencing the categorization in the *Toolkit Protocol*, CARE and local partners focused support to survivors or those at risk who could benefit from one-off CVA referrals and ensure that CVA did not expose recipients to further harm.
- In an effort to reach as many GBV clients as possible and in light of the very limited budget, the transfer value was low and it was not possible to tailor transfer amounts to participants' exact needs. For perspective, the minimum monthly wage in Ecuador is approximately US\$400 and the basic needs basket is US\$800 monthly. The transfers in this pilot had to be designed to contribute to the immediate economic drivers of GBV for an extremely vulnerable population only.
- Due to available resources, an impact evaluation was neither a feasible nor planned component of this project. However, future interventions should include impact evaluations to rigorously measure the impact of CVA on GBV outcomes and to strengthen the evidence base.

Communication

- While the intention was to support Venezuelan migrants and Ecuadorians, in the time crunch to deliver the cash transfers and associated services, partners focused solely on the Venezuelan population. Venezuelan clients were assessed to have suffered more extreme incidents of violence and to be at higher risk of exposure to GBV, human trafficking, and engagement in sex work.



A displaced Venezuelan GBV survivor visits the ATM to withdraw her cash transfer. © CARE

Key findings assessing cash referrals for GBV clients

Following use of the Protocol, alongside existing case management tools, FQ and PLAPERTS conducted enhanced case intake with GBV clients to assess whether CVA referrals were appropriate as part of individualized case action plans. De-identified data about GBV clients for whom CVA referrals were appropriate were shared with CARE according to data protection policies to facilitate cash transfers. These transfers were completed in close coordination with case managers (e.g., sensitization on process, accompaniment to ATMs).

Profile of the participants

- **Demographics:** All CVA recipients were forcibly displaced women from Venezuela; 78% traveled to Ecuador with family members; 8% are living with a disability; 7% reported health issues.
- **Status:** 92% have identity documents; 83% have irregular immigration status; 17% have refugee status.
- **Incidence of violence:** 58% suffered psychological violence; 27% suffered physical violence; 13% suffered sexual violence; 6% suffered attempted femicide.



Fundación Quimera staff prepare cash transfer documentation with project participants © CARE

Identified contribution of CVA referrals to protection from GBV

FQ and PLAPERTS identified CVA referrals during case action planning as one tool in combination with other support to support survivors to reduce risks or exposure to GBV, to access response and recovery services, and to reduce or avoid risky coping strategies. See Table “Impact of CVA on GBV Outcome,” page 11.

Potential risks and mitigation related to CVA

Participants identified the following as perceived risks associated with transfers: theft, insecurity, and physical threats. When asking about the precautions they would take with the transfer, most participants felt they had a safe place to store the money (87%). Half said they would not disclose their recipient status as a protection measure. Only a few participants mentioned that they would be accompanied by someone they trust to withdraw the money (8%).

Key findings following monitoring of cash referrals for GBV clients

After receiving training, FQ and PLAPERTS’ GBV case workers conducted Post-distribution Monitoring (PDM) using the *Toolkit* adapted for context with 100% of the project participants. The PDM took place in a private setting deemed safe by participants and following verbal consent. Ten percent of the participants were selected at intake as emblematic cases who were further followed up after the PDM.



Risks and safety

Despite partners doing so, over half of respondents claimed they had not spoken with case managers about identifying potential risks associated with the cash referral and discussing mitigation mechanisms; the remaining 46% indicated that they had. Most of the respondents (91%) indicated that, when their case management and the safety plan are finished, they will be able to prevent future exposures to risks. Those who responded negatively pointed out as main concerns: financial instability; street dangers and the psychological trauma; and the need for a more comprehensive approach to their needs.

Most of the respondents (93%) indicated that when cash transfers were finished they will be able to prevent future exposures to risks. Those who responded negatively felt they could not because the aid is very sporadic and should be extended, and they expressed fear of being victims of theft. Two percent of the participants reported safety concerns connected to the transfers. In these cases, the GBV clients' partner/family member attempted to collect or control the transfer. However, FQ was able to intervene and help the participants find solutions.

Main findings on process

| | |
|--|--|
| Delivery Mechanism | 99% of respondents reported that they viewed the delivery mechanism to be safe and accessible. The remaining 1% of respondents felt that the delivery mechanism was safe but questioned their safety using the ATM. When asked if they would prefer an alternate delivery mechanism, 85% responded that they were satisfied with the cardless ATM and considered it to be safe, accessible, and practical. |
| Timeliness | 100% of respondents answered that the transfer was timely, which improved their safety. |
| Value | 96% responded that the transfer value was sufficient to enhance their protection. The remaining 4% reported that the transfer was insufficient to cover all their immediate basic needs expenses (such as rent, public transport) which were also linked to their exposure to risks of GBV; for some insufficiency of the transfer value was attributed to family size (i.e., more than 4 children). |
| Duration | 97% reported that the duration of the transfer met their immediate safety needs, while 3% reported that it was inadequate to prevent further risk of violence. |
| Confidentiality | 93% reported that their confidentiality was upheld by staff during the referral process, including their anonymity as cash recipients within their households; 7% did not respond to this question. |
| Case management and incident disclosure | 88% of respondents said that they felt comfortable disclosing their case to their caseworker. 89% of participants reported that their experience of violence was first reported within the framework of the pilot. |



Piloting a new delivery mechanism—innovation that will go to scale

Delivering cash transfers at scale has posed challenges to organizations in Ecuador. Because many Venezuelan migrants do not have identification that is accepted by banks or lack mobile phone numbers in the country, organizations like CARE have sought to find delivery mechanisms that reduce risk for the recipients, the organization, and its partners, while delivering immediate assistance to mobile populations.

For this project, CARE piloted the use of cardless ATMs as the delivery mechanism. This was the first time that the delivery mechanism was used in Ecuador. Through the system, the recipient receives a voucher that has three sets of numbers: 1) the number of the transaction; 2) the security code; and 3) the value of the transfer. It contains no personally identifying information.

The recipient can use the voucher during a limited number of days and only at the designated bank at the branch of convenience. CARE created step-by-step instructions to guide the project participants through the process, including contact information for assistance and to provide feedback.

Although the process to establish the delivery mechanism took several months between CARE and the bank, all partners and the participants felt that the process was smooth and well adapted to the population.

Post-distribution monitoring revealed that there were some concerns related to the use of ATMs among participants because of the possible exposure to theft and crime when leaving the bank and transiting through public places with money. These concerns are not specific to ATMs and point to the need to ensure risk mitigation plans with the participants.

Because of this success, CARE and other organizations are planning to expand its use across CVA in humanitarian action in Ecuador.



Impact of CVA on GBV Outcomes

| GBV Outcome Category | GBV Outcome ²⁹ | Intended outcome of CVA referral as defined during case action planning by GBV case workers | The impact of CVA on GBV based on PDM data |
|---|--|---|--|
| <i>Reduction in Risk or Exposure to GBV</i> | Improved distribution of household decision-making power ³⁰ | X | X |
| | Reduction in intimate partner violence ³¹ | | X |
| | Reduction of risk or exposure to sexual harassment, exploitation, or abuse ³² | | X |
| | Reduction or prevention of forced and early marriage ³³ | | |
| | Increased asset ownership or control over resources ³⁴ | X | X |
| <i>Access to Services</i> | Gender-based violence survivor access to response and recovery services ³⁵ | X | X |
| | Access to reproductive health services ³⁶ | | |
| | Access to psychological/mental health services ³⁷ | X | X |
| <i>Avoidance of Risky Coping Strategies</i> | Reduction of reliance on or improved safety of sex work ³⁸ | X | X |

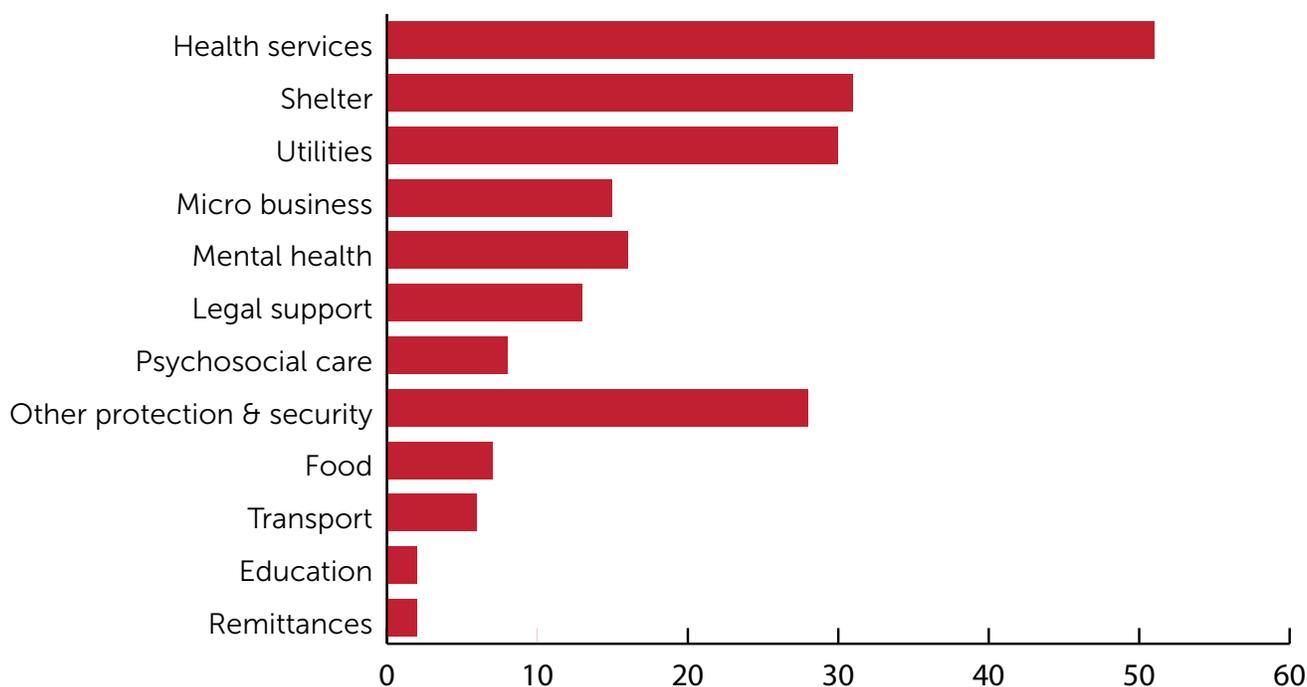
Based on the PDMs, the participants used the CVA in the following ways: 51% of clients used CVA to access health services; 31% for shelter; 30% to pay utilities; 28% for other protection and security issues³⁹; 15% to initiate micro-businesses; 13% to access legal services; and 8% to access psychosocial support. The actual expense closely mirrored what the caseworkers thought they would spend on access to medical services (50%); improve the safety and protection conditions of housing (30%); access psychological and legal support services (20%).



Women with purchases © CARE



Women reported that CVA allowed them to access key support services for themselves and their children; these services were self-reported to improve their and their children’s safety and to contribute to the prevention of future incidents of violence.



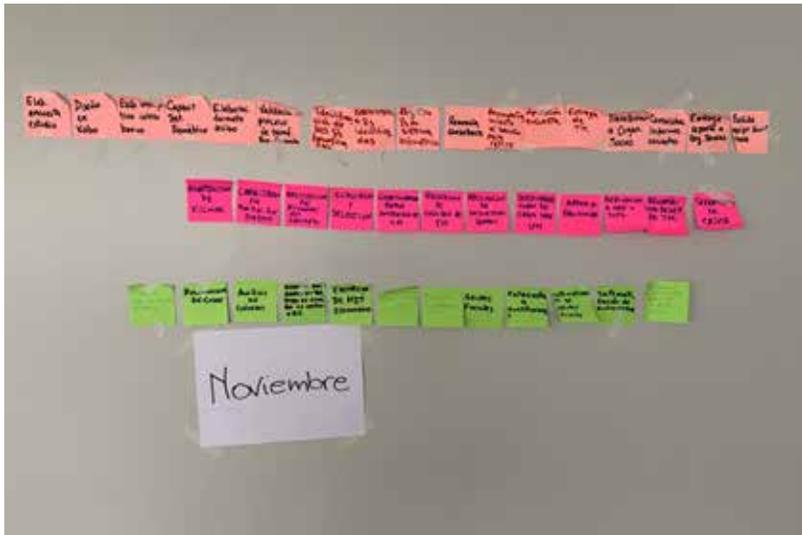
“To prevent GBV, it is important that a woman can develop herself liberally in society--‘Yes, I can’.”

“The cash transfers helped us to grow economically.... We have been able to build our own business, as well as using the cash transfers to pay rent and fulfill our own interests.”

-Focus group with GBV clients during After Action Review

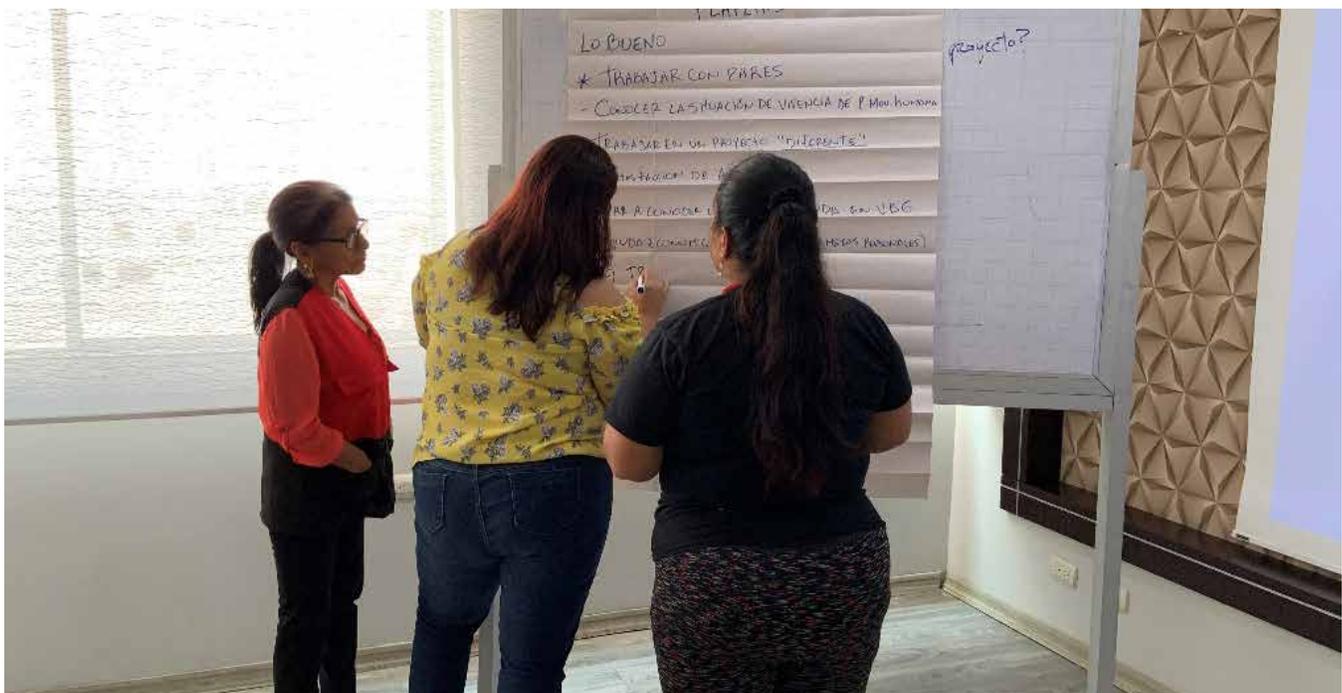
GBV clients identified key opportunities to improve the project going forward. These included: increasing the amount and number of transfers (39%); including entrepreneurship and income generation projects (16%); provision of more comprehensive assistance that includes strengthening their understanding of human rights to improve their situations (14%); and greater follow-up to their cases (9%). Twelve percent did not respond and 10% had other diverse requests.

Lessons learned



CARE facilitated an [After Action Review](#)⁴⁰ with its staff and local partners' staff and conducted two focus group discussions with GBV clients who received cash transfers using the same format. In addition, 10 GBV clients who received cash transfers were identified as emblematic cases and were interviewed. The following sections summarize key findings.

An After Action Review workshop was held to reflect on lessons learned integrating CVA within GBV case management © CARE



Local partner PLAPERTS reflects on lessons learning integrating CVA within GBV case management during the After Action Review workshop © CARE

What worked well?

- Implementation was locally led, contextually appropriate, and engaged diverse local service providers with technical assistance from HQ teams as needed.
- The inception workshop and After Action Review were valued by all partners; these efforts strengthened roles and responsibilities, established a sense of teamwork across departments and organizations, created buy-in for new ways of working, and laid a foundation for strong coordination and action-oriented learning.
- Knowledge and skills were exchanged between GBV and CVA staff across partners, resulting in service providers breaking out of siloes. CVA staff at CARE were trained in a survivor-centered approach, while FQ and PLAPERTS staff received training on humanitarian principles and serving crisis-affected populations. All partners had the opportunity to better understand the situation of the Venezuelan migrants.
- The process of creating a referral pathway for CVA resulted in new opportunities to promote existing GBV referral pathways in the province, expanding community awareness, in particular among crisis-affected populations.
- Case management, CVA, and complementary support to GBV clients was comprehensive, with high levels of satisfaction among participants.
- Service provision resulted in the intended positive outcomes for survivors of GBV and those at risk, enhancing their protection from GBV.
- The cardless ATM was a successful delivery mechanism. It was well received by participants and initiated their link to formal financial systems and could, in the future, enhance financial inclusion.
- CARE and partners enhanced their monitoring approaches as a result of using KOBO software for PDMs (which expedited data collection and analysis) and establishing a process monitoring committee (composed of representatives from CARE and its local partners).

What could have been better and what can be improved to ensure more robust impact for GBV clients and successful scaling in El Oro?

- Supporting Ecuadorian GBV survivors and those at risk of GBV alongside support to Venezuelan migrants and refugees in order to meet their critical protection needs and to reduce social tension and xenophobia. A minimum target ratio of displaced to host recipients would be helpful.
- A longer period of accompaniment by GBV case workers and higher value transfers over a longer duration (and perhaps at different frequencies) will allow displaced survivors and those at risk to more fully protect themselves from cycles of violence and enhance agency. Individuals who began case management during this project still face many vulnerabilities and require further assistance, in particular to address needs such as safe shelter and continuity of access to health services and psychosocial support.
- Linking cash transfers and service delivery with livelihoods/entrepreneurship is needed to effectively support the durable solutions approach. While some participants benefited from small improvements in economic security, the low value, one-off transfers were not sufficient to address gaps in *decent and dignified work*. Designing and implementing links to *cash plus programming* (e.g., savings group based on the Village Savings and Loan models, entrepreneurship training, and building solidarity networks among participants) can strengthen the approach.
- While cash transfers did not address the immigration status of the participants, leveraging CVA for this purpose would mean a greater possibility of exercising other rights, such as employment, housing, and access to the financial system.



- Other potential civil society partners (e.g., other women's or LGBTQI organizations) and government partners (e.g., the Secretariat of Human Rights, the Ministry of Economic and Social Inclusion, and the Ministry of Labor and Defense of the People) would add value to the process, strengthen integrated GBV service provision and accompaniment, and enhance sustainability.
- Although there were very limited safety concerns associated with cash transfers, PDMs revealed that there needs to be more thorough efforts by case managers to discuss and mitigate risks associated with CVA before, during, and after receipt of the transfers.
- The contextually adapted *Protocol* and *PDM* tools from the *Toolkit* can be adapted further based on lessons learned to maximize utility and usability in this context.
- More comprehensive mapping of multisectoral services in El Oro will further enhance the GBV referral pathways.

Next steps

CARE and its partners are committed to using CVA in GBV case management at scale in Ecuador, building on the lessons learned from this pilot project. In Ecuador, findings will be shared by CARE in the Cash and Voucher Assistance Working Group and platforms that focus on protection and GBV. In Ecuador, CARE will continue to advocate for immigration regulation, access to education and health services for displaced populations; the dissemination of its recently completed Rapid Gender Analysis will help to drive a deeper understanding of the GBV issues faced by displaced populations. CARE will seek to scale CVA in its programming to include the costs of status regularization for Venezuelan migrants.

At the regional level, CARE will scale up its operations in Central America to respond to the migration crisis, including integration of CVA within GBV case management. At the regional level, project findings will be shared in the REDLAC,⁴¹ a regional network led by OCHA that coordinates and shares information on disaster response in Latin America and the Caribbean. In addition, linkages will be strengthened with regional partners' work on GBV prevention and response.

WRC and CARE will continue to partner in Ecuador, in Latin America, and globally and coordinate closely with key communities of practice (including the Grand Bargain Cash Workstream sub-working group on gender and cash, CALP, the GBV AoR, and the GPC Task Team on Cash for Protection) to scale and institutionalize the integration of CVA within GBV case management and, in particular, to build the capacity of humanitarian responders, enhance implementation and address key evidence gaps. Advocacy will be undertaken with donors to consider the start-up costs and funding levels associated with integrating CVA within GBV case management as well as durations required for optimal impact for crisis-affected populations.



For more information please visit:

<https://wrc.ms/GBV-CBIs> and contact:

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Acronyms

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| AGD | Age, gender, and diversity |
| CVA | Cash and voucher assistance |
| FQ | Fundación Quimera |
| GA | Graduation approach |
| GBV | Gender-based violence |
| GPC | Global Protection Cluster |
| IPV | Intimate partner violence |
| PDM | Post-distribution monitoring |
| PLAPERTS | The Latin American Platform of Sex Workers |
| SRH | Sexual and reproductive health |
| UN | United Nations |
| WASH | Water, sanitation, and hygiene |
| WRC | Women's Refugee Commission |

Endnotes

- 1 <http://www.cashlearning.org/downloads/3rd-gb-cash-workstream-workshop-report---june-2019-final.pdf>.
- 2 CaLP. The State of the World's Cash Report, (2018)
- 3 <https://www.calltoactiongbv.com/what-we-do>.
- 4 <https://gbvaor.net/sites/default/files/2019-07/GBV%20AoR%20Strategy%202018-2020%20P3.pdf>.
- 5 <https://gbvaor.net/sites/default/files/2019-07/GBV%20AoR%20Strategy%202018-2020%20P3.pdf>.
- 6 <http://www.cashlearning.org/downloads/3rd-gb-cash-workstream-workshop-report---june-2019-final.pdf>.
- 7 <http://www.cashlearning.org/downloads/3rd-gb-cash-workstream-workshop-report---june-2019-final.pdf>.
- 8 <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1549-mainstreaming-gbv-considerations-in-cbis-and-utilizing-cash-in-gbv-response>.
- 9 This resource was developed by the Women's Refugee Commission in partnership with the International Rescue Committee and Mercy Corps with support from the US Department of State's Bureau for Population, Refugees and Migration.
- 10 http://www.cashlearning.org/downloads/user-submitted-resources/2019/05/1557937891.CVA_GBV%20guidelines_compendium.FINAL.pdf.
- 11 <https://gbvguidelines.org/en/>.
- 12 <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>.
- 13 This resource was funded and led by CARE US and developed through the efforts of the CVA and GBV Guidelines Reference Group, whose 15 organizations that contributed expertise in the inception, design, and review of the document.
- 14 Response for Venezuela (R4V). Coordination Platform for Refugees and Migrants from Venezuela. "[Venezuelan refugees & migrants in the region.](#)" December 2019.
- 15 Ibid.
- 16 CARE. "Ecuador, Situación de población venezolana en movilidad humana." September 2019
- 17 There is mixed migration of Venezuelans in Ecuador--refugees, migrants in transit to and from Peru and those with intention to stay in Ecuador--with regular and irregular status in country. As a result, the terms migrant and refugee are both used in this document.
- 18 Instituto Nacional de Estadística y Censo. "[Encuesta Nacional de Violencia de Género-Ecuador.](#)" 2019.
- 19 Data from the [Council of the Federal Judiciary of Ecuador](#), November 25, 2019
- 20 Ibid.
- 21 CARE "Rapid Gender Analysis Ecuador." Forthcoming.
- 22 Ibid.
- 23 Ibid.
- 24 According to the "[REFUGEE AND MIGRANT RESPONSE PLAN 2020](#)" 10 agencies have identified planning to use multi-purpose cash transfers amounting to overUS\$18 million.
- 25 For more information on the approach see <https://www.unhcr.org/graduation-approach-56e9752a4.html>.
- 26 UNHCR. "[Cash Assistance and The Prevention, Mitigation and Response To Sexual And Gender-Based Violence \(SGBV\): Findings From Research In Lebanon, Ecuador And Morocco.](#)" 2019.
- 27 Melissa Hidrobo, John Hoddinott, Amy Margolies, Vanessa Moreira, and Amber Peterman. "[The effect of cash, vouchers and food transfers on intimate partner violence: Evidence from a randomized experiment in Northern Ecuador.](#)" 2016.
- 28 <https://www.nswp.org/featured/plaperts-latin-america>.
- 29 These GBV outcomes were defined by the GPC Task Team on Cash for Protection in consultation with its members and were based on general GBV outcomes. See: <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/document/download/1672>.
- 30 Defined as an increase in decision-making power (e.g., regarding one's body, marital status, and social, economic, or political resources) or otherwise a more equitable distribution of power between members of a household in making decisions.
- 31 Defined as a reduction in physical, sexual, and emotional abuse enacted by one's intimate partner. This is commonly self-reported by women or by men indicating they are perpetuating less violence toward their spouse and children.
- 32 Defined as a reduction in the actual or threatened intrusion of a sexual nature under unequal or coercive conditions, and sexual exploitation—defined in turn as any actual or attempted abuse of a position of vulnerability or differential power or trust for sexual purposes (e.g., requests for sexual favors or unwanted verbal or physical conduct).
- 33 Defined as reduction in marriage of an individual against their will, or reduction in formal marriage or informal union before the age of 18.
- 34 Defined as mitigation of economic abuse, where an abuser's control of victim's finances prevents the victim from accessing resources and/or abuser works to maintain control over victim's earnings and prevent them from achieving self-sufficiency or financial independence. The increase can occur in one of two ways: 1) women being able, supported, or legally allowed to possess or generate assets and income equal to that of men; or 2) when women do generate or possess assets, they are able to gain new control of those resources.
- 35 Defined as improved access to services, such as psychosocial support, delivered through a local organization or social services actor, ensuring survivors are informed of their options, and that the issues they face are identified and responded to in a coordinated way.
- 36 Defined as access to lifesaving reproductive health services for survivors of sexual assault or rape who need to receive emergency health care within 72–120 hours to prevent HIV and other sexually transmitted diseases, tend to wounds, and obtain forensic evidence (depending on the consent of the survivor and local laws); nonsexual physical assault that may have resulted in acute injury, bleeding, or pain, including pregnant women and girls who may need emergency obstetric care.
- 37 Defined as access to services that help survivors of disaster and trauma cope with the psychological and social processes that affect them and their communities to promote psychosocial well-being and prevent or treat mental disorder.
- 38 Defined as reduction in sex work as a coping strategy by individuals engaged in sex work (who are acknowledged to have agency where not coerced via violence and exploitation) to meet basic needs, or engaging in sex work in a safer manner than before (e.g., access to education or sexual and reproductive health services).
- 39 Respondents understood this question differently and answers varied. Issues raised were related to shelter, livelihoods, education, and transportation, but were perceived by clients as measures relating to security and protection.
- 40 <https://www.careemergencytoolkit.org/management/9-monitoring-and-evaluation/8-learning-and-evaluation-activities/8-1-organising-an-after-action-review/>.
- 41 <https://www.humanitarianresponse.info/en/operations/latin-america-and-caribbean/document/latin-america-and-caribbean-redlac-directory>.

