

INTEGRATING CASH ASSISTANCE INTO GENDER-BASED VIOLENCE CASE MANAGEMENT: LEARNINGS FROM COLOMBIA, ECUADOR, AND NORTHWEST SYRIA

Snapshot

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BACKGROUND

Traditionally, refugees and internally displaced persons (IDPs) have received aid in the form of in-kind assistance, such as food and blankets. However, humanitarian response has shifted to using cash and voucher assistance (CVA) more often to meet the diverse needs of those displaced by crisis and conflict, enhancing recipients' autonomy over what they purchase.

Research by the Women's Refugee Commission (WRC) indicates that CVA integrated within GBV programming has the potential to support GBV prevention and response. However, the use of CVA to achieve protection—including to support the prevention of and response to gender-based violence (GBV)—lags far behind its use in other areas. This is a critical gap for refugee, internally displaced, and migrant women and girls, as well as individuals with diverse sexual orientations, gender identities and expressions and sex characteristics (SOGIESC), who face risks of exposure to and incidents of GBV before, during, and after crises.

As a complement to core aspects of GBV case management, CVA may strengthen survivors' capacities to recover and enable access to services. CVA can, for example, help a GBV survivor cover the costs associated with fleeing an abusive relationship, such as safe accommodation, transportation, and legal assistance. There may also be indirect ways in which CVA could reduce survivors' exposure to GBV, such as by decreasing their financial dependence on abusive partners or family members.

In 2020-2022, WRC partnered with CARE in three locations, Ecuador, Colombia and Syria, to better understand the use of CVA in GBV case management. In Guayaquil, Ecuador, WRC and CARE worked with three Ecuadorian organizations to strengthen the capacity of GBV service providers to use CVA within case management in response to intimate partner violence for migrant, refugee, and local populations. In Colombia and Syria, WRC and CARE partnered with South Africa Medical Research Council and a local organization in each country to understand the potential of integrating CVA into GBV case management for comprehensive support to GBV survivors in humanitarian emergencies.¹

¹ The Ecuador project was supported by the Enhancing Learning and Research for Humanitarian Assistance (Elrha) IPV Award. The North-west Syria and Colombia project was made possible by the generous support of the American people through the United States Agency for International Development (USAID).

In each location, participants were separated into two groups, one that received cash in addition to GBV case management, and another that received GBV case management alone without cash assistance. After several months in the program, WRC compared the changes over time between the two groups to understand how the cash assistance affected participants' protection from GBV.

Findings from the three country studies point to commonalities that have implications for international, national, and local organizations providing CVA and GBV case management and for donors that fund these organizations.

KEY FINDINGS

- GBV case management that integrated cash assistance not only helped survivors recover from incidents of violence and reduced exposure to future risks of GBV, but also improved economic capacity, personal well-being and the well-being of survivors' children, interpersonal relationships with family members, and interactions with the host community.
- Receiving cash prevented some participants 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.
- In some cases, the amount of the cash transfer was insufficient to address survivors' protection needs, for example, the cost of transportation to reach services and the cost of childcare during survivors' time spent in case management. Without sufficient assistance to meet their basic needs and in the absence of strong livelihoods support, many participants spent the cash transfer on meeting basic needs, obtaining medical care or medicines, or paying off debts, rather than using it for expenditures that would more directly reduce GBV and increase protection.
- The assistance allowed some participants to invest in enterprises that became a source of sustainable income.

TOP RECOMMENDATIONS

- For cash assistance integrated within GBV programming to effectively reduce exposure to future GBV risks and increase protection outcomes, survivors' basic needs must be met. Cash transfer values should be flexible and specific to the needs of each survivor.
- GBV case management should strengthen referrals to active, effective, safe livelihoods programming. GBV and livelihoods actors should consider the design and implementation of livelihoods support alongside cash-integrated GBV case management within the program model.
- GBV awareness campaigns should be used to help shift attitudes that normalize GBV, including among survivors themselves. They should support survivors' awareness of dedicated support services they can access. This is particularly important for reaching and serving individuals with diverse SOGIESC.
- Leverage partnerships with local organizations to meet the variety of survivors' needs by developing a dedicated referral network across organizations. It is essential to assess partners' capacities early on, during development of the program.
- Provide cash within GBV case management and in tandem with other activities and services, including legal and psychosocial support and workshops to build peer networks, which together are key to survivors' recovery, as well as the recovery of their family members.

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Read the [evaluation reports](#) from Colombia, Ecuador, and Northwest Syria.

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An awareness session was conducted by the mobile team, in Northwest Syria. During the session, the service provider communicates awareness messages about gender-based violence and child labor. © 2022 CARE

CARE is a leading humanitarian organization fighting global poverty. Our emergency responses focus on the needs of the most vulnerable populations, particularly girls and women. www.care.org.

CEPAM was founded in 1983 by a group of feminist women in Ecuador committed to gender equality, women's rights, social justice, equity, and inclusion. www.cepamgye.org.

CORPRODINCO (Corporation of Professionals for Comprehensive Community Development) offers psychosocial, educational, and social integration services to individuals, families, and communities, using collaborative and reflective methodologies, and advocacy for the transformation of their realities. www.corprodinco.org.

Mujer & Mujer is an Ecuadorian NGO that promotes women and LGBTQI+ leadership towards developing a more just and equitable society. <https://mujerymujer.org.ec/>.

Syria Relief and Development (SRD) is a humanitarian NGO operating on the ground in Syria since 2011. SRD provides life- services through the integration of sexual and reproductive health (SRH) and gender-based violence (GBV) programs for vulnerable women and girls affected by crisis. <https://srd.ngo>.

UNTHA: We fight together with organizations of paid workers in Latin America to guarantee the human and labor rights of all workers in the region. Connect with us at <https://es-la.facebook.com/UNTHAECUADOR/>.

The Women's Refugee Commission improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. To learn more, visit womensrefugeecommission.org.

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