Cash and voucher assistance and gender-based violence webinar series

January-February 2020
Gender & Cash Sub workstream
Webinar

Seven Thursdays at 8 am EST/14 CET/ 16 EAT from 16 January 16-February 27, 2020

This webinar 75 minutes

Muted during presentation

Use chat for questions

Questions at the end

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

Webinar
SPEAKERS

Tenzin Manell is Senior Technical Advisor for Cash and Livelihoods at the Women’s Refugee Commission and co-chairs the Global Protection Cluster’s Task Team on Cash for Protection. She has 11 years experience in humanitarian and development contexts with experience in Latin America, Africa, Asia and the Middle East.

Alexandra Moncada is the Country Director for CARE Ecuador. She has over 20 years’ experience in development and humanitarian work with governments, NGOs and civil society. Alexandra has worked in human rights including child’s rights, gender-based violence, migration, gender in Spain, Ecuador and Colombia.

Catalina Vargas is CARE’s Regional Humanitarian Coordinator for Latin American (LAC) and the Caribbean. She leads the regional Humanitarian Strategy development and program quality. Catalina has more than 10 years of experience with CARE, in France and LAC, working in gender, education, and early recovery prior to her current role.
Background

• Gender-based Violence (GBV) is pervasive in humanitarian settings.

• Cash and Voucher Assistance (CVA) is underused in the Protection sector, including for GBV outcomes.

• CVA can play a key role in the prevention of and response to GBV – it is not always appropriate.

• Humanitarian capacity and evidence gaps re: integrating CVA and GBV must be addressed to fulfill the Call to Action.
Project Overview

- Sweden’s Ministry for Foreign Affairs funded **Utilizing Cash and Voucher Assistance within Gender-based Violence Case Management to Support Crisis-Affected Populations in Ecuador.**

- Partners:
  - Women’s Refugee Commission (WRC)
  - CARE
  - Fundacion Quimera
  - The Latin American Platform of Sex Workers

- Partners advanced **the Call to Action Roadmap** by:
  - Strengthening the capacity of GBV and CVA service providers
  - Implementing comprehensive GBV case management inclusive of CVA referrals for forced migrants in El Oro Province
  - Leveraging and adapting for context key resources on GBV and CVA.
Resources

WRC Cash and GBV Toolkit

CVA & GBV Compendium
Context

• Humanitarian crisis in Venezuela is affecting 16 countries in Latin America and the Caribbean, including Ecuador.

• GBV is rampant impacting host and displaced communities.

• A GBV framework exists, but there is little enforcement, resources and will to do so.

• Gov’t has experience with SSN, limited humanitarian CVA experience.

• GBV services are limited and civil society is bridging the gaps.

• Limited use of CVA for GBV outcomes in Ecuador to date, yet with positive outcomes.
Process

Identification
- Identify geographic area of intervention
- Identify partners with GBV case management experience and capacity to compliment CARE’s CVA experience and capacity

Inception
- Discuss project objectives, proposed methodologies and components including modality and delivery mechanism
- Establish partner roles and responsibilities
- Finalize agreements with partners and bank
- Review and adapt SOPs using the Compendium
- Draft assessment and PDM tools using the Toolkit
- Agree on referral mechanisms
- Cascade information to and build capacity of teams

Implementation
- Assess clients’ need and eligibility for CVA referrals using Protocol and register recipients
- Test and validate delivery mechanism
- Train teams on delivery mechanism and use of biometrics
- Operationalize referral pathways (e.g. psycho-social, legal) and provide additional services (e.g. basic needs)
- Distribute cash transfers to recipients, accompany clients to ATMs, and continue case management

Monitoring
- Decide sampling methodology/size and identify emblematic cases
- Conduct weekly case follow-up with clients via phone
- Monitor the impact of cash referrals on clients’ case action plan using PDM tool
Referrals

GBV survivors and those at-risk access GBV services via self-referral, intra-organizational referral, or community-referrals.

**CARE**
- Set up PINs with the bank
- Distribute vouchers with PINs to FQ and PLAPERTS
- Accompany clients to ATMs

**Fundación Quimera**
- Assess if CVA is appropriate to reduce GBV risks or support recovery from an incident of violence, analyze risks associated with CVA, identify mitigation mechanisms
- Plan CVA referral
- Distribute PINs to clients
- Conduct post-distribution monitoring

**PLAPERTS**
- Conduct case intake, including assessment if CVA is appropriate to reduce GBV risks or support recovery from an incident of violence, analyze risks associated with CVA, identify mitigation mechanisms

Cases referred to authorities or services as needed (e.g., legal, medical, psycho-social)

- Case follow up with legal, medical or psycho-social services as dictated by the needs of the case
- Conduct follow up with client to ensure case is adequately and ethically addressed by legal statutes of the country (e.g., type of crime)
Integrated Cash and GBV Referrals

- 100 out of 120 GBV clients referred for CVA
- 86 survivors & 14 individuals at risk of GBV received CVA
- Registration included biometrics
- One-time transfer of $100 USD via cardless ATM
- 50% received legal assistance; 50% received formal counselling
Assessment

• **Profile of GBV clients:** 86 survivors & 14 individuals at risk of GBV; all forcibly displaced women from Venezuela

• **Incidence of violence:** 58% suffered psychological violence; 27% suffered physical violence; 13% suffered sexual violence; 6% suffered attempted femicide.

**Perceived risks of CVA by recipients:** theft, insecurity, and physical threats.

**Mitigation:** A safe place to keep money (87%), keep recipient status confidential (50%); withdraw money with someone trustworthy (8%).
## Contribution of CVA Referrals on GBV Outcomes

<table>
<thead>
<tr>
<th>GBV Outcome Category</th>
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<th>Intended outcome of CVA referral as defined during case action planning by GBV case workers</th>
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<tbody>
<tr>
<td><strong>Reduction in Risk or Exposure to GBV</strong></td>
<td>Improved distribution of household decision-making power(^{35})</td>
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<td>Reduction in intimate partner violence(^{31})</td>
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<td>Reduction of risk or exposure to sexual harassment, exploitation, or abuse(^{52})</td>
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<td>Reduction or prevention of forced and early marriage(^{52})</td>
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<td>Increased asset ownership or control over resources(^{34})</td>
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<td><strong>Access to Services</strong></td>
<td>Gender-based violence survivor access to response and recovery services(^{35})</td>
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<td>Access to reproductive health services(^{58})</td>
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<td>Access to psychological/mental health services(^{57})</td>
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<tr>
<td><strong>Avoidance of Risky Coping Strategies</strong></td>
<td>Reduction of reliance on or improved safety of sex work(^{59})</td>
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Monitoring

- Delivery mechanism
- Timeless
- Value
- Duration
- Confidentiality
- Case management and incident disclosure
- Safety
### Impact of CVA on GBV Outcomes

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Monitoring (Cont’d)

- Health services
- Shelter
- Utilities
- Micro business
- Mental health
- Legal support
- Psychosocial care
- Other protection & security
- Food
- Transport
- Education
- Remittances

0 10 20 30 40 50 60
Lessons Learned - What worked well?

- Locally-led implementation.
- Partnerships.
- Inception workshop & After Action Review.
- Knowledge and skills exchange.
- Expanded awareness of GBV services.
- Comprehensive support with positive outcomes.
- Cardless ATM.
- Monitoring approaches.
Lessons Learned - What can be improved?

• Targeting both Venezuelans & Ecuadorians.
• Longer accompaniment period, higher value transfers, longer duration.
• Linkages with livelihoods/entrepreneurship.
• CVA to address immigration status.
• Expand partnerships.
• Effort to mitigate risks before, during & after receipt.
• Continue to adapt *Protocol* and *PDM* tools.
• Expand GBV referral pathways with mapping of multisectoral services.
Next steps

• Share findings with communities of practice

• Scale the integration of CVA in GBV case management

• Advocate for CVA in Ecuador’s National Plan to address GBV

• Build the capacity of humanitarian responders to integrate CVA & GBV

• Address key evidence gaps

• Advocate with donors
Resources

WRC Cash and GBV Resources, including the Learning Brief and Toolkit

CVA & GBV Compendium & Training

Call to Action Road Map
Questions & Discussion

• What has been your experience so far utilizing the toolkit and compendium - opportunities, benefits, challenges?

• What actions are needed to uptake the toolkit and compendium in your region/response/agency?
Thank you!

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