

“We have a way
to start out
on our own”

The Effectiveness of Cash Assistance
Integrated into Gender-Based Violence
Case Management for Forced Migrants,
Refugees, and Host Nationals in Norte
de Santander, Colombia:

Evaluation Snapshot



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Women participating in the GBV case management process during a workshop with CORPRODINCO, Ocaña

“I feel more confident, because with the economic support, we have a way to start out on our own, with something of our own.”

– Colombian woman living with disabilities, cash participant

BACKGROUND

Traditionally, refugees and internally displaced persons have received aid in the form of in-kind assistance, such as food and blankets. Increasingly, however, cash and voucher assistance (CVA) is being used in humanitarian response to meet the diverse needs of those displaced by crisis and conflict, enhancing recipients’ autonomy over what they use the funds for. However, the use of CVA in programs to achieve protection—including to support the prevention of and response to gender-based violence (GBV)—lags far behind its use in other areas.

[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, humanitarian GBV programming has not comprehensively or consistently considered the use of CVA. The need for comprehensive GBV case management is great among refugees, internally displaced people, and migrants before, during, and after crisis. Women and girls, and individuals with diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC), face everyday risks and incidents of GBV.

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.

Through a two-year project, which ran from 2020 to 2022, WRC, with research partners South Africa Medical Research Council and CARE, undertook a study in Colombia and Northwest Syria to understand the potential of integrating cash assistance into GBV case management for comprehensive support to survivors in humanitarian emergencies.

Colombia has the [second-largest number of internally displaced persons](#) in the world after Afghanistan, with an estimated 8.5 million people in protracted displacement. Violence against women and girls and individuals with diverse SOGIESC in the region predates the crisis in Venezuela and conflict in Colombia, and is rooted in harmful gender norms. GBV has also been exacerbated during the COVID-19 pandemic.

In Norte de Santander, Colombia, WRC and partners sought to examine changes among forced migrant, refugee, and host national GBV survivors in a cash-integrated GBV case management program, evaluating outcomes four months after the start of the program. The study drew on the expertise of WRC, and used best practice guidance and tools implemented by CARE Colombia and its local partner, the Corporation of Professionals for Comprehensive Community Development (CORPRODINCO).

GBV caseworkers assessed whether cash was appropriate for survivors' individual cases and, if so, distributed cash via the financial service provider Efecty, which operates payment points. Each GBV survivor received \$91 to \$274, depending on the needs of their case. Caseworkers also provided survivors with referrals to complementary services, such as sexual and reproductive health services, mental health and psychosocial support services, legal assistance, and livelihoods programming. Case management follow-up included the monitoring of assistance received by the survivor to ensure they were not exposed to further harm.

The project was evaluated at the four-month mark using questionnaires, in-depth interviews with participants, and interviews with key informants (caseworkers and other project staff and cash and GBV experts).

KEY FINDINGS

- Cash-integrated GBV case management reduced incidents of GBV and associated risks up to 12 percent more than GBV case management alone, by improving the economic capacity of survivors who received cash.
- Compared to survivors who received GBV case management alone (without cash assistance), survivors who received cash reported earnings in the past month that were 29 percent higher, and savings that were 26 percent higher.
- Access to cash assistance amplified survivors' improvements in mental and psychological health, self-reliance, and familial relationships in comparison to survivors who did not receive cash.
- The delivery of cash assistance using Efecty was safe, effective, and presented minimal difficulties for participants.
- The inclusion of individuals with diverse SOGIESC in the study enhanced program criteria to be more inclusive, and provided findings for this routinely underserved population to help address evidence gaps on tailoring cash integrated GBV case management for trans GBV survivors.



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Woman meeting with a CORPRODINCO case worker, Ocaña.

TOP RECOMMENDATIONS

- Case management should strengthen referrals to active, effective livelihoods programming; given the gaps in livelihoods programming in Norte de Santander, Colombia, GBV and livelihoods actors may 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, and make known to survivors dedicated support services they can access. This is particularly important for reaching and serving individuals with diverse SOGIESC.
- GBV specialists and other actors, including service providers, should proactively coordinate to support cross-sectoral collaboration and provide inclusive referrals to meet survivors' recovery needs, as well as prevent their falling back into a cycle of violence.
- Multiple context-feasible delivery mechanisms, such as mobile money, should be used in addition to Efecty, to maximize survivors' access, choice, and safety.
- The program duration should be longer, additional program components such as childcare and accessibility for persons with disabilities should be added, and the timing and location of all activities should align with participants' availability and access needs for maximum efficacy.
- Sexual and reproductive health needs, in particular access to contraception, remain unmet or partially met—stronger presence and referral to relevant service providers is an important complement to this program model.
- Increase opportunities for design and implementation of the intervention to be driven by survivors—including individuals with diverse SOGIESC—to enhance retention.



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Women participating in the GBV case management process carry out an activity on types of violence, Ocaña

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Read the full report [here](#).

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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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