



Programme Summary

Economic Transfers in Ecuador and Bangladesh

Programmes at a glance

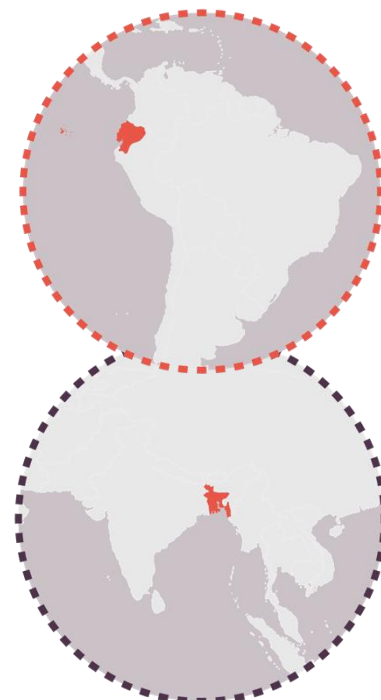
The Food, Cash and Voucher Programme in Ecuador (2011-2012) sought to increase the food and nutrition security of Colombian refugees and poor Ecuadorians in northern Ecuador. In addition to addressing poverty and food insecurity, a goal of the programme was to increase women’s participation in household decision-making. Although the intervention was not designed to prevent intimate partner violence (IPV), a randomised control trial (RCT) found that, at the end of the programme, **the economic transfers had resulted in a 30% decrease in physical and/or sexual IPV and a 19% decrease in controlling behaviours** in comparison to the control arm.¹

The Transfer Modality Research Initiative (TMRI) in Bangladesh (2012-2014) was an RCT that provided economic transfers, with or without nutrition behaviour change communication (BCC), to women in poor rural households, with the aim of improving household food security and child nutrition. The programme did not have explicit gender-related objectives, but a survey conducted 6 to 10 months after the initiative had ended, found that **women who had received transfers and BCC experienced 26% less physical IPV than women in the control arm.**² Women who received transfers alone showed no significant difference in IPV from the control arm.

Background

Economic transfers and broader social safety net programmes have primarily focused on reducing poverty and food insecurity, as well as improving health and education outcomes among vulnerable populations. However, some programme evaluations have also measured the impact on IPV, and a growing number of programmes integrate goals related to gender equality and women’s empowerment. A mixed-methods review³ of cash transfer programmes and their impact on IPV in low-and middle-income countries (LMICs) found that the majority (73%) of studies show that the cash transfers resulted in reduced levels of IPV.⁴

Economic transfer programmes in Ecuador and Bangladesh were implemented by the World Food Programme (WFP) and evaluated by the International Food Policy Research Institute (IFPRI). The study in Ecuador used an RCT to assess impact across a range of economic, social and health outcomes, including on women’s experience of IPV. The Bangladesh study used an RCT to measure post-programme impacts on IPV. Findings from the two programmes contribute to the growing evidence base on how economic transfers to poor households have the potential to reduce IPV and advance gender equality.



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Programme contexts

The Food, Cash and Voucher Programme in Ecuador was implemented in seven poor urban centres in the Carchi and Sucumbios provinces in the north bordering Colombia. The areas had large numbers of Colombian refugees and high levels of poverty and food insecurity across refugee and host communities.

At the time of the programme (2011), Ecuadorian women's lifetime experience of IPV was estimated to be 35% for physical violence and 15% for sexual violence.⁵ The baseline survey found comparable rates of lifetime IPV among the poor Ecuadorian and Colombian refugee sample to the national sample. In addition, 16% of women in the programme sample had experienced physical and/or sexual IPV in the 6 months preceding the study, whilst 26% reported emotional IPV and 17% reported experiencing controlling behaviours.⁶

Programme description

The objectives of the Food, Cash and Voucher Programme in Ecuador were three-fold:

- 1) **To improve food consumption by facilitating access to more nutritious foods**
- 2) **To increase the role of women in household decision-making related to food consumption**
- 3) **To reduce tensions between Colombian refugees and host Ecuadorian populations**

The programme included both Colombian refugees and poor Ecuadorians, as targeting only one group risked exacerbating tensions between refugee and host communities. The programme targeted women, however, if there was no adult woman in the household, men could also be eligible as transfer recipients.

Participating households received a food, cash or voucher transfer worth \$40 once a month over a six-month period. The monthly value amounted to 11% of a household's average monthly food consumption prior to the programme. Women were recipients of the transfer in 75% of the households. The transfer was conditional upon participation in nutrition group sessions, which intended to influence behaviour change in relation to dietary diversity and food consumption.

The Transfer Modality Research Initiative (TMRI) in Bangladesh was implemented in rural areas in the northwest and southern regions of the country. Both areas were characterised by high levels of poverty and food insecurity.

Gender inequities were widespread in rural Bangladesh at the time of the study. A nationally-representative VAW survey in 2015 found that 73% of currently married women reported having experienced IPV in their lifetimes, and 21% reported having experienced physical violence in the past year.⁷ Women's movements outside the home without male accompaniment were limited, with female seclusion (*purdah*) prevalent. Women typically had little ownership or control over household assets and money, low group membership, and limited roles in household decision-making.⁸

The Transfer Modality Research Initiative (TMRI) in Bangladesh aimed to understand the effectiveness of different transfer modalities on improving food and nutrition security for poor rural households. The modalities included:

- 1) **Food transfers only**
- 2) **Cash transfers only**
- 3) **A combination of food and cash**
- 4) **Food transfers and BCC training sessions**
- 5) **Cash transfers and BCC training sessions**

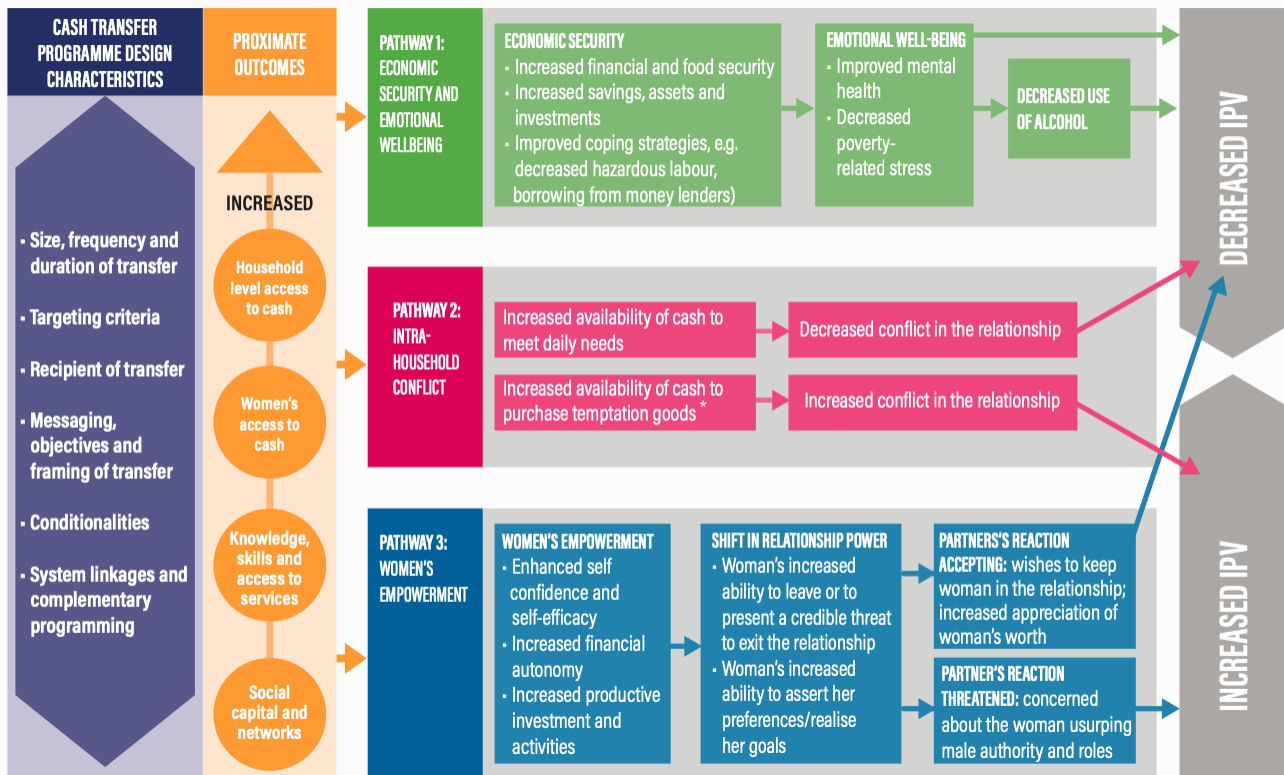
The programme included 5,000 women assigned either to a control arm or one of the five intervention arms. The programme ran for two years, during which women received monthly transfers of cash or food worth \$19, which was about 25% of their households' pre-programme monthly income.

For two of the treatment arms, the transfers were conditional on attending group-based nutritional BCC sessions which aimed to increase women's knowledge of nutrition, particularly related to infant and young child feeding (IYCF). The BCC also included sessions with other household members such as husbands and mothers-in-law, as well as home visits and meetings with community leaders.

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Theory of Change

The two programmes were not intentionally designed to reduce IPV and therefore did not explicitly develop theories of change that showed pathways between economic transfers and violence prevention. However, researchers affiliated with the Cash Transfer and Intimate Partner Violence collaborative published a “programme theory” drawing on a mixed-method review of evidence.⁹ The theory proposes three main pathways between cash transfers and IPV.



*Temptation goods' refers to expenditures that do not benefit all household members, e.g. for gambling or purchasing alcohol or tobacco. However, existing evidence has not found any strong linkages between cash transfers and increased consumption of temptation goods (The Prevention Collaborative, 2019, [Evidence Brief: Cash Transfers and Intimate Partner Violence: Findings from a Review of Quantitative and Qualitative Studies in Low- and Middle-Income Countries](#))

Source: Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M. and Heise, L. (2018) [A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries](#), *The World Bank Research Observer*, 33 (2)

Core components

The Food, Cash and Voucher Programme in Ecuador had the following core components.

Selection: “Barrios” (neighbourhood administrative units) were selected by WFP and local partners in the seven urban centres based on poverty levels and numbers of refugee households. A survey was administered to all households to collect demographic and socioeconomic information. All Colombian and Colombian/ Ecuadorian households were enrolled automatically, and Ecuadorian households with low socioeconomic status (according to a proxy means test) were also enrolled. Households that already received benefits from the government's cash transfer programme were excluded.

The TMRI in Bangladesh had the following core components.

Selection: 500 villages across two regions were selected to be part of the study. Stratified by region, they were randomly assigned to control or intervention arms. A census was carried out in each village to collect information on household demographics and poverty indicators. Among households meeting eligibility criteria – being poor, having at least one child aged 0-24 months, and not participating in any other safety net interventions – 10 households from each village were randomly selected to be part of the study.

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Enrolment: An enrolment meeting was held before the first transfer. It was organised by local implementing partners and supported by the President of each barrio. The meeting aimed to sensitise participants about the programme and issued photo ID cards to the recipients.

Transfers: Participating households received a monthly transfer in one of three modalities:

1) Cash transfers (\$40) were transferred onto ATM cards. The participants could freely decide how to use the cash and when. For instance, money could be carried over to the next month and there were no limitations on how the money could be spent.

2) Food vouchers were distributed as two \$20 vouchers and could be used to purchase nutritionally approved food items from supermarkets. The vouchers were non-transferable and had to be used within 30 days. The vouchers came with a list of approved items and recommended amounts to buy.

3) Food baskets were distributed by local partners on a monthly basis. The value of the basket amounted to \$40 and included rice, vegetable oil, lentils and canned sardines.

Nutrition sessions: The monthly nutrition sessions followed a curriculum developed by WFP and aimed to increase knowledge and influence behaviour change in participating households. The sessions were engaging, interactive and included monthly nutritious recipes which participants were encouraged to cook and to share with neighbours and friends. The six sessions covered:

- 1) Programme sensitisation and information
- 2) Family nutrition
- 3) Food and nutrition for pregnant and lactating women
- 4) Nutrition for children 0-12 months
- 5) Nutrition for children 12-24 months
- 6) Review of lessons and testing knowledge through a quiz

The sessions were attended by women and men (25%) recipients of the transfer. Women were also allowed to bring their husband, but this was not a requirement.

Furthermore, the programme developed posters with messages to reinforce the behaviour change, which were put up in supermarkets, community centres and banks.

Enrolment: The programme distributed mobile phones to all women in intervention and control arms. A training session was held on how to use the phones for cash transfers, and women were supported to open bank accounts. Key messages on how to use the mobile system were later repeated at cash withdrawal points. Women in the food transfer arms were issued photo IDs to be able to pick up the rations at distribution sites.

Transfers: Women received a monthly transfer in the second week of every month, which came in one of three modalities:

1) Cash transfers (approximately \$19) were transferred to women's mobile phones through a mobile banking system. Women could withdraw cash at local distribution points.

2) Food rations consisting of rice, lentils, and cooking oil were picked up by women at designated distribution points run by partner NGOs. All distribution sites were located within 2 km of women's homes to reduce travel costs.

3) A cash and food combination consisting of half the quantity of items in the standard food ration, and cash amounting to half the value of the standard cash transfer.

Nutrition BCC: The BCC was intensive and consisted of three complementary activities. The core component was weekly group trainings of beneficiary women within a village, led by a trained community nutrition worker, focused on IYCF based on a curriculum developed by WFP. The trainings were structured as 7-session cycles that repeated throughout the 2 years, using interactive methods such as songs, demonstrations, question-and-answer, and role-play to reinforce knowledge and maintain women's interest.

Some sessions invited other household members such as husbands and mothers-in-law, both to create a supportive household environment for behaviour change, and to allow household members to see the beneficial nature of sessions and reduce resistance to women's attendance.

The BCC included twice-a-month home visits by a nutrition worker to observe household-level practices and encourage adoption of recommended behaviours.

Furthermore, the programme included monthly meetings between programme staff and community leaders, to create a supportive community environment and facilitate women's participation in trainings.

Monitoring and evaluation

The programme in Ecuador was evaluated by an RCT that measured changes in women's experiences of IPV, and a qualitative study was carried out 21 months after the intervention had ended. The RCT found that economic transfers resulted in a 30% decrease in physical and/or sexual IPV and a 19% decrease in controlling behaviours relative to the control arm.¹⁰ The RCT found no impact on emotional violence. The reductions in IPV measures were similar across the three transfer modalities, suggesting a similar protective role across economic benefits.

In Bangladesh, IPV data was not collected as part of the RCT during the intervention. However, a survey measured IPV 6 to 10 months after the intervention had ended. It found that women who had received transfers (cash or food) and the BCC intervention reported 26% less physical IPV than women in the control arm.¹¹ However, women who had received the transfer alone but not the BCC showed no significant difference in post-programme experiences of IPV in comparison to women in the control arm.

Lessons for programming

Although the two programmes were primarily aimed at objectives other than preventing IPV, both led to significant reductions in IPV experienced by women who received transfers coupled with nutrition trainings. [Studies in Ecuador](#) and a [post-programme study in Bangladesh](#) explored what led to this change. Findings from these studies provide important insights for economic transfer programmes that aim to integrate IPV prevention.

Complementary pathways to change: Evidence from Ecuador and Bangladesh sheds light on three similar pathways to reduced levels of IPV, together contributing to women's empowerment, increased household wellbeing and less disputes.

1) Reduced day-to-day conflict: Evidence from Ecuador suggest that the monthly transfers provided economic security and diminished the need for women to 'negotiate' for money with their partner, reducing disputes that could lead to IPV.¹²

2) Improved sense of family wellbeing and happiness: Women and men in Ecuador reported that the transfers brought a financial and food security to the household. This dynamic was reinforced by RCT evidence showing all three transfer modalities led to increases in quality and quantity of food consumed (including caloric intake), as well as non-food expenditures.¹³ Reduced financial stresses and higher welfare of families in turn led to an increased sense of wellbeing and happiness, which was identified as the second pathway to reduced IPV.¹⁴

3) Women's increased self-confidence and freedom of movement: Findings from Ecuador suggest that attending the nutrition sessions and picking up transfers presented women with opportunities to move more freely, which had a positive impact on their self-confidence.¹⁵ This pathway corresponds with the drop in men's controlling behaviour observed by the RCT.

1) Reduced poverty-related stress: A plausible pathway to reduced levels of IPV in Bangladesh was improved household wealth as a result of the transfers. This could reduce household disputes and poverty-related stress, which can trigger IPV.¹⁶

2) Increases in women's bargaining power: In Bangladesh, women who received transfers and BCC reported greater control over household resources and greater feelings of confidence and agency. Women's social capital also expanded as the BCC sessions increased direct interaction, and because neighbours visited women's homes to hear what they had learned in the sessions. Plausibly, these factors strengthened women's intra-household bargaining power, making women less accepting of violent behaviour in their relationships.¹⁷

3) Increased social cost of physical violence: As women receiving transfers and BCC were more visible in their communities, physical violence against them was also likely to be more visible. Evidence suggests that greater visibility of violence can increase societal disapproval of the perpetrators, increasing the "social costs" to men of inflicting violence on women.¹⁸

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The importance of complementary group-based activities: Qualitative evidence from Ecuador and post-programme evidence in Bangladesh suggest that the BCC had an impact beyond increasing knowledge on food and nutrition; it facilitated increases in self-confidence, freedom of movement and social capital for women. This suggests that complementary activities can positively influence women's status in their households and communities, even when they are not explicitly gender-focused. However, because programmes are typically evaluated as a package, globally few studies are able to isolate the relative importance of complementary components for achieving gender equality goals and reducing IPV – the Bangladesh study is an exception. This is an area where further research is needed, in relation to group-based activities, as well as more diverse complementary activities which tackle context-specific risk factors for IPV.¹⁹

There is a need to better understand how impact on IPV can be sustained: The programme in Ecuador demonstrated that economic transfer programmes can have a substantial impact on IPV in a short programming timeframe. However, the reductions in IPV at the end of the 6 months intervention were perceived as temporary within a [qualitative study](#) conducted 21 months later. Instead, households returned to conflicts over money and household stresses increased after the transfers ended. In Bangladesh, the BCC was a critical component in reducing reported IPV 6-10 months after the programme ended. An area for future research relates to the long-term effects of economic transfers on IPV and what design features affect the sustainability of impacts beyond the end of programmes.

The impact of programme framings and messaging of gender objectives must be better understood: Although evidence suggests economic transfers targeting women can lead to changes in intra-household dynamics such as reduced disputes and greater freedom of movement for women, those that require co-responsibilities risk reinforcing traditional gender norms, such as women's care giver responsibilities. At the same time, framing programmes around other objectives than gender equality may be perceived as non-threatening and may be what enables women's participation in the first place. More research is needed to understand how programme framings, messaging and gender-objectives (or lack thereof) modify programme impact. For example, addressing underlying root causes of IPV may be necessary for achieving long-term changes in IPV. However, to date, programmes have not explicitly integrated gender transformative curricula in for instance the complementary activities.²⁰ Such programmes must carefully monitor the risk of backlash from men and have thorough safeguarding systems and referral services in place to respond to potential reports of IPV.

Links to further resources

For more information on the linkages between economic transfers and IPV, see:

- [Intimate Partner Violence and Cash Transfers in Low- and Middle-income Countries: A Mixed-method Review](#), Buller A. M., Peterman A., Ranganathan M., Bleile A., Hidrobo M. and Heise, L., *World Bank Research Observer*, 33(2), 2018
- [Cash Transfers and Intimate Partner Violence: What does the Evidence Say?](#) IFPRI Infographic, 2019

PROGRAMME SUMMARY

Source documents

Source documents Ecuador

[Brief: Cash, Food, and Vouchers Reduce Intimate Partner Violence in Urban Areas in Ecuador](#), Hidrobo M., Buller A. M., Peterman A. and Heise, L., International Food Policy Research Institute, 2019

[The Way to a Man's Heart is through his Stomach? A Mixed Methods Study on Causal Mechanisms through which Cash and In-kind Food Transfers Decreased Intimate Partner Violence](#), Buller, A. M., Hidrobo, M., Peterman, A. and Heise, L. *BMC Public Health*, 16 (488), 2016

[Cash, Food, or Vouchers? Postprogram Evidence from a Randomized Experiment in Northern Ecuador](#), Hidrobo M., Hoddinott, J., Peterman A., Margolies, A. and Moreira, V. (2013), *Journal of Development Economics* 107, 2014

[Impact Evaluation of Cash, Food Vouchers, and Food Transfers among Colombian Refugees and Poor Ecuadorians in Carchi and Sucumbíos](#), Hidrobo M., Hoddinott, J., Margolies, A., Moreira, V. and Peterman A., Final Report, WFP/ IFPRI, 2012

Source documents Bangladesh

[Brief: Food and Cash Transfers Coupled with Nutrition Behavior Change Communication Lead to Sustained Reductions in Intimate Partner Violence in Bangladesh](#), Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A., International Food Policy Research Institute, 2019

[Transfers, Behaviour Change Communication, and Intimate partner Violence: Postprogram Evidence from Rural Bangladesh](#), Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A., *The Review of Economics and Statistics* 101 (5), 2019

[Safety Nets in Bangladesh: Which Form of Transfer is Most Beneficial? Operational Performance of the Transfer Modality Research Initiative](#), Ahmed, A. U., Sraboni, E. and Shaba, F. K. 2014

Endnotes

¹ Hidrobo M., Buller A. M., Peterman A. and Heise, L. (2019) [Brief: Cash, food, and vouchers reduce intimate partner violence in urban areas in Ecuador](#)

² Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A. (2019) [Brief: Food and Cash Transfers Coupled with nutrition Behavior Change Communication Lead to Sustained Reductions in Intimate Partner Violence in Bangladesh](#)

³ Buller A. M., Peterman A., Ranganathan M., Bleile A., Hidrobo M. and Heise, L. (2018). [Intimate partner violence and cash transfers in low- and middle-income countries: A Mixed-method Review](#), *World Bank Research Observer*, 33(2): (218–258)

⁴ IFPRI (2019) [Cash transfers and intimate partner violence: What does the evidence say?](#) Infographic.

⁵ Buller, A. M., Hidrobo, M., Peterman, A. and Heise, L. (2016) [The way to a man's heart is through his stomach? A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence](#), *BMC Public Health* (2016) 16:488

⁶ Hidrobo M., Peterman A. and Heise, L. (2016) [The Effect of Cash, Vouchers, and Food Transfers on Intimate Partner Violence: Evidence from a Randomized Experiment in Northern Ecuador](#), *American Economic Journal: Applied Economics* 2016, 8(3), pp. 284-303

⁷ Bangladesh Bureau of Statistics (2016) [Report on Violence against Women \(VAW\) Survey 2015](#)

⁸ Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A. (2018) [Transfers, Behaviour Change Communication, and Intimate partner Violence: Postprogram Evidence from Rural Bangladesh](#), *The Review of Economics and Statistics*, 101(5), pp. 856-877

⁹ Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M. and Heise, L. (2018) [A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries](#), *The World Bank Research Observer*, 33 (2)

¹⁰ Hidrobo M., Peterman A. and Heise, L. (2016) [The Effect of Cash, Vouchers, and Food Transfers on Intimate Partner Violence: Evidence from a Randomized Experiment in Northern Ecuador](#), *American Economic Journal: Applied Economics* 2016, 8(3), pp. 284-303

¹¹ Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A. (2018) [Transfers, Behaviour Change Communication, and Intimate partner Violence: Postprogram Evidence from Rural Bangladesh](#), *The Review of Economics and Statistics*, 101(5), pp. 856-877

¹² Buller, A. M., Hidrobo, M., Peterman, A. and Heise, L. (2016) [The way to a man's heart is through his stomach? A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence](#), *BMC Public Health* (2016) 16:488

¹³ Hidrobo M., Hoddinott, J., Peterman A., Margolies, A. and Moreira, V. (2013) [Cash, food, or vouchers? Postprogram Evidence from a randomized experiment in northern Ecuador](#), *Journal of Development Economics* 107, pp. 144-156

¹⁴ Buller, A. M., Hidrobo, M., Peterman, A. and Heise, L. (2016) [The way to a man's heart is through his stomach? A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence](#), *BMC Public Health* (2016) 16:488

¹⁵ Ibid.

¹⁶ Roy, S., Hidrobo, M., Hoddinott, J. and Ahmed, A. (2018) [Transfers, Behaviour Change Communication, and Intimate partner Violence: Postprogram Evidence from Rural Bangladesh](#), *The Review of Economics and Statistics*, 101(5), pp. 856-877

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Kerr-Wilson, A., Gibbs, A., McAslan Fraser, E., Ramsommar, L., Parke, A., Khuwaja HMA. and Jewkes, R. (2020) [What Works to Prevent Violence against Women and Girls? A rigorous global evidence review of interventions to prevent violence against women and girls](#)

²⁰ The Prevention Collaborative (2019) [Cash Transfers and Intimate Partner Violence: Findings from a Review of Quantitative and Qualitative Studies in Low-and Middle Income Countries](#). Evidence Brief

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