INDONESIA

# Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings

Erma, a Women Friendly Space volunteer, offered her undamaged house in earthquake-stricken Cianjur as a 'Saung Sapa,' a women-friendly space where GBV case workers provide management services.



## Cash Assistance for GBV Survivors Receiving Case Management in Indonesia

## EVALUATION OVERVIEW

UNFPA and the Johns Hopkins Center for Humanitarian Health in the Johns Hopkins Bloomberg School of Public Health (JHU) conducted a mixed methods evaluation of a cash assistance pilot integrated within gender-based violence (GBV) case management in Indonesia to understand the impact of the cash assistance on protection/GBV and health outcomes. The study was conducted between April and August 2023 and included 278 survivors of GBV receiving case management services in three provinces of Indonesia (Central Sulawesi, West Java, and Aceh). Survivors received unconditional cash assistance as part of case management services from UNFPA and its implementing partners Yayasan Pulih and Yayasan Kerti Praja from April to June 2023. The operational study intended to complement ongoing case management monitoring and expand program learning to provide a more comprehensive understanding of the impacts of cash on safety, health, and uptake of services of GBV survivors in Indonesia. Questionnaire-based interviews were conducted at receipt of the cash assistance and again approximately four to eight weeks later, and a sub-sample of recipients also participated in qualitative interviews. Key findings were as follows:

- The cash assistance provided within the case management process positively impacted GBV survivors' health, safety, and access to prevention and response services in all three provinces in Indonesia.
- GBV survivors across all provinces were able to safely access the cash assistance and make spending decisions with few negative consequences.

- Livelihoods, a means of securing basic needs for the family and a key GBV risk mitigation measure, remains a top priority for GBV survivors post the three-month cash assistance within case management intervention.
- Differences in access to GBV prevention and response services were noted across the province; for example, survivors across provinces reported differences in access to needed services such as psychosocial support and counseling.

# INTRODUCTION

Through a survivor-centered approach to its confidential GBV case management programme, UNFPA Indonesia provides survivors with psychosocial support, a safe place or referrals to support access to safe places, and referrals to other services such as livelihoods, mental health, and sexual and reproductive health care. Cash assistance is also provided as part of case management services. Within the case management meetings, the GBV case workers assess the GBV survivor's financial and support situation, reflect on the protection and other needs that can be met through the cash assistance, and prepare a safety plan, which includes the receipt and use of the cash assistance. Cash assistance and case management services are intended to contribute to GBV survivors' healing and recovery, increasing their safety, health, and referrals to respond to and mitigate their GBV-related needs and risk, as identified during the case assessment. Between March and June 2023, UNFPA and implementing partners Yayasan Pulih and Yayasan Kerti Praja provided cash assistance to 300 GBV survivors age 15 years and older in the provinces of Central Sulawesi, West Java, and Aceh, where populations have experienced multiple natural disasters, including earthquakes, tsunamis, flooding, and armed conflict (Figure 1). Monthly cash assistance was valued at US$66[1] based on estimated costs for immediate and recovery needs such as rent and access to services. Cash assistance was unconditional and unrestricted to provide greater flexibility to GBV survivors. Survivors were provided assistance for one, two, or three months depending on the needs of the survivors as assessed with the GBV case manager. The cash assistance was delivered to bank accounts, over the counter, or as cash-in-hand depending on the survivor preferences and local infrastructure. The cash assistance with case management programme conformed, as do all GBV response interventions, to a survivor-centered approach with guiding principles of response, safety, confidentiality, dignity, self-determination, and non-discrimination.

Data from the Ministry of Women Empowerment and Child Protection[2] show that for Aceh Province, West Java, and Central Sulawesi, cases of GBV occur within households, with psychological abuse and sexual violence being the most commonly reported, followed by physical violence and neglect. In Aceh, the type of services survivors accessed primarily included complaint services, legal assistance, and social rehabilitation. In West Java and Central Sulawesi, the main services accessed are complaint services, health care, and legal assistance. In the three provinces, the most common victims are female and the most common perpetrators male. Based on the relationship between perpetrators and victims, most perpetrators are intimate partners (husband/wife).

**Figure 1: UNFPA Cash Assistance with Case Management Programme Locations**

1 Administrative costs for the cash transfers have been absorbed by the implementing partners as per the Standard Operating Procedures for the pilot.

2 Data from the Ministry of Women Empowerment and Child Protection SIMFONI 22 September 2023

# METHODS

UNFPA and JHU conducted a mixed-methods evaluation of UNFPA cash assistance integrated into GBV case management in Indonesia. The evaluation was intended to complement ongoing monitoring of case management and cash assistance activities with GBV survivors and expand programme learning to provide a more comprehensive understanding of the impacts of cash on GBV survivors safety, sexual and reproductive health, referral, and uptake of services in the context of Indonesia. Specifically, the evaluation aimed to analyze the recipient population; implementation of the cash assistance within GBV case management; impact of cash assistance on GBV survivor reports of safety, sexual and reproductive health, referral, and service uptake; as well as to explore similarities and differences between the three included provinces.

The three provinces included in this evaluation – Aceh, Central Sulawesi, and West Java – were selected because of past and ongoing humanitarian crises associated with multiple natural disasters and armed conflict. In each of the provinces, data (both quantitative and qualitative) were collected with survivors receiving GBV case management and unconditional cash assistance for three months, valued at US$66 monthly.

A sample size of 200 survivors was planned based on caseload, logistical, and time considerations. Of 300 total recipients, the evaluation included 272 GBV survivors distributed across provinces (Table 1) that began receiving cash assistance between March and June 2023. Of the 278 GBV survivors that were enrolled, 272 (97.8%) completed the study.

All survivors in the case management programme who were new cash recipients and agreed to participate in the evaluation were enrolled by skilled GBV case workers, until the target sample size for each province was met. GBV survivors completed a survey with trained case workers when the cash assistance was first received and again approximately one month later.

The baseline "pre-cash assistance" survey was conducted at the time of case management and first receipt of cash assistance. This survey included questions on demographic information (e.g., age, relationship status, living situation, employment), household economics, safety, health, access/use of services, and control/decision making over household resources. The endline "post-cash assistance" survey was typically conducted about one month after the receipt of the first recurrent cash assistance and included many of the same questions as the pre-survey to assess change over time (e.g., one month), along with questions related to use and perceptions of cash assistance, safety, sexual and reproductive health, referrals, and use of services.

To ensure safety and confidentiality, baseline surveys were conducted when the eligible woman received the first cash assistance. The surveys were conducted by the trained GBV case worker in a private and safe location where GBV case management is provided to survivors. The endline surveys were scheduled in advance approximately one month later with the same case worker and were conducted during case management visits or on the phone to reduce the burden for participants. Confidentiality and safety measures were put in place, including for phone interviews, to ensure interviews did not create added risks for the GBV survivors, and survivors' informed consent was sought as per the standard operating procedures established for this pilot project. The pre-cash assistance survey was completed in approximately 30 minutes and the post-cash assistance survey in approximately 45 minutes (due to additional questions). As much as possible, the GBV case worker working with the survivor completed both the pre and post surveys. If this was not possible, then informed consent was obtained from the GBV survivor to proceed with a survey administered by another trained GBV case worker. Survivors were informed that they could end the survey at any time with no negative consequence for services. The method prioritizes "doing no harm" and reducing the risk of re-traumatizing GBV survivors.

**Table 1: Evaluation Sample, by Province**

| Province | Sample Size | |
|---|---|---|
| | Baseline/Pre-Cash | Endline/Post-Cash |
| Aceh | 98 (35.3%) | 97 (35.7%) |
| Central Sulawesi | 80 (28.8%) | 76 (27.9%) |
| West Java | 100 (36.0%) | 99 (36.4%) |
| **Total** | **278** | **272** |

The woman's case management number code was linked to the baseline and endline survey and was securely stored in a separate file and only used by the case worker to contact the woman to complete the post-survey. The baseline and endline were conducted using the digital application Kobo on a secure tablet and completed with eligible survivors only after the women provided consent. Verbal consent was documented by the case worker on the pre-programmed survey prior to asking survey questions. All completed surveys were uploaded to a secure computer/server and then automatically removed from the tablet. UNFPA and their implementing partners managed data collection and storage. Upon completion of each survey round, the data was translated and provided de-identified to JHU, which conducted data cleaning and analysis. Quantitative analysis was conducted in Stata 15 and included descriptive statistics to summarize data (e.g., means, median, proportions) and examine patterns of change from pre- to post-cash assistance for each province. Chi-squared tests were used to compare proportions and t-tests for comparison of means across provinces, with p-values <0.05 considered statistically significant.

At conclusion of the one-month endline survey, qualitative data collection was conducted with a sub-sample of 39 survivors (11 from Cianjur, 12 from Aceh, and 16 from Central Sulawesi provinces). The interviews sought to provide a more in-depth understanding of survivors' perceptions of the impacts of cash assistance on their immediate protection needs, safety, sexual and reproductive health, uptake of services, and recommendations for future cash assistance programme implementation. Survivors who agreed to this additional in-depth interview were interviewed using a semi-structured guide in a safe and private location. The interviews were audio recorded only after receiving consent of the woman; verbal consent was documented by the case worker prior to starting the qualitative interview. Once the audio recording was transcribed/translated, the recording was erased to protect confidentiality, and names were not recorded on the notes or transcriptions. The transcripts were uploaded to a secure server and with the established data sharing agreement, transferred to JHU for coding and analysis. Qualitative data analysis consisted of using descriptive analysis to derive key themes and patterns for key protection and programme evaluation outcomes associated with cash assistance. Data were uploaded and analyzed using MAXQDA software. Integrated findings revealed rich insights and knowledge about GBV survivors' perspectives and experiences with cash assistance programming in GBV case management in the Indonesian context.

# RESULTS

## BASELINE DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS

Information collected at baseline included participant demographics, income relative to usual months, and living conditions (Table 2).

Significant differences were observed at baseline across provinces for women's age and living conditions. On average, women in Aceh (mean age = 36.8 years) were older than those in Central Sulawesi (mean age = 32.7 years) and West Java (mean age = 28.6 years) (p<0.001). The majority of women reported living in a house or rented house, particularly in West Java (78.8%) though significantly more women in Central Sulawesi (32.5% vs. 18.6% in Aceh and 4.0% in West Java) reported living in other types of residences (including shelter [e.g., for displaced persons, migrants]; rented house, abandoned building; shed, garage or other out-building; and tent or other temporary structure) (p<0.001). While ownership was the most commonly reported residence payment arrangement in all provinces (39.8%-54.0%), it was least common in Aceh (39.5%) and residence pay arrangements significantly differed across provinces (p=0.005); for example 12.5% (Central Sulawesi), 24.5% (Aceh) and 28.0% (West Java) reported paying rent for housing. All provinces were similar in terms of household size (median of 4 in each province), but households in West Java reported a significantly larger number of members earning income (median=2 vs. 1 in Central Sulawesi and Aceh).

To assess baseline socioeconomic differences, participants were asked to report how their household's income in the past month compared to their household's income in a typical month, as well as on the total amount of cash-assistance received by the household in the past month. Assistance amounts were reported in IDR (Indonesian Rupiah) and converted to USD for analysis at a rate of 14,700 RP per dollar (local exchange rates at the time of data collection).[3] On average, at baseline, households

3 Xe Current Converter. URL: https://www.xe.com/currencycharts/?from=USD&to=IDR&view=1Y

## Table 2: Household Demographic and Economic Characteristics and Receipt of Cash Assistance

| | Overall (n=278) | | | Aceh (n=98) | | Central Sulawesi (n=80) | | West Java (n=100) | | p-value |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| **Demographic Characteristics** | | | | | | | | | | |
| Women's age (mean years) | 278 | 32.7 | (31.3-34.0) | 36.8 | (34.6-38.9) | 32.7 | (30.1-35.2) | 28.6 | (26.5-30.8) | ***<0.001*** |
| Household size (mean) | 278 | 4.7 | (4.4- 4.9) | 4.6 | (4.2- 5.0) | 4.8 | (4.4- 5.3) | 4.6 | (4.2- 5.0) | 0.679 |
| Household composition | | | | | | | | | | |
| Children <17 years | 238 | 85.6% | (81.5-89.8%) | 86.7% | (79.9-93.6%) | 83.8% | (75.5-92.0%) | 86.0% | (79.1-92.9%) | 0.845 |
| Adults 18-59 years | 267 | 96.0% | (93.7-98.3%) | 91.8% | (86.3-97.4%) | 98.8% | (96.3-100%) | 98.0% | (95.2-100%) | **0.029** |
| Adults 60+ years | 56 | 20.1% | (15.4-24.9%) | 26.5% | (17.6-35.4%) | 15.0% | (7.0-23.0%) | 18.0% | (10.3-25.7%) | 0.130 |
| Any HH member w/ disability | 10 | 3.6% | (1.4-5.8%) | 6.1% | (1.3-11.0%) | 2.5% | (-1.0-6.0%) | 2.0% | (-0.8-4.8%) | 0.245 |
| Female headed HH | 113 | 40.6% | (34.8-46.5%) | 62.2% | (52.5-72.0%) | 18.8% | (10.0-27.5%) | 37.0% | (27.4-46.6%) | ***<0.001*** |
| **Living Conditions** | | | | | | | | | | |
| Residence type | | | | | | | | | | |
| House or apartment | 192 | 69.6% | (64.1-75.0%) | 68.0% | (58.6-77.5%) | 60.0% | (49.0-71.0%) | 78.8% | (70.6-87.0%) | ***<0.001*** |
| Single room in house/apt | 23 | 8.3% | (5.1-11.6%) | 1.0% | (-1.0-3.1%) | 7.5% | (1.6-13.4%) | 16.2% | (8.8-23.5%) | |
| Homeless | 13 | 4.7% | (2.2-7.2%) | 12.4% | (5.7-19.0%) | 0.0% | -- | 1.0% | (-1.0-3.0%) | |
| Other[1] | 48 | 17.4% | (12.9-21.9%) | 18.6% | (10.7-26.4%) | 32.5% | (22.0-43.0%) | 4.0% | (0.1-8.0%) | |
| Residence pay arrangement | | | | | | | | | | |
| Own | 128 | 46.0% | (40.1-51.9%) | 39.8% | (29.9-49.7%) | 43.8% | (32.6-54.9%) | 54.0% | (44.1-63.9%) | |
| Paying rent | 62 | 22.3% | (17.4-27.2%) | 24.5% | (15.8-33.2%) | 12.5% | (5.1-19.9%) | 28.0% | (19.0-37.0%) | **0.005** |
| Hosted (no payment) | 33 | 11.9% | (8.0-15.7%) | 11.2% | (4.9-17.6%) | 17.5% | (9.0-26.0%) | 8.0% | (2.6-13.4%) | |
| Other[2] | 55 | 19.8% | (15.1-24.5%) | 24.5% | (15.8-33.2%) | 26.2% | (16.4-36.1%) | 10.0% | (4.0-16.0%) | |
| **Household Economic Characteristics** | | | | | | | | | | |
| Past month income (vs usual) | | | | | | | | | | |
| More than usual | 5 | 1.8% | (0.2-3.4%) | 3.1% | (-0.4-6.5%) | 1.2% | (-1.2-3.7%) | 1.0% | (-1.0-3.0%) | 0.411 |
| About the same | 60 | 21.6% | (16.7-26.4%) | 20.4% | (12.3-28.5%) | 25.0% | (15.3-34.7%) | 20.0% | (12.0-28.0%) | |
| Less than usual | 46 | 16.5% | (12.2-20.9%) | 21.4% | (13.2-29.7%) | 10.0% | (3.3-16.7%) | 17.0% | (9.5-24.5%) | |
| Don't know | 167 | 60.1% | (54.3-65.9%) | 55.1% | (45.1-65.1%) | 63.7% | (53.0-74.5%) | 62.0% | (52.3-71.7%) | |
| HH members earning income (mean number) | 278 | 1.6 | (1.5- 1.8) | 1.5 | (1.4- 1.7) | 2.0 | (1.7- 2.2) | 1.5 | (1.3- 1.6) | **0.001** |
| **Receipt of Cash Assistance in Past Month** | | | | | | | | | | |
| Mean amount received (among all HHs) | 278 | 9.6 | (6.8-12.3) | 14.8 | (8.6-21.0) | 12.4 | (7.2-17.7) | 2.1 | (0.7- 3.6) | ***<0.001*** |
| % receiving any | 68 | 24.5% | (19.4-29.6%) | 35.7% | (26.1-45.4%) | 30.0% | (19.7-40.3%) | 9.1% | (3.3-14.9%) | ***<0.001*** |

1 Other residence types include shelter [e.g., for displaced persons, migrants]; hotel; abandon building; shed, garage or other out-building; and tent or other temporary structure; 2 Other residence pay arrangements include staying in exchange for work and squatting (staying without permission).

reported receiving US$9.6 (CI: 6.8-12.3) in cash assistance in the prior month, and this was different between the three comparison groups (p<0.001). Significantly more households in Aceh (35.7%) and Central Sulawesi (30.0%) reported receiving cash assistance at baseline compared to households in West Java (9.1%) (<0.001).

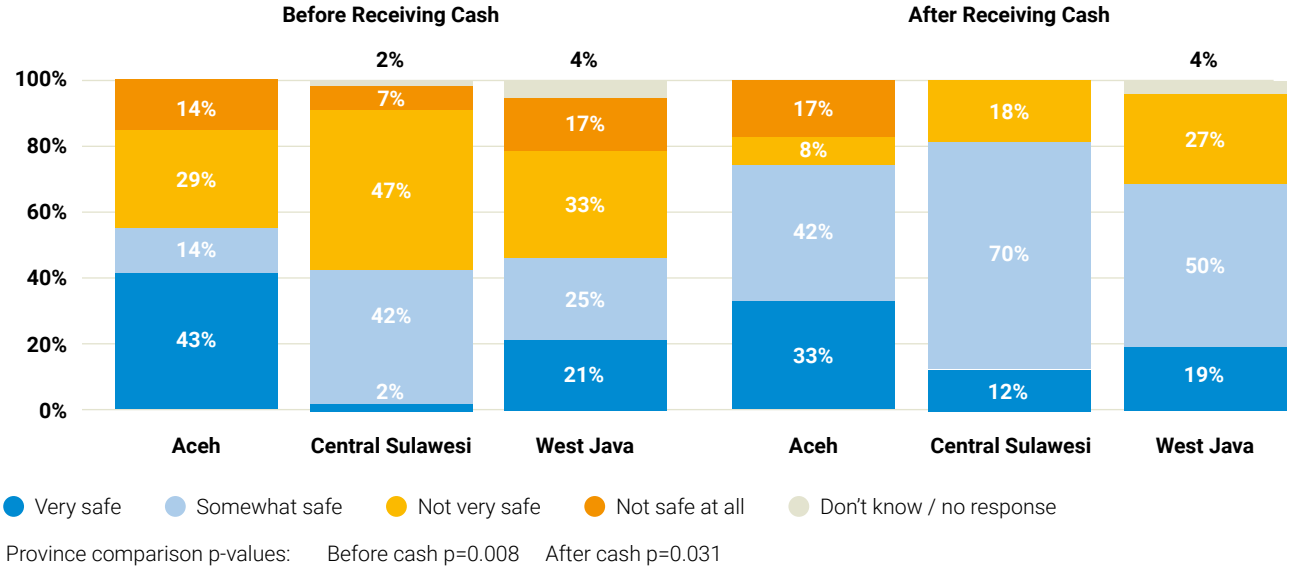
## SAFETY

Safety assessments and the subsequent development of relevant mitigation strategies are part of GBV case management and were carried out by GBV case workers together with survivors throughout the case management process. The provision of cash assistance as part of GBV response is also conditional to an analysis of survivors' context and possible risks. This is intended to "do no harm" and avoid unintended protection risks.

To examine safety for women in the cash assistance within case management programme, women were asked if they lived with a spouse/intimate partner in the prior month and whether they felt unsafe at home due to their spouse/intimate partner or another household member. At baseline, 14.3% (CI: 7.2-21.3%) of women in Aceh, 71.2% (CI: 61.1-81.4%) of women in Central Sulawesi, and 24.0% (CI: 15.5-32.5%) of women in West Java reported living with a spouse/intimate partner in the past month, compared to 12.4% (CI: 5.7-19.0%) of women in Aceh, 43.4% (CI: 32.0-54.8%) of women in Central Sulawesi, and 26.3% (CI: 17.4-35.1%) of women in West Java at endline.

**At baseline, fewer than half (46.3%) of partnered women reported feeling safe in their households, whereas at endline more than three-quarters (76.1%) of women reported feeling either somewhat safe or very safe.**

## Figure 2: Feelings of Safety at Home Among Partnered Women




Province comparison p-values: Before cash p=0.008 After cash p=0.031

Differences across provinces in the proportion of women reporting feeling either somewhat safe or very safe were not statistically significant at either time point and ranged from 42.9-54.5% at baseline and from 18.2-26.9% at endline (Figure 2). The 29.7% overall increase in feelings of safety with their partners between baseline and endline was statistically significant (p<0.001), suggesting that cash assistance in conjunction with case management increased women's feelings of safety in the household.

At baseline, most (74.5%) women reported feeling safe in their home, with a notably larger proportion of women in Aceh (67.3%) reporting feeling very safe compared to West Java (42.0%) and Central Sulawesi (33.8%) (p<0.001). **A similar proportion of women overall (78.3%) reported feeling safe at endline**; however, while the proportion of women feeling somewhat safe or very safe increased in Central Sulawesi (+14.3%) and West Java (+10.8%), it decreased in Aceh (-11.6%) and this change from baseline to endline was significantly different across provinces (p=0.006).

At endline, women who reported living with a spouse/intimate partner were asked about changes in their relationship with their partner compared to before receiving cash assistance. Overall, more than half of women (68.5%) reported that their relationships were the same, while smaller proportions reported better (22.8%) or worse (8.7%) relationships with their partner post-cash assistance. Of the eight women who reported worsened relationships with their partner, five said that this was related to tension/conflict over the cash assistance.

The majority of women (57.0%) reported that relationships with household members were the same after receiving the cash assistance compared to before (48.5% in Aceh, 55.6% in West Java, and 69.7% in Central Sulawesi), and the remaining women reported better household relationships (51.5% in Aceh, 42.4% in West Java, and 28.9% in Central Sulawesi). It was uncommon for women to report worsening household relationships at endline compared to baseline (0.0% in Aceh, 2.0% in West Java, and 1.3% in Central Sulawesi). The difference between provinces from baseline to endline was statistically significant at p=0.031, suggesting that receiving cash assistance with case management did not worsen relationships within households.

At endline, 2.1% of women in Aceh, 2.0% of women in West Java, and no women in Central Sulawesi reported that they had been threatened or harmed by a household member since receiving the cash assistance (p=0.194). Of the four participants who reported that a family or other household member threatened her or caused her harm after receiving cash assistance, only one woman reported that the tension or conflict was over the cash. Women described the impact cash assistance had on their safety:

*"Thank God, the [cash] assistance service had an impact, that is that I have separated from my husband. I now feel safer and more cheerful."*

At baseline and endline, women were also asked whether they had taken any action to increase their own safety or that of their children as agreed upon with the GBV case worker. While most women (81.3%) reported adopting at least one safety strategy at baseline, the proportion was significantly smaller at endline (54.8%) (p<0.001). This decrease in the use of safety strategies may be related to women feeling increased safety between baseline and endline. At endline, use of any safety strategy was significantly more common in Central Sulawesi (90.8%) than in Aceh (47.4%) and West Java (34.3%) (p<0.001). Developing a safety plan with a case worker or other person was the safety strategy most commonly used by participants at both baseline (71.9%) and endline (50.4%).

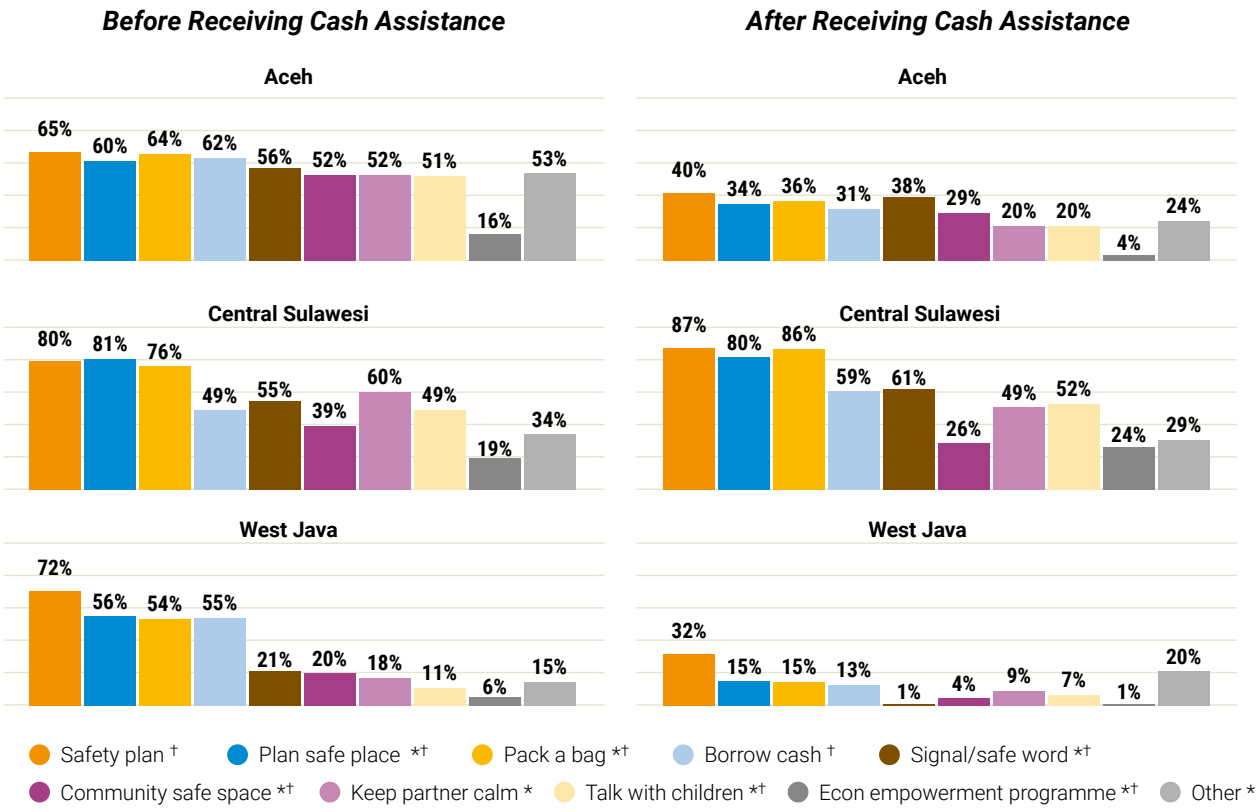
## Table 3: Change in Women's Adoption of Safety Strategies Before/After Receiving Cash Assistance

| | Overall | | Aceh | | Central Sulawesi | | West Java | | p-value |
|---|---|---|---|---|---|---|---|---|---|
| | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| Safety plan | ***-21.6%*** | ***(-29.5,-13.6%)*** | ***-25.1%*** | ***(-38.7,-11.5%)*** | 6.8% | (-4.8,18.4%) | ***-39.7%*** | ***(-52.4,-26.9%)*** | ***<0.001*** |
| Plan safe place | ***-24.7%*** | ***(-32.8,-16.6%)*** | ***-26.2%*** | ***(-39.7,-12.7%)*** | -1.0% | (-13.4,11.4%) | ***-40.8%*** | ***(-52.9,-28.8%)*** | **0.002** |
| Pack a bag | ***-21.7%*** | ***(-29.9,-13.6%)*** | ***-28.2%*** | ***(-41.7,-14.7%)*** | 9.3% | (-3.0,21.5%) | ***-38.8%*** | ***(-50.9,-26.8%)*** | ***<0.001*** |
| Borrow cash | ***-23.4%*** | ***(-31.5,-15.3%)*** | ***-31.3%*** | ***(-44.6,-18.0%)*** | 10.5% | (-5.1,26.0%) | ***-41.9%*** | ***(-53.7,-30.1%)*** | ***<0.001*** |
| Signal/safe word | **-12.3%** | **(-20.3,-4.3%)** | **-18.0%** | **(-31.8,-4.2%)** | 5.5% | (-10.0,21.0%) | ***-20.0%*** | ***(-28.2,-11.8%)*** | **0.002** |
| Community safe space | ***-17.6%*** | ***(-24.9,-10.2%)*** | **-23.2%** | **(-36.6,-9.8%)** | -12.4% | (-27.0,2.1%) | **-16.0%** | **(-24.7,-7.2%)** | 0.189 |
| Keep partner calm | ***-19.3%*** | ***(-27.8,-10.8%)*** | ***-32.1%*** | ***(-45.6,-18.6%)*** | -11.1% | (-28.4,6.1%) | -8.4% | (-19.2,2.5%) | 0.112 |
| Talk with children | **-13.8%** | **(-22.1,-5.5%)** | ***-30.7%*** | ***(-43.9,-17.5%)*** | 2.3% | (-14.6,19.3%) | -4.0% | (-13.0,5.0%) | **0.007** |
| Econ empowerment programme | -4.9% | (-10.0,0.3%) | **-12.2%** | **(-20.5,-3.9%)** | 4.9% | (-7.9,17.8%) | -5.0% | (-10.0,0.1%) | **0.014** |
| Other | **-9.9%** | **(-17.4,-2.4%)** | ***-29.3%*** | ***(-42.4,-16.3%)*** | -4.8% | (-19.3,9.7%) | 5.2% | (-5.4,15.8%) | **0.002** |

Bold indicates statistically significant change in indicated province at p<0.05; bold italic indicates statistically significant change at p<0.001

Other common safety strategies included planning a safe place to go if she (and children) need to leave the home quickly (64.7% at baseline 40.1% at endline); packing a bag with personal things for herself and child(ren) if she needs to leave quickly because of violence (64.0% at baseline 42.3% at endline); and borrowing cash for medicine, childcare, housing, transport, and/or to meet basic needs (55.8% at baseline and 32.4% at endline). Adoption of safety strategies significantly differed across provinces and is presented in Figure 3. Change from baseline to endline in women's adoption of safety strategies also significantly differed across provinces, largely driven by increases in adoption of multiple strategies in Central Sulawesi yet decreases in strategies in Aceh and West Java (Table 3).

## Figure 3: Safety Strategies Adopted Before and After Receiving Cash Assistance




* Statistically significant difference in need by province at baseline; † Statistically significant difference in need by province at endline

Some women participating in the interviews discussed how cash assistance can reduce individual and household-level stress, family conflicts, and domestic violence while improving relationships even if only for a short-period of time. One participant shared:

*"After my recent case, I used the money for my needs and my children's needs so that what happened before would not happen again. Because the violence that had happened was mainly because of economic problems…Because of this money, domestic violence has decreased."*

One woman noted that the cash assistance could help her mitigate the risk of future violence:

***"The cash assistance helped me regarding my case facing violence, it can help me for the future… for example, I take care now, who knows, something like that may happen again at any time. I will be prepared before it happens for the second time… it helped a lot and reduced my risks."***

One woman summarized the cash assistance with the case management programme as a source of financial support and security.

***"…it helped me to take care of my children, even though it did not cover everything. That helped me feel secure."***

## CASE MANAGEMENT SERVICES AND REFERRALS

At baseline, participants were asked for how long they had been receiving GBV case management services, and to indicate which service referrals they had received through the case management programme. Overall, 26.3% of women reported that they had been receiving case management services for less than one month, 25.5% for 1-3 months, 12.6% for 4-6 months, and 35.6% for greater than 6 months (Figure 4). This was different across groups with significantly more women in Aceh (43.9%) reporting receiving case management services for less than one month compared to women in Central Sulawesi (16.2%) and West Java (17.0%) ($p<0.001$). All women reported receiving services through the case management programme or programme referrals at baseline.

The most common services/referrals received across provinces at baseline included psychosocial support (71.2% of all women), counseling from mental health providers (59.7%), and legal assistance (45.0%) (Figure 5). At endline, psychosocial support remained the most commonly received service (83.8% of all women), again followed by legal services (37.1% of all women), and safety/safe place services (18.0% of all women). Livelihoods services, which were the least commonly reported at baseline (6.1% of women), were the fourth most commonly reported services at endline (15.4% of women). At baseline, the proportions of women receiving psychosocial support, legal, safety/safe place, child protection, food assistance, safe housing, health services, and livelihoods were significantly different across provinces with notably fewer women in Aceh receiving psychosocial support (57.1% vs 98.8% in Central Sulawesi and 98.0% in West Java, $p<0.001$) and safety/safe space services (12.2% vs 40.0% in Central Sulawesi and 36.0% in West Java, $p<0.001$). Significantly more women in Central Sulawesi reported receiving child protection services (35.0% vs 8.0% in West Java and 6.1% in Aceh, $p<0.001$), and more women in West Java received livelihoods support (14.0% vs 2.5% in Central Sulawesi and 1.0% in Aceh, $p<0.001$). At endline, differences in nearly all services were significant across provinces: psychosocial support was notably less common in Aceh (59.8% vs 98.7% in Central Sulawesi and 96.0% in West Java, $p<0.001$); legal assistance was

**Figure 4: Length of Time Receiving Case Management Services**

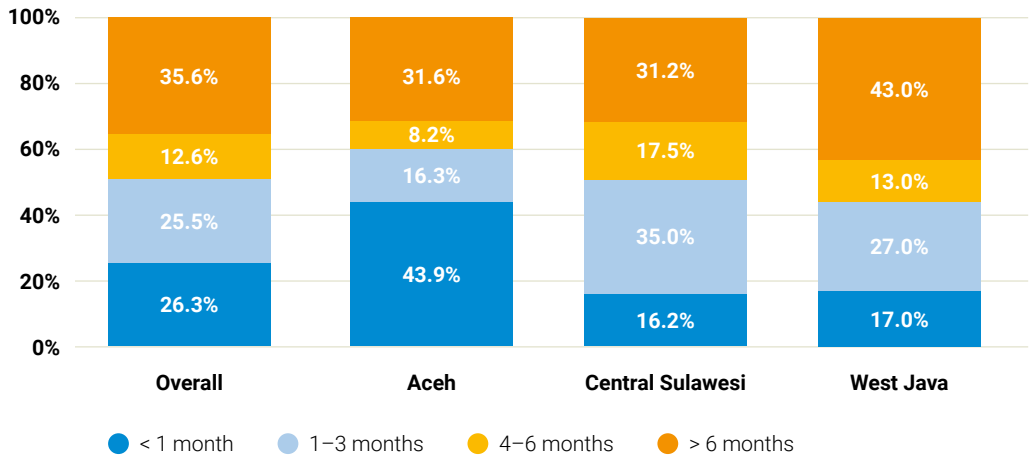
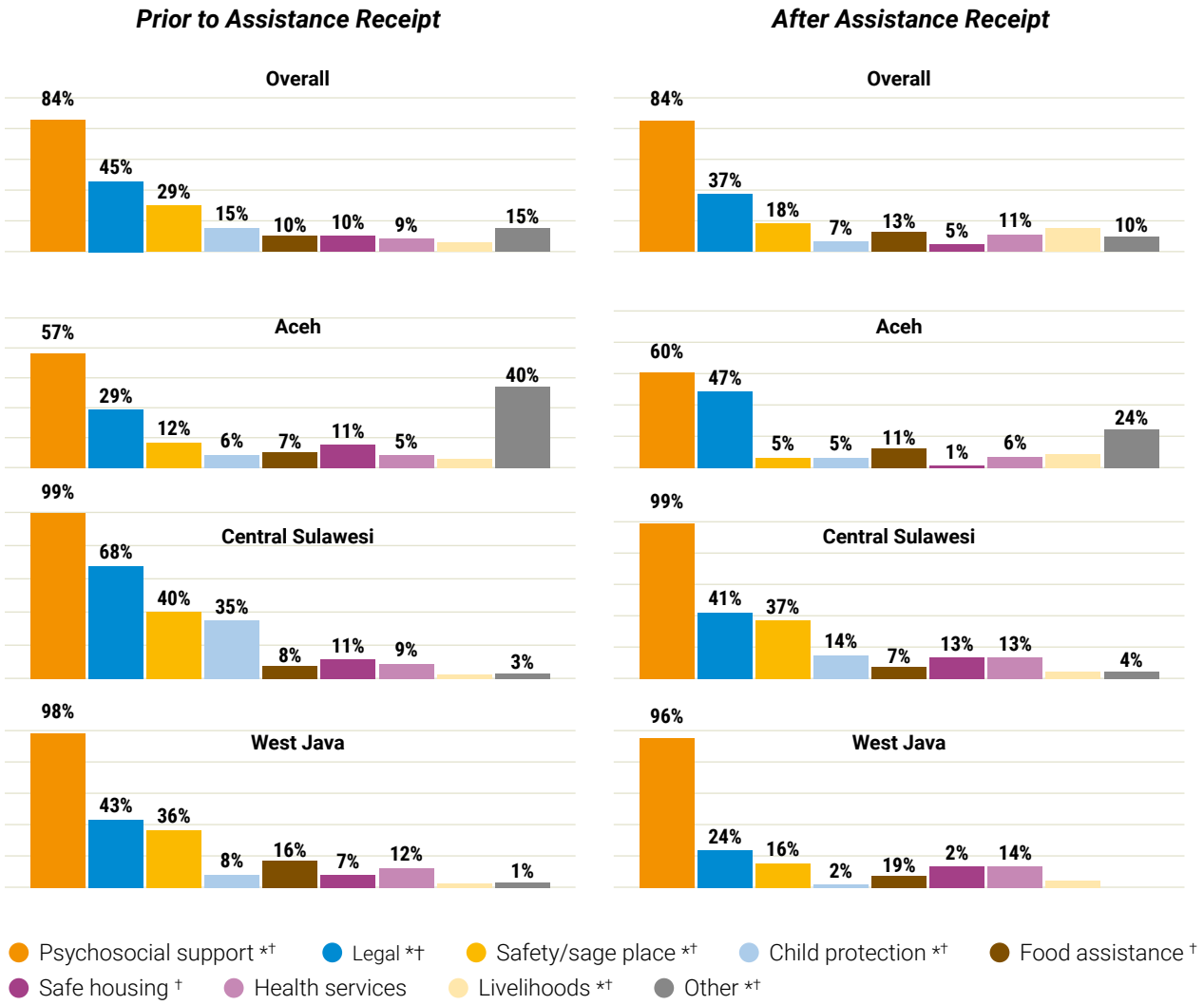


**Figure 5: Services Received Through Case Management Programme or Programme Referrals**




less common in West Java (24.2% vs 47.4% in Aceh and 40.8% in Central Sulawesi, p=0.003); food assistance was less common in Central Sulawesi (6.6% vs 19.2% in West Java and 11.3% in Aceh, p=0.040); safety/safe place services were more common in Central Sulawesi (36.8% vs 16.2% in West Java and 5.2% in Aceh, p<0.001) as were child protection services (14.5% in Central Sulawesi vs 5.2% in Aceh and 2.0% in West Java, p=0.003;) and livelihoods support was more common in West Java (31.3% vs 8.2% in Aceh and 3.9% in Central Sulawesi, p<0.001).

All women reported that the cash assistance helped them access case management and/or referral services from the case management programme. Participants were asked to identify if they faced any obstacles to accessing services and/or referrals provided through the GBV case management programme, and the main barriers reported were long travel time/distance (13.6% of women) and high transportation costs (8.8% of women). A small number of women also reported high service costs (4.0% of women, all of whom were in Aceh) and safety/security concerns (3.7% of participants) (Table 4).

In the interviews, women described the support they received from case managers and other survivors through the programme. One woman in particular shared:

*"I feel very safe and comfortable after being served here. Here I can meet other survivors, so we can share stories and support each other."*

Another woman stated:

*"I feel safe, because I know that I am not alone. There are service agencies that I can access and will faithfully accompany me to resolve my case until it is finished. Here*

## Table 4: Obstacles Faced in Accessing Services After Receipt of Cash Assistance

| | Overall (n=272) | | | Aceh (n=97) | | Central Sulawesi (n=76) | | West Java (n=99) | | p-value |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| Long travel time/distance | 37 | 13.6% | (9.5-17.7%) | 20.6% | (12.4-28.8%) | 14.5% | (6.4-22.6%) | 6.1% | (1.3-10.8%) | 0.012 |
| High transportation costs | 24 | 8.8% | (5.4-12.2%) | 18.6% | (10.7-26.4%) | 3.9% | (-0.5-8.4%) | 3.0% | (-0.4-6.5%) | <0.001 |
| High service costs | 11 | 4.0% | (1.7-6.4%) | 11.3% | (4.9-17.8%) | 0.0% | – | 0.0% | – | <0.001 |
| Safety/security concerns | 10 | 3.7% | (1.4-5.9%) | 7.2% | (2.0-12.5%) | 1.3% | (-1.3-3.9%) | 2.0% | (-0.8-4.8%) | 0.067 |
| Other* | 12 | 4.4% | (2.0-6.9%) | 7.2% | (2.0-12.5%) | 6.6% | (0.9-12.3%) | 0.0% | – | 0.027 |

* Other obstacles, each reported by <10 cash recipients, included unpredictable hours/schedule, need for a male to accompany them, unavailability of service, lack of valid ID/registration, and various others.

*I also met other survivors who were the same as me. This makes me more excited and feel safe."*

Women specifically mentioned psychosocial support referrals they received as part of the case management programme. The women described making friends with other survivors in the psychosocial support groups and said that these friends were a source of social and emotional support, with one woman stating:

*"I met other survivors like me, and we are friends now. Because of this activity, we often communicate via the Whatsapp group created by the case workers. So, if I ever want to vent, I will contact a friend in the group that I can talk to."*

Another woman added:

*"Especially the psychosocial support services that I received at the Yayasan Pulih Aceh. It really helped me to increase my enthusiasm, motivation, and sense of security."*

## HEALTH AND WELLBEING

Women were asked to self-report the status of their physical health and well-being as well as their mental health and emotional well-being over the past month (on a 5-point scale from excellent to very poor). At baseline, 43.8% of women in Central Sulawesi, 35.7% of women in Aceh, and 29.0% of women in West Java reported either poor or very poor physical health (Figure 6 and Table 5). **The proportion of women reporting either poor or very poor physical health decreased in all provinces after receiving the cash assistance in conjunction with GBV case management** to 2.6% of women in Central Sulawesi, 14.1% of women in West Java, and 20.6% of women in Aceh, and the endline difference across provinces was statistically significant (p=0.002).

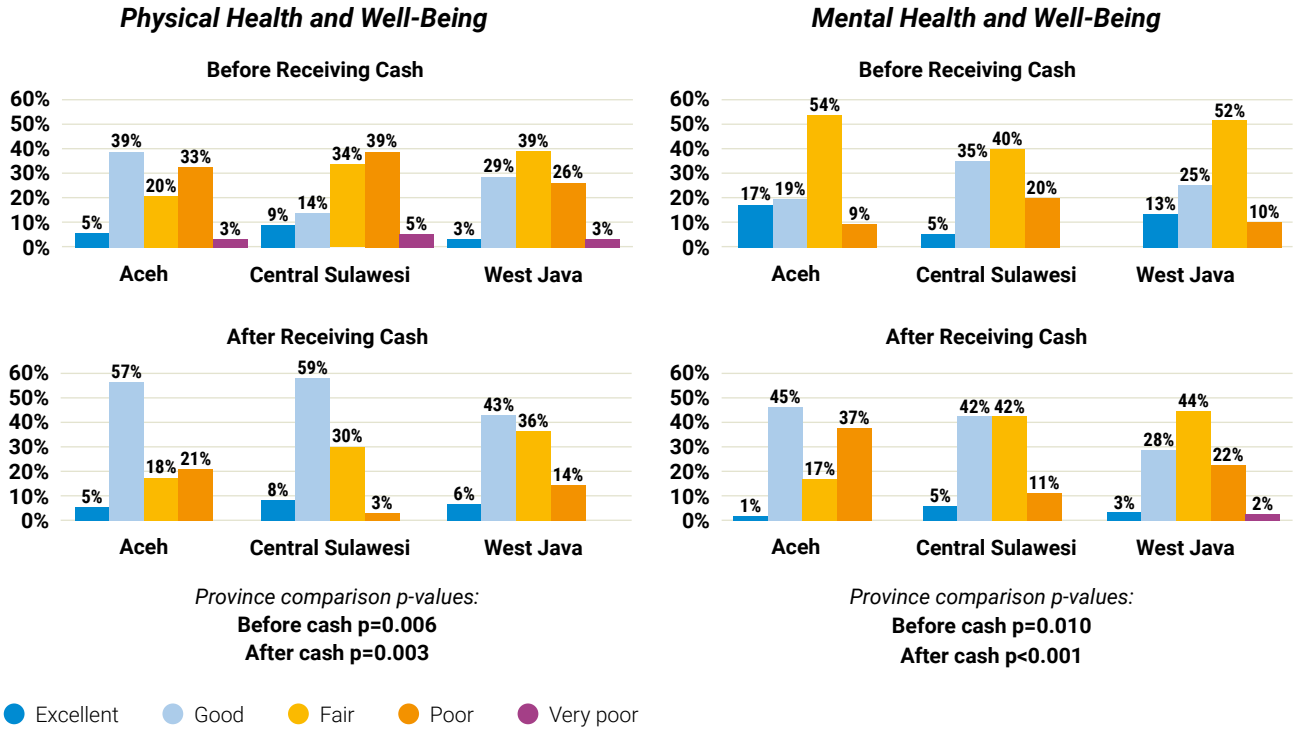
At baseline, 63.3% of women in Aceh, 62.0% of women in West Java, and 60.0% of women in Central Sulawesi reported either poor or very poor emotional health (Table 5 and Figure 6). The proportion of women

## Table 5: Change in Women's Health and Wellbeing Before and After Receiving Cash Assistance

| | Overall | | Aceh | | Central Sulawesi | | West Java | | p-value |
|---|---|---|---|---|---|---|---|---|---|
| | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| **Self-reported physical health and wellbeing** | | | | | | | | | |
| Excellent | 0.9% | (-3.1,4.8%) | 0.1% | (-6.1,6.2%) | -0.9% | (-9.5,7.8%) | 3.1% | (-2.7,8.8%) | 0.635 |
| Good | ***24.5%*** | ***(16.6,32.5%)*** | **17.9%** | **(4.1,31.7%)** | ***45.5%*** | ***(32.1,58.8%)*** | **14.4%** | **(1.2,27.6%)** | **0.003** |
| Fair | -3.0% | (-10.6,4.6%) | -2.9% | (-13.9,8.1%) | -3.5% | (-18.1,11.1%) | -2.6% | (-16.1,10.8%) | 0.986 |
| Poor | ***-18.8%*** | ***(-25.6,-12.0%)*** | -12.0% | (-24.3,0.3%) | ***-36.1%*** | ***(-47.4,-24.9%)*** | **-11.9%** | **(-22.9,-0.9%)** | **0.007** |
| Very poor | **-3.6%** | **(-5.8,-1.4%)** | -3.1% | (-6.5,0.3%) | **-5.0%** | **(-9.8,-0.2%)** | -3.0% | (-6.3,0.3%) | 0.736 |
| **Self-reported emotional health and wellbeing** | | | | | | | | | |
| Excellent | **2.9%** | **(0.9,4.9%)** | 1.0% | (-1.0,3.0%) | **5.3%** | **(0.2,10.3%)** | 3.0% | (-0.3,6.4%) | 0.254 |
| Good | ***26.0%*** | ***(19.1,32.9%)*** | ***28.0%*** | ***(15.6,40.4%)*** | ***37.1%*** | ***(25.0,49.2%)*** | **15.3%** | **(4.2,26.3%)** | **0.048** |
| Fair | **7.9%** | **(0.3,15.5%)** | -2.9% | (-13.7,7.9%) | 7.1% | (-8.1,22.4%) | **19.4%** | **(6.5,32.4%)** | 0.081 |
| Poor | ***-25.0%*** | ***(-32.8,-17.2%)*** | -17.0% | (-30.7,-3.2%) | ***-29.5%*** | ***(-42.2,-16.7%)*** | ***-29.8%*** | ***(-42.5,-17.0%)*** | 0.101 |
| Very poor | ***-11.9%*** | ***(-15.9,-7.8%)*** | -9.2% | (-14.9,-3.5%) | ***-20.0%*** | ***(-28.8,-11.2%)*** | **-8.0%** | **(-14.5,-1.5%)** | – |

Bold indicates statistically significant change in indicated province at p<0.05; bold italic indicates statistically significant change at p<0.001

## Figure 6: Women's Self-Reported Health and Wellbeing Before and After Receiving Cash Assistance



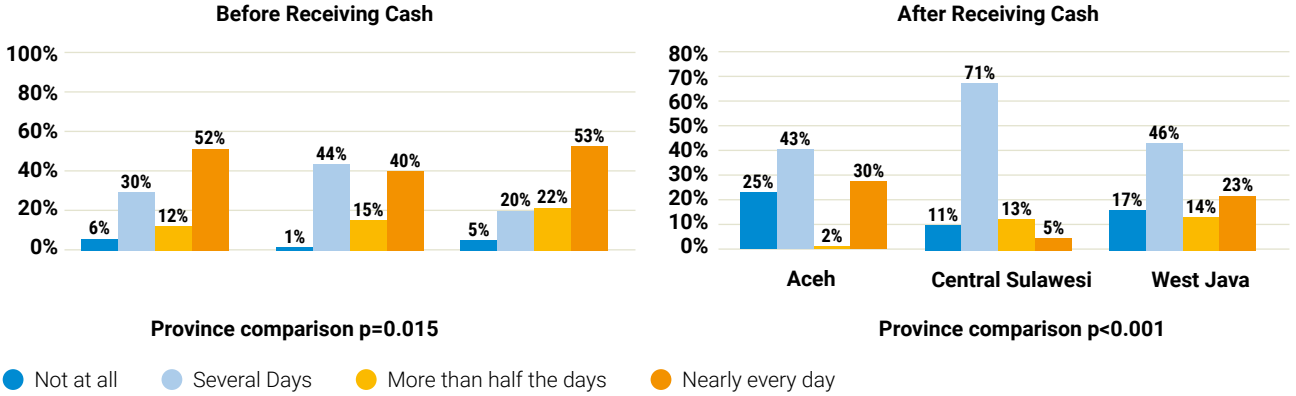

reporting either poor or very poor emotional health significantly decreased in all provinces after the cash assistance with case management to 37.1% of women in Aceh, 24.2% of women in West Java, and 10.5% of women in Central Sulawesi, and the endline difference across provinces was statistically significant (p<0.001).

In qualitative interviews, several women described the emotional burden of having to pursue divorce proceedings against their husbands due to domestic violence, and the subsequent responsibility to meet the financial and care needs of the family alone. One woman who had divorced her husband explained:

*"I was very depressed and eventually I got sick. Every day I have to think about the daily needs for our family. I'm just a housewife and I have no money. I want to work but my children are still small. So, I can't work because there is no one to take care of them. While my husband does not want to know [anything] at all."*

In the surveys, women were also asked to report on how frequently they had experienced sadness or a low mood in the past month (on a 4-point scale from not at all to nearly every day). At baseline, 75.0% of women in West Java, 64.3% of women in Aceh, and 55.0% of women in Central Sulawesi reported experiencing sadness or a low mood either more than half the time or nearly every day (Figure 7 and Table 6). **The overall**

## Figure 7: Women's Sadness or Low Feelings in Prior Month Before and After Receiving Cash Assistance



## Table 6: Change in Women's Feelings of Sadness or Low Mood in Last Month Before/After Receiving Cash Assistance

| | Overall | | Aceh | | Central Sulawesi | | West Java | | p-value |
|---|---|---|---|---|---|---|---|---|---|
| | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| Not at all | ***13.7%*** | ***(8.5-18.9%)*** | ***18.6%*** | ***(8.8-28.4%)*** | **9.3%** | **(2.0-16.6%)** | **12.2%** | **(3.6-20.7%)** | 0.768 |
| Several days | ***21.6%*** | ***(13.6-29.6%)*** | **13.7%** | **(0.3-27.1%)** | **27.3%** | **(12.4-42.2%)** | ***25.5%*** | ***(12.9-38.0%)*** | 0.311 |
| More than half the days | **-7.0%** | **(-12.6--1.4%)** | **-10.2%** | **(-17.3,-3.1%)** | -1.8% | (-12.7-9.1%) | -7.9% | (-18.5-2.8%) | 0.157 |
| Nearly every day | ***-28.3%*** | ***(-35.9,-20.7%)*** | **-22.1%** | **(-35.6,-8.7%)** | ***-34.7%*** | ***(-46.6,-22.9%)*** | ***-29.8%*** | ***(-42.6,-16.9%)*** | 0.051 |

Bold indicates statistically significant change in indicated province at p<0.05; bold italic indicates statistically significant change at p<0.001

**proportion of women reporting experiencing sadness or a low mood either more than half the time or nearly every day decreased from 65.5% at baseline to 30.1% at endline.** Changes in reported experiences of sadness/low mood from baseline to endline were similar across locations and ranged from -32.3% in Aceh to -37.6% in West Java (p=0.728).

## CASH ASSISTANCE PROCESS

Women's experiences with the cash assistance process are presented in Table 7. More than half of women (66.2%) reported receiving the cash into a bank or mobile account, followed by 20.6% of women who received the cash in-hand, and 12.1% who received it at the counter. The

## Table 7: Cash Assistance Process

| | Overall (n=272) | | | Aceh (n=97) | | Central Sulawesi (n=76) | | West Java (n=99) | | p-value |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | Point | (95% CI) | |
| **Mode of cash assistance** | | | | | | | | | | |
| In hand | 56 | 20.6% | (15.8-25.4%) | 42.3% | (32.3-52.3%) | 0.0% | -- | 15.2% | (8.0-22.3%) | ***<0.001*** |
| To bank/mobile acct | 180 | 66.2% | (60.5-71.8%) | 57.7% | (47.7-67.7%) | 61.8% | (50.7-73.0%) | 77.8% | (69.4-86.1%) | |
| At the counter | 33 | 12.1% | (8.2-16.0%) | 0.0% | -- | 38.2% | (27.0-49.3%) | 4.0% | (0.1-8.0%) | |
| Other | 3 | 1.1% | (-0.1-2.4%) | 0.0% | -- | 0.0% | -- | 3.0% | (-0.4-6.5%) | |
| **% felt safe receiving/ picking up the cash** | 269 | 98.9% | (97.6-100%) | 99.0% | (96.9-100%) | 98.7% | (96.1-100%) | 99.0% | (97.0-100%) | 0.978 |
| **Challenges in collecting assistance** | | | | | | | | | | |
| *Any challenges reported* | 35 | 12.9% | (8.9-16.9%) | 7.2% | (2.0-12.5%) | 27.6% | (17.3-37.9%) | 7.1% | (1.9-12.2%) | ***<0.001*** |
| Long travel time/ distance | 25 | 9.2% | (5.7-12.6%) | 5.2% | (0.7-9.6%) | 22.4% | (12.8-32.0%) | 3.0% | (-0.4-6.5%) | ***<0.001*** |
| Unpredictable hours | 5 | 1.8% | (0.2-3.4%) | 0.0% | -- | 6.6% | (0.9-12.3%) | 0.0% | -- | **0.001** |
| High transportation costs | 4 | 1.5% | (0.0-2.9%) | 0.0% | -- | 5.3% | (0.1-10.4%) | 0.0% | -- | **0.005** |
| Safety/security concerns | 4 | 1.5% | (0.0-2.9%) | 1.0% | (-1.0-3.1%) | 1.3% | (-1.3-3.9%) | 2.0% | (-0.8-4.8%) | 0.840 |
| Cash not available | 3 | 1.1% | (-0.1-2.4%) | 0.0% | -- | 3.9% | (-0.5-8.4%) | 0.0% | -- | **0.020** |
| Needed a male to accompany them | 2 | 0.7% | (-0.3-1.8%) | 0.0% | -- | 2.6% | (-1.1-6.3%) | 0.0% | -- | 0.074 |
| Other | 4 | 1.5% | (0.0-2.9%) | 2.1% | (-0.8-4.9%) | 0.0% | -- | 2.0% | (-0.8-4.8%) | 0.455 |
| **Consequences from partner, household member, or someone outside household since receiving cash assistance** | | | | | | | | | | |
| *Any consequence* | 13 | 4.8% | (2.2-7.3%) | 2.1% | (-0.8-4.9%) | 3.9% | (-0.5-8.4%) | 8.1% | (2.6-13.5%) | 0.131 |
| Angry with her | 5 | 1.8% | (0.2-3.4%) | 0.0% | -- | 3.9% | (-0.5-8.4%) | 2.0% | (-0.8-4.8%) | **0.022** |
| Punished/hurt her | 3 | 1.1% | (-0.1-2.4%) | 0.0% | -- | 0.0% | -- | 3.0% | (-0.4-6.5%) | |
| Warned/cautioned her | 3 | 1.1% | (-0.1-2.4%) | 0.0% | -- | 0.0% | -- | 3.0% | (-0.4-6.5%) | |
| Other | 2 | 0.7% | (-0.3-1.8%) | 2.1% | (-0.8-4.9%) | 0.0% | -- | 0.0% | -- | |

overwhelming majority (98.9%, CI: 97.6-100%) of women felt safe receiving cash, and only 12.9% (CI: 8.9-16.9%) of women reported that there were challenges in receiving their cash assistance. The main challenge reported was long travel distance (9.2% of women), and less than 2% of women reported other challenges (e.g., cash not available, safety/security concerns).

The majority of women who participated in the qualitative interviews reported few to no challenges or experiences of discomfort or insecurity in the process of receiving the cash assistance. Several women reported that they picked up the cash assistance during the daytime or with trusted loved ones in order to mitigate their safety concerns. One woman stated:

*"It is safe because as I said earlier, I go to pick it up when there are many people around, during the day because it is still crowded. We women feel safe when there are many people."*

As noted, few women reported challenges in accessing the cash, but those who did focused on the distance to pick up the cash assistance. Only one woman reported having to deduct administrative fees from the cash received.

To mitigate risk, women developed strategies to safely access the cash assistance. One woman said:

*"With the transfer, it's safe. If my husband is not around, I can take it, and leave some in the account too. So if I have any other needs, I can withdraw and if I don't, I just keep it in my savings, for my saving."*

Another woman emphasized feeling safe because the cash is in her account and because she can pick it up without her husband knowing:

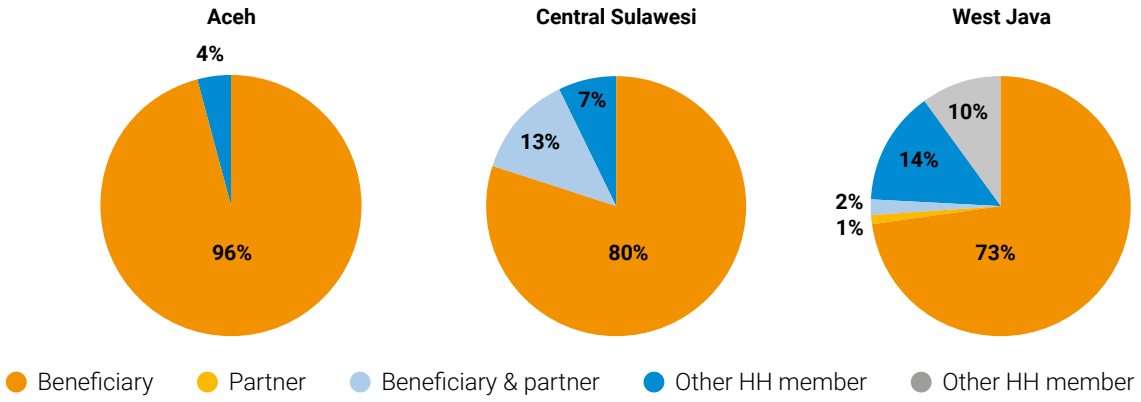
*"I am safe when taking money because the money is in my account. There is an agent there so when I go there, I usually take money without his knowledge. So, I feel safe."*

Although the women reported few challenges and generally felt safe accessing the cash assistance, women did provide suggestions to inform future cash assistance in GBV case management programming. To ease challenges related to transportation and administrative fees, a number of women recommended providing the cash assistance directly (in hand) to women or expanding the locations where women can receive their cash assistance. While most women (95.2%) reported that nothing happened as a consequence of their receipt of the cash assistance, <5% reported tensions with their spouse, neighbors, or other household members, including that they were angry with her (3.9% of women in Central Sulawesi and 2.0% in West Java), they punished or hurt her (3.0% in West Java), or they warned or cautioned her (2.1% in Aceh).

## FINANCIAL DECISION MAKING

This cash assistance was intended for use by individual women for their needs and the needs of their dependents following GBV incidents or in order to minimize future GBV risk, and the majority (94.5%) of women reported having a fair amount or full control over how the cash assistance was spent and this was similar across provinces (p=0.142). The majority (83.1%) of women also reported that they were singular decision makers on cash assistance use and 4.4% reported joint decision making with their partner; only 12.6% of women reported they were not engaged as a primary decision maker on use of cash (Figure 8). Independent of their decision-making roles in how to spend the cash, more than half (52.6%, CI: 46.6-58.5%) of participants reported that they asked for support from partner, family members, or the GBV case worker on prioritizing how to spend the cash – and this was different across province with significantly fewer women asking for support in West Java (74.7%) compared to women in Aceh (95.9%) and Central Sulawesi (93.4%) (p<0.001).

**Figure 8: Cash Assistance Use Decision Maker**



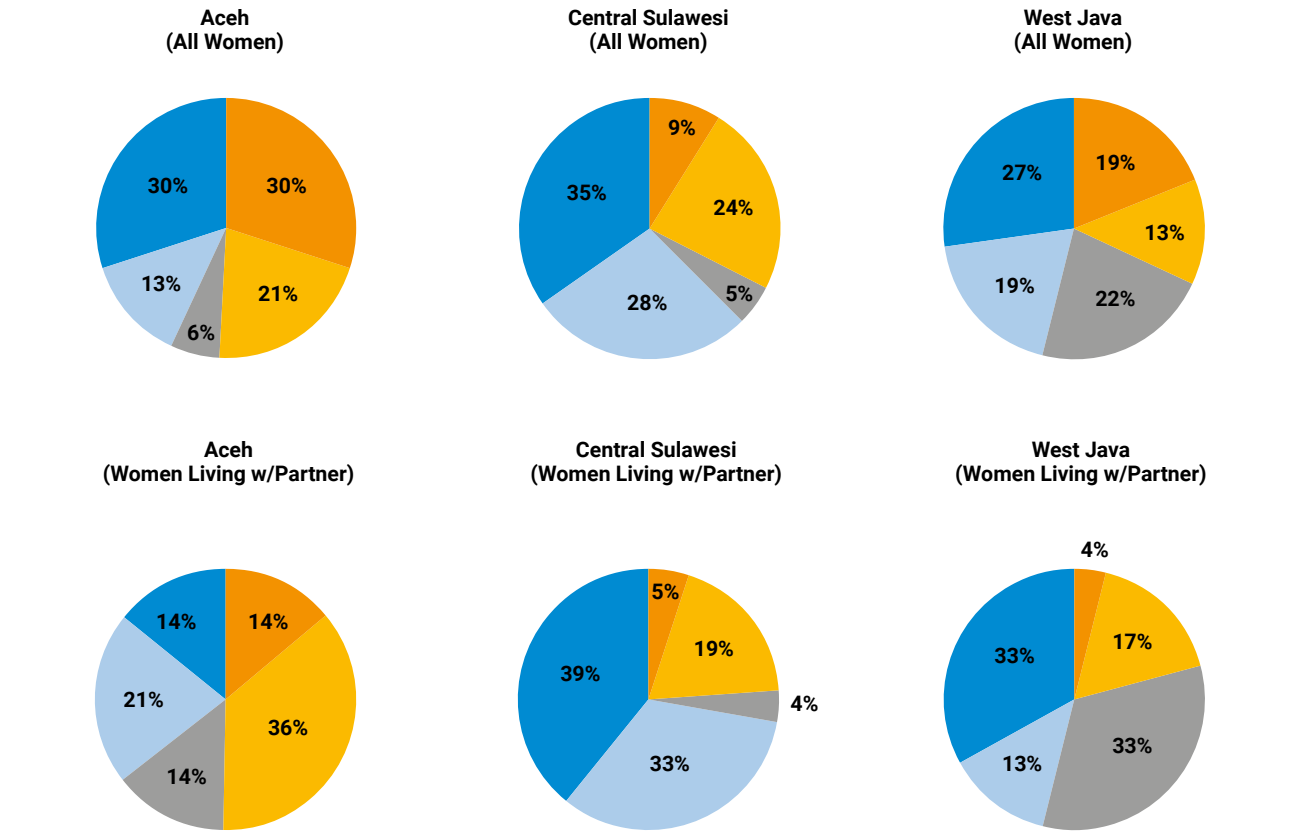
At baseline, women were asked to report their level of control over household spending decisions (on a five-point scale from no control to full control) (Figure 9) and any anticipated consequences if their partners disagreed with their spending decisions. In Central Sulawesi, 62.5% of all women reported a fair amount or full control over household spending compared to 46.0% of those in West Java and 42.9% of those in Aceh, and these differences were statistically significant across sampled provinces (p=0.022). When considering only women living with a partner, 71.9% of those in Central Sulawesi, 45.8% of those in West Java, and 35.7% in Aceh reported a fair amount or full control over household spending decisions, and the difference in responses between location was significant (p=0.012).

Prior to receiving cash assistance, many (61.1%) women reported that they would face consequences if their partner disagreed with decisions on household spending; this was significantly more common in West Java (79.2%) than in Central Sulawesi (59.6%) and Aceh (35.7%) (p=0.028). The most commonly reported consequences were that her partner would be angry with her (37.2%), would punish or hurt her (11.7%), and would warn or caution her (9.6%). A smaller proportion of women said that they would face consequences if another household member disagreed with decisions on household spending, and this was again more common in West Java (62.5%) than in Central Sulawesi (21.1%) and Aceh (21.4%) (p=0.001). Consequences if household members disagreed with household spending included that they would warn or caution the woman (20.5%), be angry with her (13.3%), or stop her (4.0%).

In the qualitative interviews, most women expressed agency and independence in their decision-making over the use of cash. Several women described how they navigated decision-making in the context of their family roles. One woman shared:

*"I made the decision but was accompanied by my mother. She always accompanies me in accessing cash assistance. She has never intervened in my use. She only taught me about how to manage the money well, so that it can help pay for my school needs, or our daily needs."*

**Figure 9: Pre-Intervention Control Over Household Spending**




3-group comparison p-values: all women p<0.001; women with partners p=0.009

None Very little Some A fair amount Full control


Another woman explained that she decided not to involve her husband in spending given that he was a perpetrator of violence, and that she was using the money to help her and her children live in greater safety:

*"My husband didn't know about this cash transfer. My husband was strict and didn't care about me and the children. We lived in violence and fear, but for this cash transfer I did not tell my husband."*

The majority of women denied experiencing conflict or tension as a result of the cash assistance. Some women described the financial decision-making process as family-based and collaborative. One woman shared:

*"My parents also decided, so it's not me alone. They gave me advice so that I could manage the money well, especially for the benefit of my studies… we discussed how to use it. So, I stay involved in decision making. The decisions made are all for my benefit, especially to pay for my education, and my other needs such as refueling my motorbike and other needs."*

Women also felt that the cash assistance had helped reduce tension or conflict in their household. For example, one woman shared that when her husband abandoned their family, she moved in with other family members who often made her feel uncomfortable and on edge. In discussing decisions on using the cash, she stated:

*"I want to leave [family home] but I don't have the money, so suddenly the transfer (from cash assistance) came through. So, I use it to go out, saving me and my kid."*

## UNMET NEEDS

The cash assistance in GBV case management was provided to meet survivors' needs related to the violence experienced and to mitigate further risks of GBV.

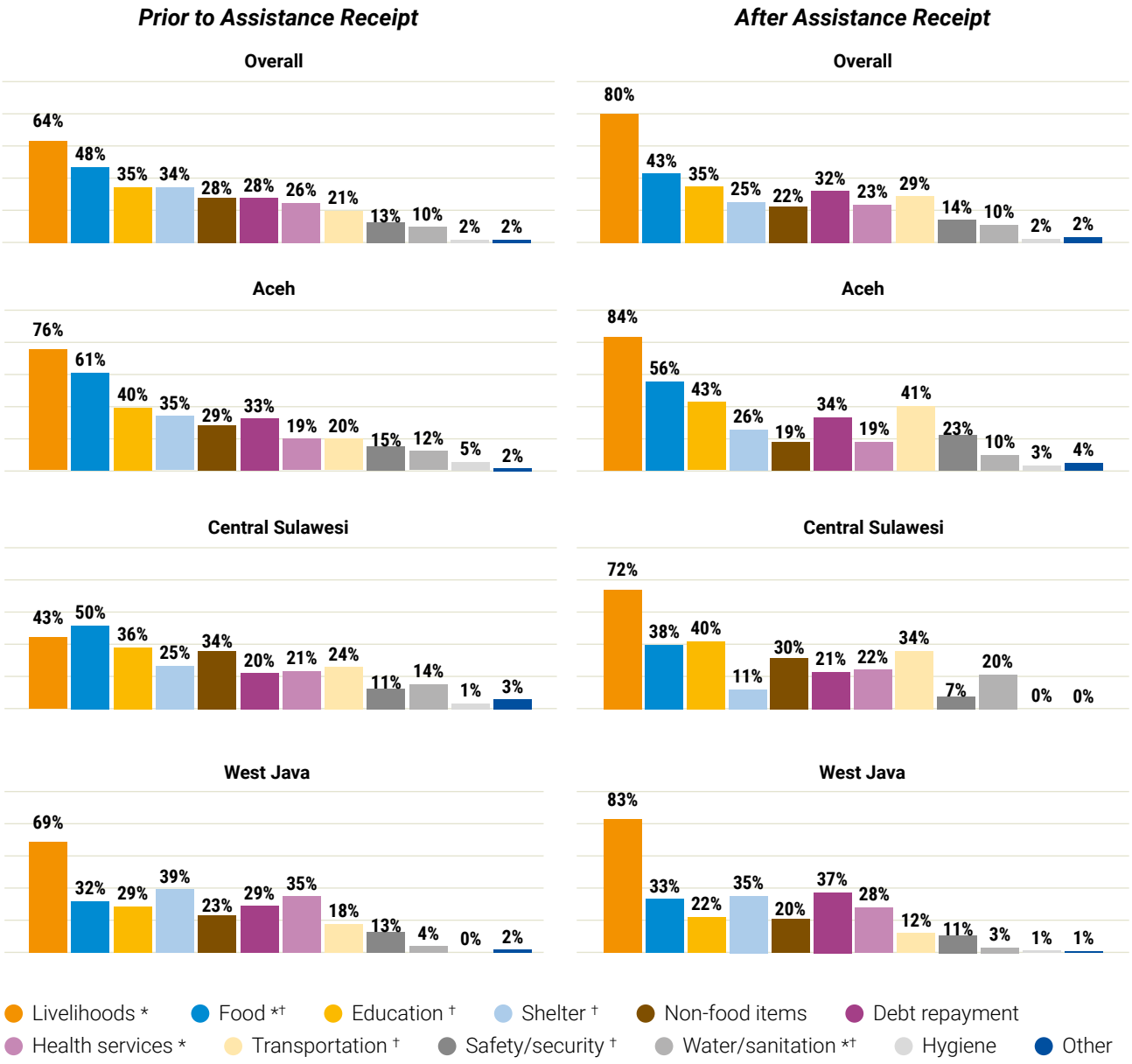
When asked to rank their top three unmet needs at baseline, 63.7% of participants reported livelihoods (a stable source of income or means to meet needs) as a key need, reflecting widespread income challenges (Figure 10). This differed by province, with 75.5% of those in Aceh reporting livelihoods as among their top three priorities, compared to 69.0% of those in West Java, and 42.5% of those in Central Sulawesi ($p<0.001$). Between baseline and the post-cash assistance survey, the proportion of women that reported livelihoods needs increased by 16.5% overall. Increases were observed in all provinces with the greatest increase seen in Central Sulawesi (+29.9%), followed by West Java (+13.8%) and Aceh (+8.0%); however, the difference in change was not statistically significantly different across provinces ($p=0.288$).

Food was second to livelihoods needs at baseline and was reported as among the three most important

needs by 47.5% of participants, followed by education (34.9%), shelter (33.8%), non-food items (28.1%), and debt repayment (27.7%). Women in West Java were less likely to report a need for transportation at endline than at baseline (12.1% vs 18%), whereas transportation needs were higher at endline than at baseline among women in Central Sulawesi (34.2% vs 24.1%) and Aceh (41.2% vs 20.4%) (between province difference in change p=0.017).

Women were also asked which singular unmet need was the highest priority for their family (Table 8). The primary priority unmet need reported was different across provinces with livelihoods (e.g., means to secure necessities of household) being the most prominent unmet need, reported by 19.2% of women at baseline and 21.6% of women at endline (p<0.001). Other top priorities included education (14.6% at baseline and 15.2% at endline), shelter (13.4% at baseline and 17.8% at endline), basic/daily expenses (13.4% at baseline and 14.9% at endline), and food (9.6% at baseline and 8.6% at endline). Livelihoods – the top ranked unmet need overall – was reported by significantly more women in Central Sulawesi (23.4% at baseline and 23.7% at endline) and West Java (22.2% at baseline and 28.6% at endline) than in Aceh (14.0% at baseline and 12.6% at endline) (p<0.001 at both baseline and endline).

## Figure 10: Top Three Priority Unmet Household Needs




* Statistically significant difference in need by province at baseline; † Statistically significant difference in need by province at endline

## Table 8: Single Highest Priority Unmet Need

| | Before Assistance Receipt | | | | | After Assistance Receipt | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Overall | Aceh | Central Sulawesi | West Java | p-value | Overall | Aceh | Central Sulawesi | West Java | p-value |
| Livelihoods | 19.2% | 14.0% | 23.4% | 22.2% | ***<0.001*** | 21.6% | 12.6% | 23.7% | 28.6% | ***<0.001*** |
| Education | 14.6% | 15.1% | 23.4% | 10.1% | | 15.2% | 14.7% | 26.3% | 7.1% | |
| Shelter | 13.4% | 15.1% | 12.8% | 12.1% | | 17.8% | 22.1% | 17.1% | 14.3% | |
| Basic/daily expenses | 13.4% | 19.4% | 4.3% | 12.1% | | 14.9% | 25.3% | 3.9% | 13.3% | |
| Food | 9.6% | 18.3% | 10.6% | 1.0% | | 8.6% | 7.4% | 13.2% | 6.1% | |
| Non-food items | 8.8% | 1.1% | 6.4% | 17.2% | | 1.9% | 0.0% | 1.3% | 4.1% | |
| Health services | 7.5% | 7.5% | 6.4% | 8.1% | | 5.9% | 7.4% | 3.9% | 6.1% | |
| Transportation | 4.2% | 1.1% | 2.1% | 8.1% | | 5.6% | 6.3% | 3.9% | 6.1% | |
| Debt repayment | 4.2% | 2.2% | 6.4% | 5.1% | | 6.3% | 2.1% | 6.6% | 10.2% | |
| Other | 5.0% | 6.5% | 4.3% | 4.0% | | 2.2% | 2.1% | 0.0% | 4.1% | |

Consistent with these findings, a large majority of the women who participated in qualitative interviews emphasized that cash was used primarily to meet basic needs for the family, including food, transportation, shelter, access to education and healthcare, and debt repayment. Several women described the importance of the cash assistance in their perceived ability to meet the family's housing and nutrition needs:

*"Yes, it helped very much. Like, for example, in purchasing housing needs, children's needs, health, food."*

*"With this cash assistance, I can meet my daily needs, especially my son's needs…to buy my son's milk, to buy food, medicine, and other needs."*

Meeting transportation needs was often cited as crucial in order to access needed health services. One participant explained the impact of the cash assistance on her physical health:

*"I did use this money to pay for transportation. When I go to the hospital, I usually spend around 100 thousand rupiah, to pay for public transport car fares, trishaw fares, and so on. As long as I get this money, I can go to the hospital regularly. But before getting this cash assistance, I only went to the hospital when I had money. If there is no money, then I don't go there. So that my treatment is often interrupted. Even though the doctor said I shouldn't stop taking my medication, my condition could get worse."*

*"I use some of the money to fill up motorcycle fuel when I go to the hospital or other places."*

Throughout the interviews, women expressed the importance of the cash assistance being flexible and unrestricted, as this allowed them to identify, plan for, and address their most pressing needs. One woman shared:

*"With cash assistance I can meet my daily needs, school fees and the rest of the plan for the cost of filing a lawsuit to the court to divorce my husband. But yesterday I got in an accident, so I finally used the money for treatment."*

*"With that assistance, I can cover all my transportation costs and use it for what I need immediately. I could use it to go and see my mother, or to cover my needs for my child who is still in school. I could use it for whatever I need."*

Another woman shared:

*"I'm having some problems, for example: I don't have my own vehicle for transportation purposes, so I have to borrow it from someone else. It embarrasses me because sometimes they don't give it. Since the divorce, I have nothing left. Even my clothes were burned by my ex-husband, my cell phone was also damaged by him. Therefore, when I received the first stage of assistance, I immediately bought a used cell phone for 200 thousand rupiah. I really need it for the purpose of communicating with other people. While the rest of the money I use for treatment and buy daily necessities"*

# SUMMARY OF FINDINGS AND RECOMMENDATIONS

UNFPA provided cash assistance over three months within the context of GBV case management. Survivors who received the cash assistance reported increased access to GBV response services, such as psychosocial support, counseling, access to safe spaces, sexual and reproductive health care, and legal assistance.

There was a significant increase in feelings of safety for GBV survivors from baseline to endline. These findings suggest that cash assistance – even when short-term (3 months) – combined with case management can positively impact the health and safety of GBV survivors. The assessment of safety and subsequent development of relevant mitigation strategies are part of GBV case management and were carried out by GBV case workers together with survivors throughout the process. As a result of the safety planning, more than three-quarters (76.1%) of women reported feeling either somewhat or very safe at endline, an important difference from baseline, where fewer than half (46.3%) of partnered women reported feeling safe in their households due to their partner.

All women reported receiving services through the case management programme or programme referrals. The most common services/referrals received at baseline were psychosocial support and counseling from mental health providers. This is consistent with the majority of women reporting very poor or poor emotional health at baseline. Although women reported a significant decrease in poor or very poor emotional health after receiving cash assistance with case management, psychosocial support remained the most commonly reported service received by women at endline. In qualitative interviews, women described the importance of the psychological support groups in forming friendships with others who have had similar life experiences. These findings demonstrate the relevance of psychosocial support and counseling for survivors. Even though a woman may be out of the immediate danger of an abusive relationship, she benefits from continued access to skilled case managers to continue to assess her safety and health, strengthen her confidence, and rebuild her social network. Furthermore, needs for referrals and services change over time; for example, referrals for livelihood service increased from baseline (6.1%) to endline (15.4%), likely as a result of women preparing for the end of the cash assistance component of case management.

Access to GBV prevention and response services varied across the three provinces. For example, although approximately 60% of women report poor or very poor emotional health across the provinces, women in Aceh were significantly less likely to report receiving psychosocial support compared to women in the other provinces. At endline, the significant difference in services persisted across the provinces and psychosocial support remained notably less common in Aceh compared to other provinces. This is explained by the fact that Aceh has suffered from decades of armed conflict, with a negative impact on health and mental health, in addition to natural disasters and a high incidence of GBV. While referral mechanisms are solid and harmonized across the country, there is scarce availability of psychosocial support services in Aceh. UNFPA's implementing partner Yayasan Pulih Aceh is among the few organizations that provide psychosocial support in the province. Regardless of the differences in services received by province, all women reported that the cash assistance helped them access case management and/or referral services from the case management programme. Additionally, the majority of women indicated that there were few barriers to accessing needed services. The most common barriers were the long distance and high cost of transportation to access needed services. The findings indicate that cash assistance is helpful for women to access needed services within the framework of GBV case management, but the availability or access may vary across Indonesia.

Physical and emotional health improved significantly for women who received cash assistance with case management. Specifically, poor or very poor physical health was commonly reported at baseline among women across the provinces, ranging from over one quarter of women (29.0%) in West Java to almost half of women (43.8%) in Central Sulawesi. After receiving cash assistance alongside case management, women reporting either poor or very poor physical health significantly decreased in all provinces, with the greatest decrease (20.6%) in Aceh. As with physical health, poor or very poor emotional health was common with the majority of women (60%-63.3%) across the three provinces reporting poor or very poor emotional health at baseline. Again, after receiving cash assistance through case management, there was a significant decrease in poor or very poor emotional health reported by women in all provinces. The greatest decrease in poor or very poor emotional health was among women in Aceh (37.1%), followed by women in West Java (24.2%) and in Central Sulawesi (10.5%).

The overwhelming majority (98.9%) of women reported feeling safe receiving the cash assistance, with 86.8% receiving the cash either via mobile account/bank or in hand. Few women (12.9%) reported challenges in receiving their cash assistance. If challenges were reported, they were primarily related to access to transportation and distance to travel to pick up the cash. Women emphasized the importance of ease in accessing the cash as this increased their control over who knows about the cash assistance and their ability to safely decide how the cash is used.

These findings from three provinces of Indonesia are consistent with other UNFPA evaluations (Jordan and Colombia) of cash assistance programmes for GBV survivors and women at further risk of GBV. Cash assistance is an important resource for case management programmes and in the short-term has a positive impact on women's safety and health, their ability to meet basic needs, and their access to prevention and response services based on their action plan developed together with the GBV case worker. However, short-term cash assistance is insufficient to meet the ongoing and complex needs of survivors and their families, as demonstrated by women across the three provinces prioritizing livelihoods as a means to securing the basic necessities of their family. As such, longer-term access to cash assistance – potentially through links with national social protection programmes – is essential to maintain the advances in safety, health, economics, and access to services that women experienced through the pilot programme.

As with all evaluations, there are limitations. The findings are not generalizable to all GBV survivors in the three provinces, but rather they reflect the experiences of women who received cash assistance through GBV case management. Further, the data is based on survivor self-reporting, and thus may reflect bias based on social norms and the experiences of the women.

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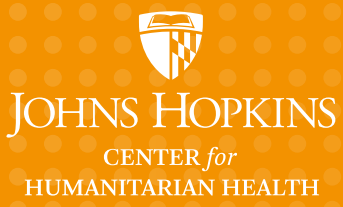



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