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Cash Transfers in Colombia: Qualitative Perceptions on Gender Relations and Intimate Partner
Violence

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Abstract

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By Elizabeth Menstell

A growing body of evaluation research has assessed cash-based transfer programs that aim to increase food security. Evaluations often assess the form in which the transfer is received (value voucher or cash) and the gender-relation impact of the program. Findings from these evaluations indicate that cash-based transfer programs sometimes increase and other times decrease women's household-decision making power and experience of intimate partner violence (IPV), including economic coercion. This study examines the perceptions and experiences of beneficiaries of a cash-based transfer program implemented in a food insecure population in La Guajira, Colombia. Fifteen in-depth interviews were conducted in June and July 2018 with male and female beneficiaries of the World Food Programme's cash-based transfer program. Results indicate the majority of beneficiaries would have preferred to receive cash instead of a voucher to have autonomy on how to spend the money. Household-asset decisions, including decisions on how to spend household income, were largely determined by men. While distribution of cash instead of value voucher may be the preferred modality of cash-based transfer, male control of that additional wealth should be considered. Overall, findings suggest cash-based transfer programmatic recommendations: 1) implement a community participatory approach to establish community buy-in of the intervention as well as design an intervention that best meets the community's needs, 2) conduct a formative evaluation to determine the cultural gender norms in a community, especially presence of economic coercion and 3) implement gender-transformative training before and throughout the intervention period to reduce possible instances of intimate partner violence perpetration.

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Chapter 1. Introduction

Malnutrition

Malnutrition is a substantial global public health problem that has been linked to an elevated risk of morbidity and mortality. The estimated number of malnourished people in the world increased from 777 million in 2015 to 815 million in 2016 (3). Global chronic malnutrition in children affected one out of four children under the age of five in 2016, and in some regions, one out of three children under five (3). Malnourished children do not have the nutritious foods needed for their body and brains to fully develop, leading to less educational attainment, financial earnings, and heightened risk of chronic disease and early mortality (4). Around 45% of deaths of children under five are linked to malnutrition, mostly in low- and middle-income countries (5). Food insecurity may have increased due to an upsurge in the number of conflicts worldwide, as well as climate change affecting the growth of local crops (3).

Colombia Country Context

In Latin America, approximately 42.5 million people did not have enough food to meet their required daily calorie intake in 2015, an increase of 2.4 million people from the prior year (6). Interventions to increase food security to reduce malnutrition have been implemented throughout Latin America, including in Colombia, where the recent history of violence conflict and deep inequality can add layers of complexity to these interventions (7-10).

Armed conflict in Colombia between the Government of Colombia and guerrilla and paramilitary groups¹ began between 1958 and 1964 (11). It is estimated that 220,000 people died

¹ Including the Revolutionary Armed Forces of Colombia (FARC), National Liberation Army (ELN) and other armed groups, such as the paramilitary group “United Self-Defense Forces of Colombia”

due to the conflict between 1958 and 2012, and over 25,000 disappeared (11, 12). Around nine million people were registered as victims of the conflict, including people who died, were injured, or displaced (13). Armed actors displaced populations to control rural territory and to accumulate wealth and social and political control (14). There are over seven million people internally displaced in Colombia, which has one of the highest rates of internally displaced peoples globally (15, 16). The actual number of those displaced is likely even higher, as some people are not in the registry or listed as missing (15, 16). The conflict and resulting displacement contributed to food insecurity in rural areas. Armed groups disrupted the production, distribution, and marketing of food, causing a major impact on food security at the local and regional levels.

Although Colombia has benefited from economic growth over the past decade, some areas have not experienced it, especially “departments” (provinces) with larger minority (indigenous and afro-Colombian) populations. Areas with less economic progress also tend to have higher rates of malnutrition. About 43% of Colombians are food insecure(17).

La Guajira, Colombia

While malnutrition rates among children were steadily declining in the majority of high-middle income Colombia, La Guajira department (historically a province with a large low-income population) had shockingly high rates of infant mortality. In 2013, an estimated fifty children died for every 1,000 live births, far above Colombia’s national average of 13 per 1,000 (18).



Figure 1. La Guajira Department in Colombia (1)

The largely desertic La Guajira department is located in the northernmost tip of Colombia, between the Caribbean Sea and the Gulf of Venezuela. According to the Colombian statistical bureau 2005 census, 45% of La Guajira population is indigenous, and among the indigenous groups the



Figure 2. Map of La Guajira (2)

Wayuu is the largest (19). The Wayuu live throughout the Guajira peninsula in Colombia and Venezuela, with about 270,000 Wayuu living in La Guajira department (20). The rest of the population of the department identify as afro-Colombian, and as mestizo/a (multiethnic) (19).

Of the 287 children in La Guajira that died of malnutrition from 2009-2013, 99% belonged to the Wayuu indigenous group (18). However, the number of Wayuu child deaths is expected to be more than that reported in the Colombia census, as the Wayuu indigenous group customarily bury on their own land, making it difficult to accurately report how many are dying each year (18).

In 2014-2016, weather patterns known as El Niño and La Niña contributed to droughts and desertification that compromised growth of crops and food security in La Guajira (17). There was underground water that indigenous groups accessed via wells, but it was often contaminated with salt and microorganisms that caused diarrhea. Water available by the local Rancheria river was used by a multinational coal mine, El Cerrejón, which rendered the water unpotable (18).

Unemployment in La Guajira was 47%, 300% above the national average in 2016 (18). Most Wayuu income is generated by selling handmade artisan *mochilas* (shoulder bags) and

chinchorros (hammocks). It takes three to seven days to make one *mochila* and sells for about \$50,000 Colombian pesos (about \$17 USD). However, shipping the bags to urban markets was costly, reducing profitability. These factors compound to increase food insecurity in the region.

Wayuu Culture: History and Present

Archaeologists estimate that the Wayuu have lived on the Guajira peninsula for about 3,000 years, probably having moved to the region from the Brazilian Amazon (21). Since the start of the Spanish invasion and throughout the 18th century, the Wayuu were largely successful in resisting colonial forces and maintaining their traditional way of life, indigenous language, and relative autonomy (22). The group faced new challenges in the 1800s after the period of independence war with Spain during the first half of the 19th century, which resulted in the eventual creation of the Colombian and Venezuelan republics in the 1850s and consequently the imposition of a national border dividing the Guajira Peninsula. The Wayuu were ultimately successful in their fight to remain on their ancestral lands in the peninsula (23).

The Wayuu have faced discrimination and exclusion from the Colombian government since the beginning of the Colombian Republican era, when most of the territory of the peninsula was claimed by the new nation-state. In 1871 the Republic of Colombia created the “National Territory” of La Guajira (a type of geopolitical unit) which, after many iterations, became a “department” in 1964. Presently, the Guajira department receives less government aid than most other regions in the country. Instead of concern for the livelihoods of the Guajira population, the government sees the region’s land as profitable due to the presence of coal. In the 1970s the government granted licenses to mining companies to extract resources from the region without environmental or societal protections in place. El Cerrejón is the world’s largest open-pit coal mine and was built in 1981 as a joint venture by the Colombian government and Exxon (24). In 2010, it

produced 76 million metric tons of coal, 99% of it exported to the United States and Europe (24). The mining has resulted in forced displacement of indigenous and other afro-Colombian and mestizo ethnic groups (24).

Most Wayuu have low literacy rates as the society and culture are built on oral traditions and storytelling (20). The Wayuu family structure is matrilineal, giving the maternal side of the family importance, and children inherit the mother's family surname (20, 25). The mother in the family determines familial social status (25). The Wayuu live in small rural settlements called *rancherías* composed of five to ten households, where maternal uncles represent and lead the family (20). The Wayuu participate in subsistence farming when able and also in herding (mostly of goats). Livestock functions as currency to exchange for goods and services, payments of debts or settlements, and gifts(17).

Polygamy is practiced where men take on multiple female partners and women have one male partner (20). The traditional division of labor is gendered, whereby men work in fishing, hunting, herding and farming (20). Women work as *artesanas* (artisans), making *mochilas* and *chicharrons* to sell in the market, as well as in domestic tasks such as gathering water, cooking, and cleaning the home (21).

Food Security and Cash-Based Transfers

Communities are food secure when they have “adequate access at all times to sufficient, safe, nutritious food to maintain a healthy and active life” (26). To be food secure, food must be consistently available in sufficient quantities and nutritional quality (26). To increase food security and decrease malnutrition, global non-profit and development organizations have implemented public health programs and interventions. The United Nations World Food Programme (WFP)

works to bring food assistance to more than 80 million people in 75 countries, including Colombia (27).

WFP historically has provided in-kind food transfers to those in need but has increased the use of cash-based transfers (CBT) to aid food insecure communities. Conditional cash transfer programs give cash or value vouchers to families in poverty so long as they meet specific requirements, which include attending a training on nutrition and only allowing beneficiaries to purchase specific nutritious foods on a provided list. In 2017, WFP provided \$1.3 billion USD in cash transfers worldwide (26). CBTs can be implemented in various forms, including traditional banknotes, bank transfers, value vouchers, smart cards, and mobile money (26). The modality of CBT is determined by the situation of the community, from the aftermath of a natural disaster to conflict-affected areas (28). CBTs allow beneficiaries to make choices about the foods they purchase, which then empowers them to take control of their own diet and nutrition. Worldwide, 19.2 million people were assisted through WFP's CBTs in 2017, accounting for 30% of WFP's food assistance portfolio(17).

In La Guajira, WFP has implemented food assistance through conditional, voucher-based CBTs. The voucher program responds to two organizational strategic goals, 1) everyone has access to food and 2) no one suffers from malnutrition (10). WFP's goals for these interventions are that "crisis-affected populations have adequate access at all times to nutritious foods and diversified diets, and are supported in establishing or improving their livelihoods" and "communities and families have the capacities to prevent malnutrition in all forms" (10). Activities were designed to be gender-transformative and culturally-sensitive (10).

A voucher transfer used in La Guajira is financial assistance provided to a household in the form of an electronic entitlement redeemable at a preselected point of sale supermarket (29). Low-

income communities in La Guajira (including the Wayuu, as well as other impoverished groups) receive a value voucher, which is redeemed only for food items that are on a list provided by WFP. The list includes nutritious and staple foods such as meats, grains, fruits, and vegetables; it does not include coffee or sugar. The voucher is equal to the equivalent cash-value of the food (29). Communities that receive the voucher are enrolled to be beneficiaries for three months and receive a monthly transfer of \$48,000 Colombian pesos (about \$16 USD) per person in the household. The transfers are redeemable at the supermarket by either the male or female head of households, however, usually the female head of household is listed on the voucher.

Cash-Based Transfers and Intimate Partner Violence

CBT and other poverty alleviation and nutrition programs aim to empower women through economic means. Public health researchers have assessed the gender-relation impact of the such financial empowerment programs. Specifically, women's financial empowerment program implementers considered how the program influenced women's experience of intimate partner violence (IPV).

The World Health Organization (WHO) defines IPV as, "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship." Examples of IPV include, "acts of physical violence, such as slapping, hitting, kicking, beating...sexual violence, including forced sexual intercourse...emotional [violence] (psychological abuse), such as insults... constant humiliation...[and] controlling behaviors, including isolating a person from family and friends...and restricting access to financial resources, employment, education, or medical care" (30). Violence against women, including IPV, is a pressing public health and human rights problem. The WHO estimates that about one in three women worldwide have experienced physical and, or sexual violence by either an intimate partner

or other person in their lifetime (31). Of women worldwide who have been in an intimate relationship, about one third have experienced some form of IPV in their lifetime, and 38% of murders of women have been perpetrated by a male intimate partner(30).

In Colombia, an estimated 32% of ever-partnered women aged 15 to 49 years have experienced physical violence perpetrated by an intimate partner in the last 12 months, with 8% reported experiencing sexual violence, and 31% experienced economic violence or coercion (32). Economic coercion refers to behaviors by an intimate partner that control the victim's ability to acquire, use, and maintain economic resources (33). Multiple factors influence perpetration of IPV: lower levels of education, a history of exposure to child corporal punishment, witnessing domestic violence, overindulgence of alcohol, community social norms that privilege men and undermine women (*machista* culture), and poverty (31). There are multiple negative health impacts of IPV, including fatal outcomes like homicide or suicide (31). Additionally, IPV can cause injuries, unintended pregnancies, sexually transmitted infections (including HIV), depression, post-traumatic stress disorder, and an increase in smoking, drug, and alcohol abuse (31). In addition to the mental and physical health consequences of IPV, there are social and economic costs. Victims of IPV may experience social isolation, inability to work, loss of wages, and inability to care for themselves and their children (31).

Two possible outcomes could result from an increase in a woman's income. Sometimes with an increase in a woman's income, her household bargaining power and decision-making also rises, leading to a decrease in the violence she is subjected to by her intimate partner (34). Additionally, financial stressors in the home could be reduced with the increase in income, leading to less physical, emotional, and other forms of violence (34). Alternatively, the increase in a

woman's income could destabilize the patriarchal financial control of the man in the household. He may want to regain his control through the use of violence (34).

Thesis Purpose and Theoretical Application

The purpose of this thesis was to assess how WFP's CBT intervention among communities in La Guajira, Colombia influenced the occurrence of IPV experienced in the community, as well as decision-making in the household. In addition, the rapid assessment assessed and recommended the ideal method of transfer modality, cash or voucher, and the potential differences of those modalities on household bargaining power, decision-making, and the occurrence of IPV among participating communities.

Given the need to assess the influence of WFP's CBT program on gender relations and occurrence of IPV, a theory-driven approach to the analysis was warranted. The intersectionality perspective informed this research. Intersectionality recognizes that multiple social identities can determine systems of privilege and oppression (35). An intersectionality perspective moves beyond single categories of analysis (sex, ethnicity), instead considering the coexistence of different aspects of social identity (ethnicity, gender, ability, age, class, sexual identity) (36). Identities intersect at the micro level of individual experiences and can lead to macro societal level norms (35). This perspective is appropriate for our study given the complex intersections at play in the populations living in La Guajira. Use of this approach enables an in-depth understanding of power, which is necessary because society is structured along lines of class, ethnicity, and gender, which relate the structural and historical forms of interpersonal and intra-communal forms of violence (37).

The International Federation of Indigenous Women argued that violence against indigenous women was "shaped not only by gender discrimination within indigenous and non-

indigenous arenas, but by a context of ongoing colonization and militarism; racism and social exclusion; and poverty-inducing economic and ‘development’ policies” (38). This intersection can lead to increased harmful health outcomes for indigenous women, as compared to indigenous men and non-indigenous women. Throughout Latin America, indigenous women have less access to healthcare facilities and are faced with cultural discrimination and barriers when able to access facilities (39). This leads to indigenous women experiencing higher maternal and infant mortality rates (39). Thus, this study responds to recent development coming from indigenous women to employ intersectionality perspectives in indigenous research, as opposed to hegemonic liberal feminisms (38).

This study employed a qualitative methodology to gain detailed understanding of some aspects related to the intersection of power, privilege, gender, ethnic identity, socio-economic status, and violent conflict in the context of a public health intervention to alleviate malnourishment (36). To assess and evaluate WFP’s CBT program La Guajira, individual, semi-structured, in-depth interview (IDIs) were conducted with 17 female and male recipients of WFP’s CBT. Qualitative exploration of the themes in this study allowed for in-depth understanding of participants’ experiences and perspectives (40). Specifically, the objectives of this study, as set forth by WFP Colombia were: 1) Evaluate the modality of the CBT (cash vs. voucher and point of sale preferences) including the gender-relation impacts of voucher vs. cash modality; 2) Understand household decision-making related to CBT redemption and other household income; and 3) Identify potential negative and, or positive impacts of the CBT at the household level (including IPV). Thematic analysis of the data allowed the researcher to develop a comprehensive understanding of men and women recipients’ experiences with the WFP CBT program and develop

program recommendations on how to best increase food security in La Guajira while protecting and empowering women.

Chapter 2. Literature Review

Introduction

The purpose of this literature review is to highlight evaluations of CBT and other financial empowerment interventions in Latin America and globally. Both CBT and other financial empowerment programs (such as microfinance and loan) were included to supplement the limited published evaluation literature specifically related to CBTs. Additionally, programs implemented in Latin America and other regions were included to provide a richer description of financial empowerment programs' impact on the objectives of interest. All literature reviewed was in English.

First, evaluations of CBT impact on nutrition and cost-effectiveness were reviewed. Then the literature review follows the structure of the objectives of the thesis by examining evaluations of CBT modality, household decision-making related to the financial empowerment program, and the impact of the financial empowerment program on IPV.

Cash-Based Transfer Influence on Nutrition

Conditional and unconditional transfers have been implemented with the purpose of decreasing malnutrition and increasing financial empowerment in Latin America and other regions. Most program evaluations of CBT's impact on nutrition recorded in the literature showcased interventions that provide cash, allowing beneficiaries to choose what to purchase with the money received. The transfers were conditional in that they required beneficiaries to attend a training, health check-up, or other health or education marker.

The Bolsa Familia program in Brazil provided a conditional cash transfer to reduce poverty. To participate in the program, beneficiaries' children went to yearly health check-ups, got vaccinations, and maintained 85% school attendance (7). Households received \$140 BRL (\$13 USD) per vaccinated child attending school (7). Beneficiary households self-reported 6% higher

food expenditure overall, 7% more on minimally processed foods, and 10% greater on culinary ingredients, as compared to control households (7). Thus, beneficiaries of the cash-transfer program were more likely to increase their food expenditure and had higher availability of fresh food that led to higher dietary diversity (7). Weight-for-age z-scores (WAZ) and length-for-age z-scores (LAZ) were calculated among 24-month old children in participating Bolsa Familia households (41). Beneficiaries were negatively associated with WAZ and LAZ, with three weeks of delayed growth in LAZ and five weeks of delayed growth in WAZ (41). This negative result could be associated with beneficiaries purchasing less nutritious foods; Bolsa Familia beneficiaries had over three times higher odds of consuming junk food than families who did not receive the transfer (41).

A mobile-based nutrition counseling and unconditional CBT program implemented in Bangladesh aimed to assess the feasibility and acceptability of an unconditional cash transfer program on nutrition during pregnancy (42). Nutrition counselors provided support and information through a call center, made biweekly calls to participants for 24 weeks, and participants received \$787 BTD (\$10 USD) per month (42). About 87% of women self-reported spending the cash to purchase food for themselves and their children. The Moderate Acute Malnutrition Out randomized control trial in Burkina Faso evaluated the effect of a seasonal unconditional cash transfer program on children's energy, micro- and macronutrient, and food group intakes (43). Beneficiaries received \$17 USD per month to spend on whatever they chose. Results indicated beneficiary children ate more eggs, fat, and vitamin B-1, meat, and iron-rich foods (43). There was no difference found in energy intake between the beneficiaries and control groups (43). A study on an emergency cash transfer program in Niger assessed the impact the CBT on child nutritional status during a food crisis (44). The intervention included a relatively high

transfer size (\$83 USD per month) (44). Beneficiaries in the intervention group had 1.2 kg greater overall weight and 1.82 greater overall gain in WAZ, as compared to the control group (44). In addition, the odds of having acute malnutrition at endline were 25 times higher in the control group as compared to the intervention group (44). Children in the 12-24 month age range at baseline had the highest percentage weight gain (44).

Most of the evaluation literature of CBT programs indicate that they increased the nutritional uptake of the beneficiaries; however specific WAZ and LAZ data also should be collected to inform how transfers impact children's growth and development as compared to a control group, to understand impacts on objective measures of nutrition.

Cash-Based Transfer: Voucher vs. Cash on Nutrition, Beneficiary Preference, and Cost of Implementation

The development community has debated the cost effectiveness of CBT modalities, cash vs. voucher-based systems. When given vouchers, beneficiaries can purchase specifically designated foods, on a list provided by the implementing organization. For example, WFP's CBT program in Colombia allowed beneficiaries to purchase meat, eggs, flour, vegetables, and fruits but not coffee nor sugar. When given cash, beneficiaries can purchase whatever they desire, whether it be nutritious food, unhealthy food, or non-food items such as goods used for their business or clothing for their family. Which, cash or vouchers, better increases nutritional uptake? Which better empowers beneficiaries, and which do beneficiaries prefer? Which is cheaper to implement while still ensuring beneficiaries receive the maximum nutritional gains? Evaluation studies tested these and other research questions to provide recommendations on which modality is best applied to achieve specific program outcomes.

Recommendations for increasing nutrition and caloric intake

Evaluations assessing the nutritional update of CBT vs. cash modalities were reviewed. In an evaluation of a WFP CBT program conducted in Ecuador, beneficiaries were divided into three

treatment groups and given unconditional cash transfer or a food voucher (8). Participants self-reported caloric intake information at baseline and endline, showing that overall, both methods of transfer significantly increased household food consumption; however, the types of food purchased differed between groups (8). Receiving a voucher led to significantly larger increases in the frequency of consumption of seafood and fish, and pulses and legumes; whereas cash led to an increase in foods with lower nutritional value (8). In a similar study in Pakistan, beneficiaries received either unconditional cash transfer (one group received the standard cash amount, 1,500 PKR, about \$14 USD, the other double cash amount of 3,000 PKR) or vouchers (worth 1,500 PKR) (45). Stunting and wasting in children was measured at baseline, endline, and one-year follow-up. All three intervention groups showed significantly lower odds of being stunted at endline (45). The odds of a child wasting were significantly lower in the double cash and voucher arms at endline as compared to the standard cash group, however, the double cash arm did not have significant difference in wasting at one-year follow-up, signifying that the voucher had the greatest impact in reducing child stunting and wasting in the long-term (45). In a study conducted in conflict-affected Democratic Republic of the Congo (DRC) evaluating unconditional cash vs. voucher, households received \$130 USD over the course of seven-months (45). The number of meals per day significantly increased between baseline and endline for both groups, thus the likelihood of food insecurity also decreased overall (46). There was no significant difference in food security between groups.

In peaceful or post-conflict settings, such as Ecuador and Pakistan, the literature indicates vouchers can provide increased nutritional value because beneficiaries are restricted in only purchasing nutrient-rich foods (8, 45). However, in current-conflict settings, such as the DRC,

either method can significantly increase nutritional intake, perhaps because refugee camps have limited food selection, and beneficiaries have very low food security at baseline (46).

Beneficiary preference of cash vs. voucher

Program evaluations that compared unconditional cash to voucher transfers often included an assessment of which method the beneficiaries preferred to receive and why. In Ecuador, beneficiaries stated that they preferred receiving cash because they appreciated the autonomy that came with the method – they had the ability to choose what to buy and could save for future emergencies or business investments (8). In Pakistan, those who received the larger cash amount (double cash) were satisfied with the program, and those who received the standard cash amount and voucher indicated that the amount provided was not enough to meet their familial dietary needs (45). However, all beneficiaries who received cash preferred it over the voucher as they were able to choose the cheapest goods to purchase at the cheapest grocery store or market, as those with the voucher were limited to a single, more expensive, grocery store that accepted the voucher as a form of payment (45). A minority of beneficiaries indicated that they would have preferred to receive vouchers because they would not be tempted to buy other non-food items, increasing their investment in their families' nutritional uptake (45). In the DRC, a high-conflict area, beneficiaries and program implementers had to consider the security of carrying cash. Beneficiaries preferred to receive vouchers as they were less likely to be robbed (46). Finally, in a program evaluation conducted in Bangladesh, most beneficiaries noted that they preferred the type of transfer that they received (cash or voucher) (47). However, as the beneficiary income increased, beneficiaries preference for vouchers declined, indicating that the poorest households preferred vouchers and higher-income households preferred cash (47).

If the objective of the CBT program is to improve financial empowerment and welfare, cash is preferable to vouchers, because cash empowered beneficiaries to make their own decisions,

and it is the preferred transfer modality by beneficiaries. However, implementers must consider the security of carrying cash, especially in conflict areas. If the objective of the intervention is to increase nutritional intake of beneficiaries, then the program can control what beneficiaries are allowed to purchase (i.e. nutritious foods) with a value voucher.

Cash vs. voucher: cost-efficiency of implementation

Program evaluators also assessed the program costs of different CBT modalities. The program implemented in the DRC found that the total cost for designing and implementing the voucher modality was more expensive than cash. Factors that influenced this increased cost included more staff time associated with vouchers, transport of the physical vouchers, and voucher printing fees (46). In addition there were high time-costs for beneficiaries who had to travel up to three hours to receive their cash or voucher (46). A possible solution to this would be designing an electronic voucher or cash transfer, this would reduce travel time of participants and printing costs of the vouchers.

Cash Based Transfer: Impact on Decision-Making in the Home

Often, a primary or secondary goal of a women's financial empowerment program was to increase her empowerment in the home. One way women's household empowerment can be measured was through her household decision-making ability. Research demonstrates that women contribute significant amounts of labor to household chores, responsibilities, and income without an equal decision-making role on how to spend household income (48).

Two of the studies included in the review found that women had increased household decision-making power at endline. The WFP CBT study in Ecuador found that having a dedicated additional income specifically used to purchase food led to an increase in family well-being and happiness. Women had greater decision-making power with the new source of finances, which led to self-confidence and freedom of movement (49). Behavioral responses of both men and women

participating in a cash transfer program in Uruguay were assessed to examine the decision-making process regarding the use of the given money (50). Results found that women perceived taking greater responsibility for decisions in household expenditures at endline (50).

All other studies found that, while some increase in decision-making had occurred, men still had control over most decisions. A study in Uganda assessed whether the participation in informational financial groups impacted women's decision-making power at the household level (51). In some decisions, women's decision-making power increased. For example, women had more control over decisions related to household income, while other decisions did not change, including those related to agricultural production (51). An assessment of the Bolsa Familia program in Brazil found significant impacts on women's decision-making power in urban households in spheres related to children's school attendance, health expenditures, household purchases, and personal contraceptive use (52). In rural households, there were no increases and possible reductions in women's decision-making power, possibly due to the gender-normative social norms in rural communities (52). The *Oportunidades* (Mexico) cash transfer program data specific to the programmatic impacts on gender decisions was assessed (48). There was a significant discrepancy between women's labor contributions and their contribution to decision-making. At endline, there were persistent gender decision-making gaps, but beneficiary households noted that women made more land sale decisions than their male partners (48). Unfortunately, it was also noted that women contributed labor to crop development but did not have an equal share in deciding how to sell said crops and what to do with the income (48). Thus, all beneficiary households reported an increase in women participating in decision-making but women still had a smaller role in decision making than their male partner (48).

An unconditional cash-transfer program in Zambia given to mothers of young children found beneficiary women were making more sole or joint decisions about the household, which translated into a relatively modest increase in the number of decision domains a women was involved in (including an increase in decision power related to the women's own health) (53). Despite this, the qualitative analysis found that male-dominated gender norms still persisted, indicating men were still primary decision-makers as the head of the household (53). Women discussed the increase in their financial empowerment as they were able to control how the transfer was used (often for household investment and emergency saving), but often men had the final say (53).

Findings on CBT and decision-making of women are mixed. Even program data seems to show two outcomes: women gain more decision-making power because they are brought into decision conversations, but men still having the final decision in many cases.

Cash Based Transfer: Impact on Women's Experiences of IPV

CBT and other women's financial empowerment interventions have completed evaluations of how the intervention may have influenced the occurrence of physical, emotional, sexual, and economic IPV. While many studies indicate that at least one form of IPV was reduced with the implementation of the program, many note that other forms of IPV stayed the same or increased. In addition, IPV occasionally rose among some segment of beneficiaries, such as those with less education.

CBT reduces instances of IPV

Based on this review, most CBT programs reduced controlling behaviors and multiple forms of IPV. In a study conducted for the WFP CBT program in Ecuador that assessed cash and voucher modalities, both transfers reduced multiple forms of IPV, including moderate physical and sexual violence by 38-43%, suggesting that violence was not being used to forcefully take the

transfer resources from women (34). The decreases found in women who had previously experienced IPV were concentrated among women with low decision-making power at baseline (34). A similar study in Ecuador assessing cash and voucher modalities found that beneficiaries reported reduced day-to-day conflict in the home, and this was often because women did not have to ask her partner for money to buy food for the family (49). Finally, in this program, there were no reports of partners wanting or trying to violently or otherwise take transfers from women or spend the cash transfer on something other than food (like alcohol) (49). An evaluation of a CBT program in Peru measured the monthly cash transfer in relation to a model which assessed the possibility that IPV may be used as a potential bargaining instrument (i.e. a way for male partners to take the cash given to the women in the program) (54). This study found decreases in the incidence of physical and emotional violence of nine and 11 percentage points, respectively, indicating that there was less use of IPV as a bargaining instrument to forcefully obtain the cash (54).

Other financial empowerment programs reduce instances of IPV

There are very few evaluations of instances of IPV among beneficiaries of CBT programs. However, this review will draw on evaluations of other financial empowerment programs including microfinance loans and group savings programs.

The Intervention with Microfinance for AIDS and Gender Equity program in South Africa gave microfinance loans to low-income women along with a participatory learning and action education program on topics including IPV (55). Results found that experience of IPV was reduced by 55%, suggesting pairing a financial empowerment intervention with education on IPV prevention can lead to reductions in IPV (55). A two-armed randomized control trial in Cote d'Ivoire compared a women's savings group only to a savings group with additional gender dialogues (56). The dialogues targeted both the women beneficiaries and their male partner and

consisted of eight sessions (56). Compared to the savings group, the saving group plus gender dialogue resulted in slightly lower odds of reporting past year physical or sexual violence (56). In addition, women in the treatment group were significantly less likely to report economic abuse, and people who attended all gender dialogues reported significantly less instances of IPV overall (56). These results indicate the positive benefit women's financial empowerment programs can have when coupled with a gender dialogue or training that includes the women's partners.

No Change in IPV

An evaluation of an unconditional child grant program in Zambia assessed the impact of the intervention on women's experiences of IPV (57). The study found that about 15% of participating women experienced IPV in the last year, however there were no findings of change related to that percentage from baseline to endline (57).

CBT increases instances of IPV

In an evaluation of the government-run unconditional cash transfer program in Ecuador, researchers assessed the possible increase in IPV and how household dynamics could influence the relationship, including the education level of the woman, and her education level in relation to her partner's (58). For women with higher education levels, including women with more than six years of school, the CBT significantly decreased the partner's use of emotional violence by eight percentage points, and controlling behaviors by 14 percentage points (58). However, among women with less than six years of education, the results depended on their education levels in relation to their partners'. When the women's level of education was equal to or more than her partner's, the CBT increased emotional violence by nine percentage points (58). There was no significant correlation at any level of education with receiving the CBT and instances of physical violence (58). A review of a CBT transfer program in Mexico had similar mixed results. *Oportunidades* provided CBT to mothers conditional on school attendance and regular health

clinic appointments, and compared instances of IPV among women in beneficiary households to women in non-beneficiary households (9). The evaluation found that women in beneficiary households were 33% less likely to experience physical violence than non-beneficiary women (9). In addition, there were smaller rates of reduced sexual violence in beneficiary households (9). However, beneficiaries experienced substantial increases in the incidence of emotional violence including violent threats, beneficiaries were as likely as non-beneficiaries to receive threats of violence from their partners, and substantially more likely to experience emotional abuse(9).

Interventions whose objectives were to strengthen women's financial well-being, through either CBT or involvement in microfinance and savings and loans groups show mixed outcomes, reporting either an increase, decrease, or no impact of IPV behavior (49, 50, 57, 59, 60). These mixed findings, recorded from low- and middle-income countries globally, could indicate that as women gain economic autonomy and financial power in relationships, men aim to restore their patriarchal control through use of violence (59, 60). The context in which the financial empowerment initiative is implemented may be a factor in the response of the male community. Important contextual factors could include: implementation in conflict-afflicted areas, urban or rural residence, and whether the community has a traditional patriarchal/*machista* social or cultural norms (59, 60). Factors that proved protective for women in financial empowerment programs were: higher household assets (socio-economic status), and women's higher education (with more education women would not enter a relationship with a violent man) (60). Thus, among poorer and less educated women, the risk of violence increased when receiving financial empowerment, thereby harming the population empowerment programs most want to assist (60). When programs implemented a gender training component that invited both women and their partners to participate, results often indicated reduced instances of IPV in the intervention period (59).

Gaps in the Literature

To date, the association between implementation of CBTs and the thesis objectives has limited documented research, especially in the Colombian context. This literature review discussed evaluations of CBTs and the impact of other financial empowerment programs on nutrition of beneficiaries, cost-effectiveness (as related to cash vs. voucher, nutritional value, beneficiary preference and cost of implementation), household decision-making, and occurrence of IPV. There were no studies that explored specifically how a conditional value-voucher CBT program may influence these objectives, and no studies have been conducted in Colombia. Therefore, research is needed to understand how this specific type of CBT can influence women's empowerment at the household level. Moreover, research to date is mainly quantitative, which allows for understanding the prevalence of the indicators of interest, however, qualitative studies are needed to determine the personal explanations and perspectives as to why and how beneficiaries believe the CBT program interacts with the objectives of interest.

Application of an Intersectionality Perspective

None of the studies reviewed applied an intersectionality perspective in the study design or results analysis. This study will incorporate an intersectionality perspective to gain an in-depth understanding of the study objectives. Intersectionality recognizes that multiple social identities can determine systems of privilege and oppression (35). The intersectionality perspective moves beyond single categories of analysis (sex, ethnicity), instead considering the coexistence of different aspects of social identity (ethnicity, gender, ability, age, class, sexual identity) (36). Identities intersect at the micro level of individual experiences and can lead to macro societal level norms (35). This perspective is appropriate for this study given the complex intersections at play in the populations living in La Guajira. Use of this approach enables an in-depth understanding of power, which is necessary because society is structured along lines of class, ethnicity, gender,

which relate the structural and historical forms of interpersonal and intra-communal forms of violence (37).

The International Federation of Indigenous Women argues that violence against indigenous women is “shaped not only by gender discrimination within indigenous and non-indigenous arenas, but by a context of ongoing colonization and militarism; racism and social exclusion; and poverty-inducing economic and ‘development’ policies” (38). This intersection can lead to increased harmful health outcomes for indigenous women, as compared to indigenous men and non-indigenous women. Throughout Latin America, indigenous women have less access to healthcare facilities and are faced with cultural discrimination and language barriers when able to access facilities (39). This leads to indigenous women experiencing higher maternal and infant mortality rates (39). Thus, this study responds to recent development coming from indigenous women to employ intersectionality perspectives in indigenous research, as opposed to hegemonic liberal feminisms (38). This study employed a qualitative methodology to gain detailed understanding of some aspects related to the intersection of power, privilege, gender, ethnic identity, socio-economic status, and violent conflict in the context of a public health intervention to alleviate primarily malnourishment and secondarily IPV (36).

Thesis Purpose

La Guajira, Colombia has its own unique circumstances to be considered when designing a CBT program for implementation. A qualitative evaluation of WFP’s CBT program allows for a deeper understanding of the form in which beneficiaries receive the CBT (voucher or cash), and how the CBT impacts household-decision making and occurrence of IPV. Increased knowledge of these objectives will inform recommendations for effective programming that protects and empowers female beneficiaries.

Chapter 3: Methodology

Study Design

This cross-sectional, qualitative, rapid assessment aimed to understand the preferences of WFP CBT beneficiaries with respect to CBT modality (cash vs. voucher), the supermarket where they were assigned to shop, and how the CBT impacted household decision-making and perceptions of IPV. The study was designed by the researcher, with ongoing input from WFP program staff and thesis committee members. The author had established a prior working relationship with the WFP Colombia office through ongoing partnership with Emory University. Prior to this study, the author served as a research assistant on an evaluation of a different WFP intervention.

This small-scale rapid assessment of the CBT program was an intensive, team-based qualitative inquiry that used iterative data analysis to quickly develop a preliminary understanding of a situation from the insider's perspective (61, 62). This approach allowed the study to include the viewpoints and opinions of the WFP CBT beneficiaries to understand how they would improve the CBT intervention (61, 62). This rapid assessment also was action oriented and analyzed both the end results and the process of obtaining those results. Finally, it assessed the situation holistically through an application of the intersectionality perspective (61, 62).

The study employed individual, semi-structured, IDIs to understand the individual experiences, perceptions, and attitudes of participants in WFP's CBT program in La Guajira. It used qualitative methods to provide a detailed understanding of the stances and opinions of the CBT beneficiaries, as they are knowledgeable about their experiences and their perspectives should be shared (40). The research presented represents the findings of 17 IDIs from a purposive sample of CBT beneficiaries.

Data Collection Site

WFP selected La Guajira as the data-collection location because the CBT program was implemented in this department. Additionally, WFP was interested in evaluating the CBT program among Wayuu beneficiaries, as they have high rates of malnutrition (18). Also, La Guajira did not pose major security concerns for travel or accessibility at the time of data collection, given political instability in the country. Seventeen IDIs were conducted for this study, all in rural farming communities, with a population who were majority Wayuu in Riohacha, Uribia, Maicao, Manaure, and Dibulla municipalities in La Guajira. A total of 15 of those interviewed identified as Wayuu indigenous, and two identified as afro-Colombian/mestiza. Due to the small sample of afro-Colombian/mestiza participants, their data was not saturated. While their interviews were considered in the development of the results, they were not included in the presentation of the study findings.

Sampling and Recruitment

The study used purposive sampling to identify beneficiaries of the CBT program in La Guajira. This method ensured that participants met eligibility criteria and had demographic diversity. Participants who met the following eligibility criteria were invited to participate: 1) over the age of 18, 2) receiving or have previously received CBTs from WFP, 3) have participated in WFP or partnering organization training on nutrition, gender, and, or sanitation and hygiene. Participants were excluded if they had never received the CBT program from WFP. To gain a better understanding of the differences between men and women, both were interviewed, but from separate couple pairs, following WHO guidance on IPV research (63). One to two men and women were interviewed per community, and recruitment ended upon reaching a total sample size of 17 (Appendix A). WFP had allotted the researcher seven interview days in La Guajira; thus 17

interviews were recorded in that time, seven men and ten women. No incentives were provided for participation.

Interview participants were a subsample of those participating in the CBT program and were recruited by the CBT program manager in the Guajira WFP sub-office. The CBT program manager called the community leaders of varying communities by phone and invited them to participate in the study. La Guajira WFP sub-office employees selected community groups of beneficiaries based on their current or past participation in the CBT program and ease of access to their geographic location. The selection of community groups within five municipalities allowed for the numbers of potential participants to be large enough so that if potential participants were to refuse participation, there will still be enough possible participants to complete the study. Once connected with the community leaders, the CBT program manager explained the purpose of the study, the eligibility criteria, proposed a date and time for the meeting to occur, and answered any questions. If a community leader agreed to participate in the study, they recommended community residents whom would meet eligibility criteria for the study.

On the agreed day and time, in late June and early July 2018, the research team and CBT program manager went to the communities, and the interested participants greeted the team upon arrival. First, the CBT program manager introduced the team and research project, explained the purpose of the research, and determined who among those gathered met eligibility criteria and wanted to participate in an IDI. The program manager explained the study either in Wayuunaiki in the Wayuu communities, or Spanish in the afro-Colombian/mestizo community.

Data Collection Tools and Piloting

The research questions informed the development of the interview guide. The guide included a total of 27 questions, with zero to four probes per question (Appendix B and C). The

guide included questions in the following domains: 1) demographics and information regarding participation in the CBT program, 2) perceptions of the supermarket the participant used to redeem the transfer and preferences of transfer modality (cash or voucher), 3) household decision-making between the participant and their partner, 4) perceptions on emotional, physical, sexual, and economic IPV in their community, and if IPV occurrence had changed after participating in the CBT program, and 5) conclusion, including asking if the participant had any additional thoughts to share. Questions and probes were open-ended to encourage participants to describe their perceptions and experiences.

Local partners reviewed drafts of the guide to confirm that the study objectives were included and probed adequately and that the questions were relevant. The interview guide was developed in English and translated into Spanish by the researcher with help from WFP staff. WFP staff, including an individual who identified as Wayuu indigenous and a gender specialist, reviewed the guide to ensure the meaning of all questions were retained and questions were culturally appropriate.

The guide was pilot tested with two interviews, one male and one female participant, in Riohacha. WFP selected the community in Riohacha because it is a Wayuu indigenous community that has similar experiences to other Wayuu groups in La Guajira. The author conducted pilot interviews in Spanish without a translator in the local language because the participants interviewed spoke and understood Spanish as a second language. After pilot testing, the guide was edited and refined to best ensure the participants understood the meaning of all questions. Questions were often reworded, and simplified words replaced words that interview participants did not understand.

Conducting In-Depth Interviews (Fieldwork)

The research team and the CBT program manager went to the eight communities in which interested participants had been identified. The fieldwork was done over seven days. The researcher conducted nine interviews in Spanish with participants who spoke and understood Spanish. The WFP program manager acted as a Spanish/Wayuunaiki interpreter for the other eight interviews. All interview audio was recorded digitally with the informed consent of the participant, and interviews lasted approximately 30 minutes to one hour. The community leader, interview participant, and researcher selected a private location for the interview to take place. Most communal living spaces in the communities visited were outdoors, so interviews were conducted outdoors, away from other people. Prior to the interview, the researcher asked each participant if they felt comfortable with the interview location. At times, the researcher paused the interview when a child or other adult community member approached the interview. Children of the participant under six years of age stayed with their parent, while adults were asked to leave. Interviews resumed once privacy was ensured. Only one participant asked to change locations when other community members approached the interview area.

The researcher completed field notes and post-interview memos at the end of each interview day. The researcher considered and noted each participant's demeanor and body language during the interview, especially throughout the violence-related questions. The interviewer also noted the location of the interview, and if any interruptions occurred. Finally, a summary of the participants responses and opinions were noted in relation to the three study objectives.

Ethics and Informed Consent

The researcher submitted a comprehensive research protocol that included all informed consent procedures, guides, and interview tools to the Emory Institutional Review Board (IRB) in

May 2018. The protocol was issued a nonresearch determination in June 2018, because its primary purpose was an internal evaluation (Appendix D). Due to the nonresearch determination, it was determined unnecessary to submit the protocol to a local Colombian IRB. Participants' information was anonymous, confidential, and de-identified in the transcripts.

At the start of each interview, the researcher explained the purpose of the interview, verified participant eligibility, discussed the risks, benefits, participant's confidentiality, and voluntary participation, and answered any questions from the participant. The consent process indicated that the choice to complete the interview was up to the participant and that they could stop the interview at any time. Participants had the opportunity to consent to engaging in the interview and be recorded. They also had the ability to terminate the interview at any time, refuse to answer questions, and take breaks, which was particularly important due to the sensitive nature of the interview topics. Less sensitive closing topics ended the interview, allowing participants to refocus and close the conversation after discussing sensitive topics. Everyone invited to participate consented to both the interview and recording. No one asked to terminate the interview. Written consent was obtained either with a signature or finger print. Once the participant provided consent, the researcher explained the purpose of the first section of the interview and started recording. After the interview, all data was stored on the secure and encrypted Emory Box drive.

Transcription and Translation

An Emory University undergraduate student fluent in Spanish verbally translated audio recordings into English. The student completed ethical CITI training and was included on the IRB protocol. The student accessed the Spanish audio files through the secure and encrypted Emory Box. The student then listened to the audio and provided a verbal English translation using a recorder. The interviews were not translated verbatim due to the nature of the translation method.

The translator did translate all interview content including interviewer questions and probes and participant responses. The student then uploaded the verbal translation audio files to Emory Box. The student and the researcher transcribed the English audio and saved the English transcription on Emory Box. While the interviews were not transcribed verbatim, this method ensured that all 17 audio files were translated and transcribed within the research budget and in the allotted time frame.

Data Analysis

The interviews collected allowed the researcher to attain both code and meaning saturation where it was possible to develop a richly textured understanding of the objectives (64). Additionally, the researcher took notes of the interview topics after the interviews to ensure that they were achieving meaning saturation for the objectives. IDIs were stratified by gender, which allowed for gender subgroup analysis to understand any differences between men's and women's perceptions and experiences with the CBT program and its relation to the objectives set forth by this study.

This research applied a thematic approach for qualitative analysis, conducted in English (40). After translation and transcription of the 17 IDIs, English transcripts were reviewed at least twice. Random segments were reviewed once to assess the translation. Full transcripts were reviewed a second time to add memos. Writing memos allowed for initial observations, theme identification, and reflexivity (40). After reviewing and memoing the data, inductive, deductive, and *in vivo* codes were iteratively developed and recorded in a codebook (Appendix E). The researcher defined codes through two rounds of applying codes to a set of five transcripts. Two additional coders and the researcher individually applied codes to the same sub-set of four transcripts, discussed discrepancies, and revised codes and definitions, splitting or merging codes

accordingly. A final codebook was developed, which included exclusion and inclusion criteria for code use and examples for each code. Codes were applied to the entire dataset using MAXQDA software (Version 18.1.0).

Salient themes related to the objectives of the research were analyzed. The first author exported coded segments by sex of the participant into an Excel file for analysis. Each Excel sheet included coded segments related to core themes within each study objective. Properties and dimensions of each theme, and that theme's relationship to intersectionality perspectives, were identified and memoed in the Excel file, and quotes selected to illustrate findings. Throughout the process, memos were written comparing the perceptions and attitudes of women and men within the identified themes. To analyze across major themes and intersectionality perspectives, a larger matrix was developed, where rows represented each participant and columns were each major theme. Perceptions across participants and themes were analyzed to find connections and commonalities between themes. Additionally, the research conducted a within-case analysis to explore perceptions of themes within each individual participant. Experiences with household and income decision making and perceptions and experiences of IPV were cross analyzed with perceptions of recipient cost efficiency of the CBT voucher using matrices. The researcher applied a conceptual intersectionality perspective assessing CBT modality and gender impact to inform recommendations to WFP.

The researcher conducted all analysis and considered reflexivity throughout the analysis and interpretation of the data. Throughout the research process, the researcher considered their own biases, identities, and relationships to the study. The researcher is a female, Caucasian, American, 26-year-old, Master of Public Health Student. The researcher reflected on her own bias and understanding of Wayuu culture, especially societally held gender norms.

Student Contribution

The student researcher conceptualized the research project and proposal with the assistance of the thesis committee chair, Dr. Kathryn Yount. In addition, discussions were held with WFP Colombia staff, including the Country Director. The student researcher and Dr. Yount developed study objectives, which were modified by WFP Colombia staff to best fit CBT program evaluation needs. Once objectives were finalized, the student researcher developed the data collection methods and wrote the research proposal that was submitted to the Emory IRB.

In Colombia, the researcher conducted data collection with the assistance of local WFP program staff. WFP staff conducted the sample recruitment and arranged IDI meetings. WFP staff also assisted the student researcher by interpreting when the participant was not fluent in Spanish. Once data had been collected, an Emory Undergraduate student fluent in English and Spanish verbally translated the data into English. Both the researcher and the undergraduate student transcribed the English audio files. The student researcher confirmed the translations, and memoed the data. Two fellow Master of Public Health qualitative research students acted as second coders and assisted in defining the final codes. The student researcher applied finalized codes to the dataset. Next, they completed all thematic analysis with feedback from the thesis chair and committee. The researcher wrote the entirety of the thesis, as well as the manuscript, with feedback from the thesis committee. The potential journals of submission of this thesis manuscript are: Social Science and Medicine, Global Public Health, International Journal of Public Health, International Health, World Development, International Journal of Qualitative Studies on Health and Well-being, and Evaluation and Program Planning.

Chapter 4. Manuscript

Cash Transfers in Colombia: Qualitative Perceptions on Gender Relations and Intimate Partner Violence

By Elizabeth Menstell

A growing body of evaluation research has assessed cash-based transfer programs that aim to increase food security. Evaluations often assess the form in which the transfer is received (value voucher or cash) and the gender-relation impact of the program. Findings from these evaluations indicate that cash-based transfer programs sometimes increase and other times decrease women's household-decision making power and experience of intimate partner violence (IPV), including economic coercion. This study examines the perceptions and experiences of beneficiaries of a cash-based transfer program implemented in a food insecure population in La Guajira, Colombia. Fifteen in-depth interviews were conducted in June and July 2018 with male and female beneficiaries of the World Food Programme's cash-based transfer program. Results indicate the majority of beneficiaries would have preferred to receive cash instead of a voucher to have autonomy on how to spend the money. Household-asset decisions, including decisions on how to spend household income, were largely determined by men. While distribution of cash instead of value voucher may be the preferred modality of cash-based transfer, male control of that additional wealth should be considered. Overall, findings suggest cash-based transfer programmatic recommendations: 1) implement a community participatory approach to establish community buy-in of the intervention as well as design an intervention that best meets the community's needs, 2) conduct a formative evaluation to determine the cultural gender norms in a community, especially presence of economic coercion and 3) implement gender-transformative training before and throughout the intervention period to reduce possible instances of intimate partner violence perpetration.

Research Highlights

- Cash-based transfer beneficiaries prefer to receive cash over value voucher
- Men control household assets and asset decisions, leading to economic coercion
- If cash-based transfer programs implement cash, must consider intimate partner violence impact

Keywords: cash-based transfer, intimate partner violence, Colombia, economic coercion

Introduction

Malnutrition is a significant global public health problem that is linked to an increased risk of morbidity and mortality. The number of malnourished people in the world increased to 815 million in 2016, up from 777 million in 2015 (3). In Latin America, approximately 42.5 million people do not have enough food to meet their required daily calorie intake, an increase of 2.4 million people from the prior year, 2015 (6). Interventions to increase food security to reduce malnutrition have been implemented throughout Latin America, including in Colombia, where 43% of the population is food insecure (7-10).

Humanitarian organizations have worked to combat food insecurity via cash-based transfer programs, where beneficiaries receive cash or value voucher to purchase nutritious food for the family. These programs have been evaluated to assess beneficiaries' experience participating in the program, as well as the program's impact on gender relations, including household decision-making and intimate partner violence (IPV). Previous CBT evaluations show that an increase in a women's income, such as through a cash-based transfer, can reduce or increase a women's experience of IPV. In some cases, men perpetrate IPV (including physical, emotional, and economic violence) due to financial and poverty stressors. When there is an increase in income in the home, those stressors and resulting perpetration of violence decrease (34). Additionally, with more income, a women's household bargaining power and decision-making skills can increase, which can in turn lead to a reduction in experience of IPV (34). Alternatively, an increase in a women's income can destabilize the patriarchal financial control of the man in the household, who may want to regain his control through violence perpetration (34). We examined Colombian cash-based transfer beneficiaries' attitudes and experiences of the program to better understand their perceptions of how the transfer impacted household decision making and experience of IPV.

Background

Global chronic malnutrition in children affected one out of four children under the age of five in 2016, and in some regions, one out of three children under five (3). Malnourished children do not have the nutrition needed for their body and brains to fully develop, leading to lower educational attainment and financial earnings, and heightened risk of chronic disease and early mortality (4). Within Colombia, the Guajira department, historically a province with a large low-income population, has shockingly high rates of infant mortality. In 2013, an estimated fifty children died for every 1,000 livebirths, far above Colombia's national average of 13 per 1,000 (18, 65). Forty-five percent of the Guajira population is indigenous, with the largest indigenous group being the Wayuu (clo socio-economic se to 90% of the indigenous population) (19). Of the 287 children in La Guajira that have died of malnutrition from 2009-2013, 99% belong to the Wayuu indigenous group (18).

A series of factors in La Guajira contribute to food insecurity in the region. Unemployment in La Guajira is 47%, 300% above the national average in 2016, impacting large segments of the Wayuu population (18). Most Wayuu income is made selling handmade artisan *mochilas* (shoulder bags) and *chinchorros* (hammocks). It takes three to seven days to make one, and they sell for about \$50,000 Colombian pesos (about \$17 USD). Shipping the bags to urban markets is costly, significantly reducing profitability. The Wayuu participate in substance farming when able but are also headers and pastoralists. In 2014-2016 the weather patterns known as El Niño and La Niña contributed to droughts and desertification that compromised growth of crops and food security (18).

The Wayuu and other populations in the Guajira department have faced human rights abuses that contributed to poverty and insecurity. These abuses included violent incursions of

Colombia's guerillas and paramilitaries, and the government's endorsement in Exxon's development of one of the largest open pit coal mines in the world, El Cerrejón (66). Colombia's governmental procedures should have shifted with the 1991 International Labor Organization Convention, which specified that indigenous people would participate in the programs implemented in their region that impact them directly, and provide free, prior, and informed consent (66). However, the government has not involved the local communities in decisions to sell their land to multi-national companies (66). Presence of El Cerrejón as well as guerilla and paramilitary groups resulted in forced displacement in the region (24).

The World Food Programme (WFP), United Nations, has implemented public health interventions to increase food security and decrease malnutrition in Colombia (27). WFP has historically supplied in-kind food transfers but has increased the use of cash-based transfers (CBT) to aid food insecure communities. The voucher program responds to two organizational strategic goals, 1) everyone has access to food and 2) no one suffers from malnutrition (10).

The voucher transfer implemented in La Guajira is financial assistance provided to a household in the form of an electronic entitlement redeemable at a preselected point of sale (29). Low-income communities in La Guajira (including the Wayuu, as well as other impoverished groups) receive a value voucher, which is redeemed only for food items that are on a list provided by WFP. The list includes nutritious and staple foods such as meat, grains, fruits, and vegetables. The voucher is equal to the equivalent cash-value of the food (29). Beneficiaries receive the vouchers for three months in the monthly amount of \$48,000 Colombian pesos (about \$16 USD) per person in the household. The transfers are redeemable only at an assigned point of sale by either the male or female head of households. Additionally, voucher recipients must attend a training on nutrition, sanitation and hygiene, and, or community cohesion.

CBT program evaluations often include an assessment of whether or not beneficiaries would prefer to receive a transfer in the form of cash or voucher. Beneficiaries often preferred receiving cash due to the autonomy that comes with cash. With cash, beneficiaries could choose to invest in a business and, or select what to buy outside of food from a designated list (8, 45).

In addition to providing opportunities for increased nutrition, CBTs given to women aim to empower them through economic means. Evaluators have assessed the gender-relation impact of such programs including how the programs can influence a women's household decision-making power and experience of IPV including economic coercion. Economic coercion refers to behaviors by an intimate partner that control the victim's ability to acquire, use, and maintain economic resources (33). In Colombia, 32% of ever-partnered women aged 15 to 49 years have experienced physical violence perpetrated by an intimate partner in the last 12 months, 8% reported experiencing sexual violence, and 31% experienced economic violence or coercion (32). Studies show that an increase in a women's income can either reduce or increase a women's experience of IPV in the home (34).

Assessments of CBT programs evaluated the impact of the program on women's household decision making power. In some households, women contribute significant amounts of labor to household chores and responsibilities and income activities without an equal decision-making role (48). Evaluations in Ecuador and Uruguay found that with the additional income from the CBT, women had increased responsibility in household expenditure decision making at endline (49, 50). Other CBT evaluations found similar increases in women's household decision-making power, but that power did not extend outside of the household (48, 51).

CBT evaluations assessing impact of the program on IPV show mixed outcomes, reporting either an increase, decrease, or no impact of IPV behavior (49, 50, 57, 59, 60). The context in

which the financial empowerment initiative is implemented may be a factor in the increase or decrease of IPV perpetration; contextual factors include: implementation in conflict-afflicted areas, urban or rural residence, and whether the community has a traditional patriarchal/*machista* social and, or cultural norms (59, 60). Factors that proved protective for women in financial empowerment programs were: higher household assets (socio-economic status) and women's higher level of formal education (60). Thus, among poorer and less educated women, the risk of violence increased when receiving financial empowerment (60). When programs implemented a gender training component that invited both women and their partners to participate, results often indicated reduced instances of IPV in the intervention period (59).

1. Theoretical Application: Intersectionality Perspective

We chose to use the intersectionality perspective to inform the analysis of this small-scale evaluation. Intersectionality recognizes that multiple social identities can determine systems of privilege and oppression (35). The intersectionality perspective moves beyond single categories of analysis (sex, ethnicity), instead considering the coexistence of different aspects of social identity (ethnicity, gender, ability, age, class, sexual identity) (36). Identities intersect at the micro level of individual experiences and can lead to macro societal level norms (35). This perspective is appropriate for our study given the complex intersections at play in the populations living in La Guajira. Use of this approach enables an in-depth understanding of power, which is necessary because society is structured along lines of class, ethnicity, gender, which relate to the structural and historical forms of interpersonal and intra-communal forms of violence (37).

The International Federation of Indigenous Women argues that violence against indigenous women is “shaped not only by gender discrimination within indigenous and non-indigenous arenas, but by a context of ongoing colonization and militarism; racism and social exclusion; and

poverty-inducing economic and ‘development’ policies” (38). This intersection can lead to increased harmful health outcomes for indigenous women, as compared to indigenous men and non-indigenous women. Throughout Latin America, indigenous women have less access to healthcare facilities and are faced with cultural discrimination and language barriers when able to access facilities (39). This leads to indigenous women experiencing higher maternal and infant mortality rates (39). Thus, this study responds to recent development coming from indigenous women to employ intersectionality perspectives in indigenous research, as opposed to hegemonic liberal feminisms (38). This study employed a qualitative methodology to gain detailed understanding of some aspects related to the intersection of power, privilege, gender, ethnic identity, socio-economic status, and violent conflict in the context of a public health intervention to alleviate primarily malnourishment and secondarily IPV (36).

This study reviewed many evaluations of CBT programs that assessed gender-relation impact of the intervention. However, none of the English language evaluations reviewed had been conducted in the Colombian context. Additionally, there is little in-depth qualitative exploration of these themes, including a CBT program’s impact on economic coercion, which is necessary to understand the complex perceptions and experiences beneficiaries had while participating in a CBT program.

Our study was a qualitative research project conducted among 15 men and women beneficiaries of the WFP CBT program in La Guajira, Colombia. This study is the result of a Master of Public Health thesis project. The purpose of this rapid assessment was to explore perceptions and experiences participants had in relation to the form in which the voucher was implemented, how the voucher impacted household decision-making, and experiences of economic coercion and other forms of IPV.

Methods

This study employed individual, semi-structured in-depth interviews to understand the individual experiences, perceptions, and attitudes of Wayuu participants in WFP's CBT program in La Guajira. The study was designed by the first author, with ongoing input from WFP program staff and thesis committee members. The author had established a prior working relationship with the WFP Colombia office through ongoing partnership with Emory University. Prior to this study, the author served as a research assistant on an evaluation of a different WFP intervention.

This small-scale rapid assessment of the CBT program was an intensive, team-based qualitative inquiry that used iterative data analysis to quickly develop a preliminary understanding of a situation from the insider's perspective (61, 62). This approach allowed the study to include the viewpoints and opinions of the WFP CBT beneficiaries to understand how they would improve the CBT intervention (61, 62). The first author, a Master of Public Health student trained in qualitative methods, conducted interviews in Spanish in late June and early July 2018.

1. Participant Sampling and Recruitment

This study used purposive sampling to identify beneficiaries of the WFP CBT program in La Guajira. By purposely selecting participants to include, the first author ensured that participants met eligibility criteria and had demographic diversity. Participants who met the following eligibility criteria were invited to participate: 1) over age 18, 2) currently receiving or previously received CBTs from WFP, 3) have participated in WFP or partnering organization training on nutrition, gender, community cohesion and unity, and or sanitation and hygiene. Participants were excluded if they had never received the CBT program from WFP. To gain a better understanding of the differences between men and women, both were interviewed, but from separate couple pairs, following WHO guidance on IPV research (63). The first author interviewed one to two men and

women per community, and recruitment ended upon reaching a total sample size of 15 from seven communities. No incentives were provided for participation.

Interview participants were a subsample of those participating in the CBT program and were recruited by the CBT program manager in the Guajira, WFP sub-office. La Guajira WFP sub-office employees selected community groups of beneficiaries based on their current or past participation in the CBT program and ease of access to their geographic location. If a community leader agreed to participate in the study, they recommended community residents whom would meet eligibility criteria for the study.

2. Data Collection (Fieldwork) and Preparation

The research team and the WFP CBT program manager went to the seven communities in which interested participants had been identified. The field work was done in in the space of two weeks. During each of the field visits the CBT program manager introduced the team and research project, explained the purpose of the research, and determined who among those gathered met eligibility criteria and wanted to participate in an in-depth interview.

The research domains for the rapid assessment informed the development of the interview guide. The guide included questions in the following domains: 1) demographics and information regarding participation in the CBT program, 2) perceptions related to the location and cost of goods sold at the partnering point of sale, and preferences of the form in which the transfer was received (cash or voucher), 3) household decision-making between the CBT participant and their partner, and 4) perceptions on emotional, physical, sexual, and economic IPV in their community, and if IPV occurrence in the community had changed after participating in the CBT program. Questions and probes were open-ended to encourage participants to describe their perceptions and experiences. Colombian WFP partners reviewed drafts of the guide to confirm that the study

objectives were included and adequately probed and that the questions were relevant and culturally appropriate.

The guide was pilot tested with two interviews, one male and one female participant, in Riohacha, La Guajira. WFP selected the community in Riohacha for the pilot testing because it is a Wayuu indigenous community that has similar experiences to other Wayuu groups in La Guajira. After pilot testing, the first author edited the interview guide to better ensure the participants understood the meaning of all questions.

The first author conducted seven interviews in Spanish with participants who spoke and understood Spanish. The Guajira WFP program manager acted as a Spanish/Wayuunaiki interpreter for the other eight interviews. All interview audio was digitally recorded with the informed consent of the participant, and interviews lasted approximately 30 minutes to one hour and took place in a private location.

At the start of each interview, the first author explained the purpose of the interview, verified participant eligibility, discussed the risks, benefits, participant's confidentiality, and voluntary participation, and answered any questions from the participant. Participants had the opportunity to consent to engaging in the interview and be recorded. They were able to terminate the interview at any time, refuse to answer questions, and take breaks, which was particularly important due to the sensitive nature of some of the interview topics. Everyone invited to participate consented to both the interview and recording. No one asked to terminate the interview.

An Emory University undergraduate student fluent in Spanish verbally translated all interview content including interviewer questions, probes, and participant responses into English. The student and first author transcribed the English audio.

4. Data Analysis

Fifteen interviews allowed the first author to attain both code and meaning saturation and develop a rich understanding of the objectives (64). Interviews were stratified by gender, which allowed for gender subgroup analysis to understand any differences between men's and women's perceptions and experiences with the CBT program and its relation to the study objectives.

This research applied a thematic approach for qualitative analysis, conducted in English (40). The first author reviewed English transcripts and wrote memos, which allowed for initial observations, theme identification, reflexivity, and intersectionality perspectives (40). Inductive, deductive, and *in vivo* codes were iteratively developed and recorded in a codebook. The first author defined codes through two rounds of applying codes to a set of five transcripts. Two additional coders and the first author assessed intercoder reliability. Each individual applied codes to the same sub-set of four transcripts, discussed discrepancies, and revised codes and definitions. The first author coded the entire dataset using MAXQDA software (Version 18.1.0).

The first author analyzed salient themes related to the objectives. Properties and dimensions of each theme, and that theme's relationship to intersectionality perspectives, were identified and quotes selected to illustrate findings. Perceptions across participants and themes were analyzed to find connections and commonalities between themes. Additionally, the first author conducted a within case analysis, which allowed for in-depth understanding of themes within individual participants. Experiences with household and income decision-making and perceptions of IPV were cross analyzed with perceptions of the CBT voucher. The first author applied a conceptual intersectionality perspective assessing the CBT program and gender impact to inform program recommendations to WFP.

The first author conducted all analysis and considered reflexivity throughout the analysis and interpretation of the data. She considered her own biases, identities, and relationships to the study. The first author is a female, Caucasian, American, 26-year-old, Master of Public Health student. The researcher reflected on her own bias and understanding of Wayuu culture, especially culturally held gender norms.

5. Ethical Considerations

The first author submitted a comprehensive research protocol that included all informed consent procedures, guides, and interview tools to the Emory Institutional Review Board (IRB) in May 2018. The protocol was issued a nonresearch determination in June 2018, because its primary purpose was an internal rapid assessment. Due to the nonresearch determination, it was determined unnecessary to submit the protocol to a local Colombian IRB. Participants' information was anonymous, confidential, and de-identified in the transcripts.

Results

1. Sample Characteristics

Of the 15 participants, seven were male and eight were female. All participants identified as indigenous Wayuu. Participants were between 25 and 71 years old and all had children. Women reported knitting and selling *mochilas* (handbags) and *chinchorros* (hammocks) as their primary source of income. Men reported income from knitting and selling *mochilas*, but also from manual labor, livestock tending, and fishing. Participants received their first CBT from WFP one week to one year prior to their interview (Table 1). This sample is similar to the wider Wayuu community.

Table 1: Sample Characteristics

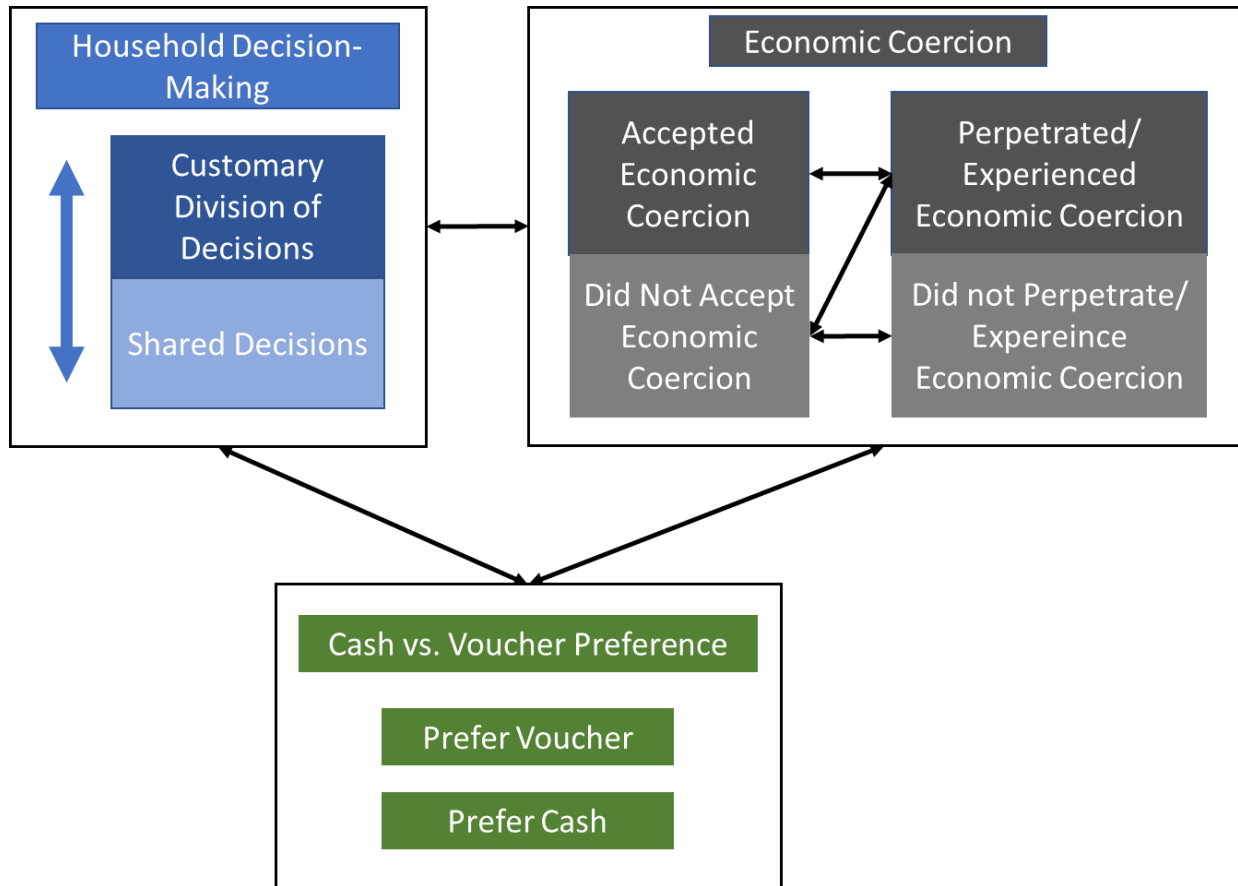
ID number	Gender	Municipality	Age	Interpreter	Length of interview	Time they received their first voucher	Source of income
M01	Male	Riohacha	55	No	28 min	1 year	Manual labor
M02	Male	Uribia	38	Yes	65 min	8 month	Fishing
M03	Male	Uribia	71	Yes	49 min	2 months	Livestock goats
M04	Male	Maicao	56	No	30 min	1 week	Artisan
M05	Male	Uribia	69	No	44 min	1 month	Cut wood for roofing
M06	Male	Maicao	42	Yes	36 min	1 month	Cut wood for roofing
M07	Male	Maicao	32	No	59 Min	1 month	Moto taxi, mechanic
W01	Female	Riohacha	25	No	53 min	1 year	Artisan
W02	Female	Uribia	40	Yes	40 min	8 month	Fishing, artisan, manual labor
W03	Female	Uribia	51	Yes	33 min	2 months	Artisan, manual labor
W04	Female	Maicao	50	Yes	30 min	1 week	Artisan
W05	Female	Uribia	30	No	31 min	1 month	Artisan
W06	Female	Maicao	26	No	63 min	2 months	Artisan
W07	Female	Manaure	34	Yes	44 min	4 months	Artisan
W08	Female	Manaure	40	Yes	40 min	3 months	Artisan

2. Conceptual Framework of Household Decision-Making, Economic Coercion, and Cash or Voucher Preference

The results of this study were assessed within a conceptual framework (Figure 1) developed based on the relationship between three identified themes, household decision-making, economic coercion, and beneficiary's preference of receiving cash or a voucher. Household decision-making refers to the partner (male or female) who had control over decisions related to 1) household food

purchases with income, 2) household food purchases with the voucher provided by WFP, and 3) purchases with cash provided by WFP, if that were to be implemented. Economic coercion was found to be related to household decision-making. Participants reflected on their general perceptions of economic coercion in their community, indicating if men's control of household assets was accepted as normal. Additionally, participants were asked who in their household controlled or had the final decision related to household income that both partners make. If the participant said that the man of the household had sole or final decision-making ability, they were seen as either perpetrating (if male) or experiencing (if female) economic coercion. Finally, participants discussed whether they would prefer to receive cash instead of a voucher from WFP. It was found that participant's preference of cash or voucher was also related to their household decision-making and perpetration or experience of economic coercion. Double sided arrows flow between the themes and within the economic coercion theme to show the interrelated relationship between these thematic areas.

Figure 1. Conceptual Framework



Economic coercion refers to behaviors by an intimate partner that control the victim’s ability to acquire, use, and maintain economic resources. Harmful *machista* social norms are often associated with more acceptance of economic coercion; for example, men have control over financial decisions in many patriarchal societies, thus may control all household income. Perpetration of economic coercion may also impact a man’s preference of cash or voucher receipt from WFP. Men who held more harmful gender attitudes were more likely to perpetrate economic coercion and did not perceive economic coercion as problematic. Some men preferred receipt of a voucher, while others preferred cash, so they can control how it is spent.

Wayuu cultural norms related to household decision-making and economic coercion were assessed in relation to the findings. For Wayuu populations it is accepted and normal for women to

be in charge of household decisions related to purchasing and preparing food for the household, and for men to control decisions related to household assets (25).

3. Men held Culturally Normative Household-Decision Making Roles, while Women Preferred Shared Decisions

It is customary in Wayuu culture for a woman to control household-decisions related to food preparation and other domestic duties, and for men to control household assets. Participants were found to have a range of different household decision-making practices in their home. All men and most women said that women made decisions on what to buy with the voucher and was the primary household member who purchased food. As men customarily controlled household assets, they indicated that they would control cash provided by WFP. Most men and one woman held these customary household-decisions, the woman iterating,

My partner...is the head of the family. He always, always tells me what to do with money. For example, he always knows how to manage it. If he sells the mochilas, he does the shopping. (Woman, age 25)

However, the majority of women said that because they control decisions related to household food purchases, they would have some control over decisions related to spending cash provided from WFP, often saying that they would share this decision with their partner. Only two women said that, in their household, both they and their partner worked together to decide how to provide food for the family with the CBT voucher, and would similarly decide together on how to spend cash provided by WFP.

4. Men and Women's Contradicting Perceptions and Experiences of Economic Coercion

The majority of men had perpetrated economic coercion by having sole and, or final decision-making power over all household income, even income their wives made. All men who

practiced customary household decision-making also controlled all household income and assets, often disregarding their wives' desires for how that income is spent. Only two men out of the six identified as perpetrating economic coercion acknowledged their perpetration, others indicated perpetration through storytelling throughout the interview. For example, when asked about control over income, one man said that he would discuss with his partner, but in the end, he would have control over that resource,

When you receive what you've made you must talk with your partner first, for example saying what do I need, what does she need, the children? And if many things are needed, then we look and ask ourselves what is most necessary for the children...but ultimately the one who has the last word is the man. (Man, age 32)

Women whose households practiced customary decision-making were split between having experienced and not experienced economic coercion. Women who said that their husband made final decisions on how to spend household income also noted that they were often in disagreement of how that money was spent. Their husbands did not buy needed supplies for the household.

The two women who shared household decisions with their husbands had not experienced economic coercion in their households. They also noticed more community cohesion in their communities and families. These participants discussed the conversation they have with their partner when deciding how to spend household income.,

[We] always decide between us both. He says "ok, there is this money. What do you think?" - "Well let's go buy this" or he tells me "I have in mind to buy this, what do you say?" "Well I think its ok". Sometimes he has the last word and [other times I do] (Woman, age 34)

A small minority of participants (one woman and one man) said that the wife made decisions related to the household income. The woman said this was because her husband was physically disabled, and she acted as his caretaker as well as ran the household. The man said his wife decided how to spend the household income because,

She is...the one who knows what we need. For example if she needs any little thing she goes with her own money and takes it out and buys it.... I sell roof thatches and I bring her that money. I say here have it. (Man, age 69)

Men had a variety of perceptions of economic coercion in their households and communities. Most believed that economic coercion was wrong. One man discussed his past perpetration of economic coercion,

I, as a man, was the one who always wanted to have the power or make the decisions, sometimes without conversing...she would accept it all, she would respect the decisions, but [it] accumulated until it reached a point where she said no more...the man sometimes doesn't treat the woman [with respect], and it reaches a point where she says "no more" and leaves. (Man, age 71)

If his family were to receive cash from WFP instead of a voucher, he would share spending decisions with his partner. He said, "*We [would] converse [about] it because sometimes the woman is the one who knows what we need, for example in the kitchen, and I am attentive to the other things that we need, and we agree on what to buy.*" (Man, age 71). Other men who reported joint income decision-making power were decades older than men who had sole or final control over household income.

Other men recognized economic coercion in their communities, but blamed women for putting themselves into these situations. These participants said that women learn to accept violent

treatment from men from childhood as a cultural norm. They said that women should stand up for themselves and refuse violent treatment,

If the woman says- if she controls herself- and says, “Why do I get like this with my [husband], its better if I leave.” But if she allows it the first or second, that becomes like a custom for him. (Man, Wayuu, age 38)

Women had similar sentiment when discussing physical, sexual, and emotional violence, saying that women are at fault for experiencing this violence, however, women saw men at fault for perpetrating economic coercion.

Men who had indicated economic coercion perpetration often did not perceive themselves to be perpetrators, or perceive that economic coercion was present in their community. They often did not recognize their own control over household assets as coercive or problematic. Like mentioned above, these men were younger than those who did recognize economic coercion as present in the community.

While most men did not believe that economic coercion was a problem in their communities, most women did, and believed it was wrong. Women told stories of men in their communities having control over all household assets and restricting their wives from contributing to spending decisions. For example, women said that men would take all household income and make a large asset purchase, such as buying a goat, without discussion. This frustrated women who said little money would remain to buy food for the family. Many women also said men used household income to purchase alcohol, which led to disagreements between couples,

Here in the community the cases I have seen that lead to a disagreement between couples is most likely when the man wants to impose upon the money and sources of income they have. Sometimes the women’s opinion isn’t taken into account

and...he buys things that aren't benefiting the household...he buys rum, alcoholic drinks... He'll go and spend it on other things, on himself. (Woman, age 34)

All women cited alcohol abuse as a problem among men in their communities, and a common catalyst for perpetrating other forms of IPV such as physical and emotional violence. One woman said when the family was hungry, her husband would buy alcohol using the limited household income, and then blame her for not supplying enough food for the family. Additionally, women said alcohol increased men's desire to be in control of their wives. One woman said, “[Husbands] decide for their partner and sometimes even prohibit some friendships...they impede her from befriending their neighbors.” (Woman, age 40) Overall, women said that men wanted to control household income because of harmful *machista* norms.

Only one woman said that she had never heard of economic coercion in her community and had previously said that she and her husband had shared household income decision-making. She had heard of and seen men perpetrate emotional violence, such as yelling at and name calling their wives, especially when men were drunk.

5. Influence of Household Decision-Making Practices and Economic Coercion on Preference of Cash or Voucher

Men who did and did not perpetrate economic coercion were split between preference of cash or voucher. Common reasons for preferring cash were that with cash they could choose what to purchase because they would not be restricted to the list provided by WFP. Men said they would like to buy foods outside of the list (such as coffee and sugar), as well as invest in livestock. Additionally, some men were bothered that the voucher was in their wife's name and would prefer cash to have more control over that income. Other men who previously said that they would control cash provided by WFP said that they would prefer to receive the voucher. They said that with a

voucher they were not tempted to buy things that did not help the family, such as alcohol or cigarettes, instead devoting that income to food for the family. One man said that he preferred the voucher, only because he did not trust his wife with cash, “*For me I think that I would prefer that it would be for the market [voucher]...because once you receive [cash]...the women don’t go [about] shopping in the best way.*” (Man, age 55).

A minority of women said that they would prefer to receive the voucher from WFP to purchase food for the family, saying that with a voucher they knew that there would be dedicated money to buy food. These women had also previously said that their husband would control cash from WFP and that their husbands control household income. The voucher provided the women with something they had sole control over and ensured their food security.

The majority of women said that they would prefer to receive cash and had many reasons for this preference. Women discussed hardship accessing the assigned point of sale where the WFP CBT voucher could be redeemed. All women said traveling from their rural communities to the peri-urban supermarket locations was challenging. Women did not own modes of transportation so had to purchase an expensive taxi or bus ticket. The alternative was walking miles on foot. As the supermarket was far away, the shopping trip could take all day. Men did not mention transportation difficulties, likely because many did not go grocery shopping with their wives.

Women who preferred cash said the price of food at the assigned point of sale was much more expensive than food at their local market. Thus, the voucher was not able to purchase as many goods at the WFP point of sale, as compared to a local market,

It’s expensive. Yes, some products are expensive. We have to buy [expensive products] because [WFP is] giving us the voucher...there are places which are cheaper. But where we go with the voucher it’s more expensive. (Woman, age 30)

Like men, women also said that they preferred cash because with it they could buy items that were not included on the list provided by WFP. They were interested in buying coffee and sugar, as well as yarn to knit *mochilas*.

Some women who had experienced economic coercion and who said that their husbands would control cash provided by WFP still preferred receiving cash over a voucher for these reasons.

6. Vouchers Implementation and a Decrease in Intimate Partner Violence

Ten participants said that there had been a reduction in emotional and physical IPV since participating in the WFP CBT program. Five of those participants attributed this reduction to training on community cohesion and unity, which also discussed respecting women. One woman said, *“Before the men were so machista...Now it’s not like that. There are men who go and help in the kitchen, they help with the kids, and that is a change I have noticed since being in the program”* (Woman, age 40). Women who cited this training as the reason for a decrease in violence also had joint or sole decision-making power over household income. Additionally, some women had completed this training four months to one year prior to the interview, indicating that there may be some prolonged effect of lessons learned.

Women whose husbands controlled household income did not cite the community cohesion and unity training as the reason why there had been a reduction in IPV. Instead, this reduction in violence was because women no longer had to negotiate for money to buy food for the family with their husbands. Women were able to use the voucher on their own and with it, ensure that they could provide for the family.

Seven women suggested expanding the community cohesion and unity training to further decrease instances of violence in their community. They suggested that these trainings discuss how

to use productive couple communication to avoid disagreements and teach men how to respect women.

Discussion

To our knowledge, this is the first English written study to assess the relationship between a nutritional CBT voucher program and perceptions of IPV, including economic coercion, within a qualitative sample of Colombian women and men. Findings highlight that participants of the WFP CBT program have unique challenges within the intervention and cultural gender norms including instances of economic coercion and other forms of IPV. An intersectionality perspective was applied to interpret the findings of the study and determine recommendations for WFP (Table 2).

Finding	Intersectionality	Female example quote	Male example quote	Recommendation for WFP CBT Intervention
<p>Men hold the majority of the household income related power, and often control wife's income</p> <p>Men control household assets and wealth</p>	<p>Cultural norms for men to be the head of the household and make all economic decisions</p>	<p><i>“I decide what to buy with the voucher because I'm the one who knows. I'm the one who prepares the food. I'm the one that decides what will be bought.”</i> (Woman, age 40)</p>	<p><i>“I do. I decide [how to spend the household income] in the sense that I am the one who takes the initiative to say “Ok, we have this resource. Let's go shopping so that we can buy everything we need.” [My wife] shares her opinion depending on the household's necessities.”</i> (Man, age 42)</p>	<p>Conduct a formative evaluation to consider community norms related to gendered control of household income and economic coercion, and implement vouchers instead of cash to protect women, or implement cash with extensive gender-rights training</p>
<p>Men control household income</p> <p>Reduction in experience of physical and emotional IPV, no change in economic coercion</p>	<p>Machista cultural norms</p> <p>Low socio-economic status of Wayuu, household food insecurity</p>	<p><i>“There are some [men] that will tell his wife... “I am going to take away your right to my salary this month, I'm not going to give it to you.” ... Imagine if I had to buy something for the children. and so, I ask “why you would want to take that away from me?” If it's because of a motive, then it's okay. But if you are going to take it away for another woman, then no.... There are some wives who accept it and receive [nothing] without saying anything.”</i> (Woman, age 26)</p>	<p><i>“The cases that lead couples to [violence] are that there isn't that dialogue, there isn't that comprehension between partners. When the man...is the one who imposes, he is the one who talks, decides, and when he has some alcoholic drinks in him, [he will] refer to women disrespectfully.”</i> (Man, age 46)</p>	<p>Implement locally-led gender-rights training to increase community cohesion and reduce IPV, including economic coercion</p>

<p>Most women and men preferred cash over a voucher to have autonomy over what is purchased.</p> <p>All women said that travel to the CBT redemption sites was challenging, bus and taxi tickets were expensive.</p>	<p>Cultural norms for women to be in charge of domestic tasks (including redeeming food with the voucher)</p> <p>Wayuu historically oppressed by Colombian government, live far from resources</p> <p>Low socio-economic status of Wayuu</p>	<p><i>“The bad part is that when they send us to the town to [redeem the food], we have to find the way to get there...there are tickets to get there....a ticket to go in car or [bus] the tickets are expensive.”</i> (Woman, age 30)</p>	<p><i>“I would [prefer] cash so that we would look and see the prices [at different points of sale] and choose the cheapest foods”</i> (Man, age 38)</p>	<p>Implement community centered design and community participatory approach for CBT interventions to tailor interventions to meet beneficiaries’ needs</p>
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1. Household Decision-making: Women in Control of Domestic Responsibilities and want more Control of Financial Decisions

Earning household income was evenly split between men and women, however, most women were additionally and solely in charge of domestic responsibilities. For decades, the literature reports that wives perform more household labor than their husbands, and couples perceive this as a fair distribution of work (67-71). Wayuu societal gender norms reiterate this division of labor (20, 25). Women living in La Guajira were primarily responsible for purchasing and preparing food for the family, thus they were the ones who traveled to the assigned supermarket to redeem food and decide what to purchase with the voucher.

Participants highlighted the household division of economic power through discussion of who would control cash provided by WFP and who controlled household income. Cultural norms influenced the majority consensus of the man's responsibility to control household income, including the income that their wives make. Women did not agree with this cultural norm, especially because most participants noted that men in their communities spent household income on alcohol instead of food for the family, leading to disagreements and violence perpetration. These gender gaps in income decision-making and control are seen in the women's financial empowerment literature across Latin American (48, 50, 52).

2. Economic Coersion Present in Communities: Men Control Household Income

Machista gender norms were reflected in participant's perceptions of the presence of IPV in their communities. It was highly normalized and accepted that, as the head of the household, men controlled all income, perpetrating economic coercion when using income in ways that were not agreed upon by the couple. While this reflects Wayuu cultural norms overall, women were less

accepting of economic coercion, sometimes even leaving relationships when husbands controlled income in ways they do not agree with.

When considering IPV with an intersectionality lens, it is also important to consider the low socio-economic status of the participants interviewed. There are relatively consistent associations with poverty and household food insecurity leading to an increase in women's experiences of IPV (72-74). This association is partially due to the increased level of household stress and conflict in those households over the lack of resources (49). Ten participants indicated that since participating in the program, violence has diminished between couples, sometimes attributing that to the reduction in disagreements on how to spend money because money is specifically set aside for food. Before the program, women would disagree with their husbands on how to spend income, and men would spend on alcohol, a common risk factor for perpetration of IPV (75-78). Because women had a voucher to control, they were able to provide food for their family and no longer had to negotiate how to spend income. If cash were provided instead of a voucher, there is more risk that money would be controlled by men, similar to all other household income, reducing women's autonomy.

Other attributions to reduction in IPV stem from the community cohesion and unity training received. This is supported by the literature on the importance of including gender sensitivity programming in financial empowerment interventions (55, 56, 59). Gender transformative training was found to be most productive when implemented among women's and men's only groups or smaller couple pairs (59). Dividing by gender allowed the research to discuss topics that may seem taboo to discuss in front of the opposite gender, and working in couple pairs allowed the intervention to be targeted to a more personal level (59).

3. Form of Transfer Received: Preference for Cash but Voucher is Safer

Most participants indicated that they would prefer to receive cash over a voucher. This is in line with other interventions assessing preference of cash or voucher receipt (8, 45-47). Studies show that the short- and long-term goals of the project should be considered when deciding between cash and voucher implementation. Programs that are implemented over a longer period of time and have the goal to financially empower women will implement cash (used to provide for the family and invest for future financial gain) to propel beneficiaries out of long term poverty (59). Shorter-term interventions, such as the one being assessed, use vouchers which allow for control over what is purchased, increasing the likelihood that participants have improved nutritional intake at endline (8, 59).

In this intervention, CBT beneficiaries traveled far distances to reach the assigned point of sale. Study participants indicated hardship in reaching the supermarkets and paying for transportation fares. While it is more feasible for WFP to partner with larger supermarkets than small informal markets closer to communities, it is less feasible for participants to access the voucher's benefits. The hardship beneficiaries have accessing grocery stores is magnified by the low socio-economic status of the group, as well as the historic maltreatment from the government in providing services (basic infrastructure such as paved roads, public transit) to the region (18, 21, 24, 65).

4. Limitations and Strengths of the Study

There were several study limitations. The first author, a Caucasian American, was culturally and ethnically different from the participants. Additionally, the researcher identified as a member of the WFP staff. The first author may have been perceived as a powerful figure who could control the amount of aid distributed by WFP. Participants may have felt that in order to

receive further aid from WFP, they needed to provide agreeable answers, not sharing their true opinions and experiences. Additionally, the female gender of the first author may have biased the men's responses to questions about IPV. Finally, the first author was not fluent in Spanish, thus was not able to fully probe participants. Only qualitative interviews were collected, which were interpreted with the consideration of literature, but a full triangulation of data (with focus groups or surveys) was not able to be completed in the data collection timeline. Finally, due to restrictions in budget and time, member-checking of results with those interviewed was not feasible.

The study did have notable strengths, including ongoing communication with both qualitative methodology experts, as well as Wayuu and Colombian cultural experts. Additionally, strong qualitative methods were employed including implementing pilot interviews to adjust the interview guide and conducting an intercoder reliability assessment.

5. Implications for Future Research

Opportunities for future research include further evaluating a CBT nutrition program to assess possible impact on IPV through a quasi-experimental design, where one-third of the participants receive cash, one-third receive a voucher, and one third acts as a comparison group. Outcomes to assess include: 1) nutritional uptake and reduction in malnutrition; 2) gendered decisions on how the voucher, cash, and household income are spent; 3) assessment of knowledge gained and shift in norms after completion of any training; and 4) impact of intervention on experiences of IPV and economic coercion. Qualitative and quantitative methods should be employed to gather both the in-depth perceptions and experiences of participants, and also to quantitatively assess program effectiveness.

7. Implications for CBT Intervention Programs

Several intervention strategies emerge from these findings. It is recommended that CBT intervention designers employ a community participatory design when developing intervention strategies for new populations. This begins by developing a relationship with the community and working with community members to create or adapt the CBT intervention to best fit the community needs. In this study, that may include allowing beneficiaries to use the voucher at markets closer to their community or providing a transit benefit to reach a farther point of sale. The community participatory design may lead to an increase in community ownership of the intervention as well as any evaluation that may occur.

In the formative phase, staff could consider community norms related to gendered division of control of household income. If husbands always decide how to spend income, it is likely that they will control cash provided by WFP. Findings show men spent cash on alcohol before spending on food for the family, and that alcohol was a catalyst for perpetration of other forms of violence. If cash were to be implemented there is a risk that more harm is done in the intervention. However, as the current CBT program is only three months, and the main goal is to improve nutrition, vouchers should be implemented and be jointly in the name of the two heads of household to encourage joint decision making.

Many participants noted a reduction in men's perpetration of IPV since the start of the program and attributed this change due to the training on community cohesion and unity. The intervention should continue with this productive training to encourage unity and reduce perpetration of IPV. The training can also encourage women's financial empowerment through lessons on shared decision-making. Additionally, local community members could implement this training to include community buy-in of the norm-shift. As older men often believed that economic

coercion was wrong, they could be trained to implement this training, teaching younger men the benefit women's financial empowerment in their home.

Conclusion

WFP's CBT voucher program empowers beneficiaries to provide much needed, nutritious food for their families. However, CBT programs aimed at reducing malnutrition can influence the familial gender-relations between beneficiaries. The implementation of a CBT program can result in a change of gender norms through financial empowerment of women, including household decision-making and experience and perpetration of IPV. Women's financial empowerment, household decision making, and experiences of IPV should be considered when designing programs to protect and to empower women. Participants of CBT programs will benefit from programs that are designed with a community centered design and that includes culturally appropriate training on gender rights and empowerment.

Chapter 5. Discussion

Summary

This is the first study, to my knowledge, to assess the relationship between a nutritional CBT voucher program and perceptions of IPV, including economic coercion, within a qualitative sample of Colombian women and men living in La Guajira. Findings highlight that participants of the WFP CBT program have unique challenges within the intervention modality and societal gender norms including instances of IPV. An intersectionality perspective was applied to structure the findings of the study in relation to the three study questions (Table 2).

CBT participants had challenges with the existing format of the CBT modality; they would have preferred to receive cash to have greater autonomy in deciding how to spend the money. With cash they would not have to travel to a peri-urban assigned supermarket location to redeem food. This would reduce the cost of transportation and time required to obtain goods using the voucher. Secondly, mostly women were in control of how to use the CBTs to redeem food, as they were the primary decision maker related to food for the family. Their husband made all other financial decisions as they were the head of the household. In some cases, he even decided how to spend his wife's income. Finally, participants discussed IPV in their communities. Most women and men discussed seeing and hearing about men in their communities perpetrating emotional and physical violence against their wives. All participants felt bad for women who were victims of violence. Others, while still feeling bad for women, said that their experience of violence was their own fault for not knowing their rights and how to take care of themselves. Finally, almost everyone interviewed had heard of a case of economic coercion in their community. Participants suggested including more gender transformative and community cohesion and unity training to prevent disagreements between couples and reduce perpetration of IPV including economic coercion.

Findings

Household Decision-making: Women in Control of Domestic Responsibilities and want more Control of Financial Decisions

Earning household income was evenly split between men and women; however, the majority of women were additionally and solely in charge of domestic responsibilities. For decades, the literature reports that wives perform more household labor than their husbands, and couples perceive this as a fair distribution of work (67-71). Wayuu societal gender norms reiterate this division of labor (20, 25). Women living in La Guajira were primarily responsible for buying and preparing food for the family, thus they were the ones who traveled to the assigned supermarket to redeem food and decided what to purchase with the voucher.

Participants highlighted the household division of economic power through discussion of who would control cash provided by WFP and who controlled household income. Cultural norms influenced the majority consensus of the man's responsibility to control household income, including the income that their wives make. Women did not agree with this cultural norm, especially because most participants noted that men in their communities spent household income on alcohol instead of food for the family, leading to disagreements and violence perpetration. These gender gaps in income decision-making and control are seen in the women's financial empowerment literature across Latin American (48, 50, 52).

Economic Coercion Present in Communities: Men Control Household Income

Machista gender norms were reflected in participant's perceptions of the presence of IPV in their communities. It was highly normalized and accepted that, as the head of the household, men controlled all income, perpetrating economic coercion when using income in ways that were not agreed upon by the couple. While this reflects Wayuu cultural norms overall, women were less

accepting of economic coercion, sometimes even leaving relationships when husbands controlled income in ways they do not agree with.

When considering IPV with an intersectionality lens, it is also important to consider the low socio-economic of the participants interviewed. There are relatively consistent associations with poverty and household food insecurity leading to an increase in women's experiences of IPV (72-74). This association is due to the increased level of household stress and conflict in those households over the lack of resources (49). Ten participants indicated that since participating in the program, violence has diminished between couples, sometimes attributing that to the reduction in disagreements on how to spend money because money is specifically set aside for food. Before the program, women would disagree with their husbands on how to spend income, and men would spend on alcohol, a common risk factor for perpetration of IPV (75-78). Because women had a voucher to control, they were able to provide food for their family and no longer had to negotiate how to spend income. If cash were provided instead of a voucher, there is more risk that money would be controlled by men, similar to all other household income, reducing women's autonomy.

Other attributions to reduction in IPV stem from the community cohesion and unity training received. This is supported by the literature on the importance of including gender sensitivity programming in financial empowerment interventions (55, 56, 59). Gender transformative training was found to be most productive when implemented among women's and men's only groups or smaller couple pairs (59). Dividing by gender allowed the research to discuss topics that may seem taboo to discuss in front of the opposite gender, and working in couple pairs allowed the intervention to be targeted to a more personal level (59).

Form of Transfer Received: Preference for Cash but Voucher is Safer

Most participants indicated that they would prefer to receive cash over a voucher. This is in line with other interventions assessing preference of cash or voucher receipt (8, 45-47). With cash, participants can choose to buy whatever they want, and would not be restricted to a list. The participants in this study discussed wanting to buy sugar, coffee, or invest in their businesses including buying livestock or yarn for artisan work.

When considering whether to implement cash or a restricted value voucher, implementers should consider findings from the literature. Generally, cash was implemented with the primary purpose of establishing financial empowerment, allowing women to have decisions in how to invest for their families, and to propel beneficiaries out of long term poverty (45, 59). These programs were also implemented over a longer period (45, 59). Voucher programs were implemented with the purpose to improve upon a family's nutrition (8, 46). These programs were often shorter-term, like the current WFP CBT intervention time span of three months (8, 46). Vouchers allow for control over what is purchased, increasing the likelihood that participants have improved nutritional intake at endline (8, 59).

In this intervention, CBT beneficiaries traveled far distances to reach the assigned supermarket. The hardship beneficiaries had accessing grocery stores is exemplified by the low socio-economic status of the group, as well as the historic maltreatment from the government in providing services (basic infrastructure such as paved roads, public transit) to the region (18, 21, 24, 65). The literature suggests that travel to receive or redeem cash, a value voucher, and in-kind food donation can be taxing on beneficiaries (46). Participants in the literature and in the WFP CBT study have to pay out-of-pocket expenses for transportation tickets (46). Study participants indicated hardship in reaching the supermarkets and paying for transportation fares. While it is

more feasible for WFP to partner with larger supermarkets than small informal markets closer to communities, it is less feasible for participants to access the voucher's benefits.

Limitations and Strengths

The findings of this study should be viewed considering several limitations. The researcher, a Caucasian American, was culturally and ethnically different from the participants. The researcher identified as a member of WFP staff, as the community trusted WFP and invited WFP to conduct this study. In interviews conducted with an interpreter, the interpreter was a known WFP staff member who worked to implement the WFP CBT program. The interviewer and interpreter thus may have been perceived as powerful figures who could control the vouchers distributed by WFP. As the beneficiaries being interviewed were a vulnerable population who relied on the vouchers to bring their families out of malnutrition, participants may have reported biased information. Participants may have felt that in order to receive further aid from WFP, they needed to provide agreeable answers, not sharing their true opinions and experiences. Additionally, the researcher and interpreter being female may have biased the men's responses to questions about IPV. Finally, the researcher was not fluent in Spanish, thus was not able to fully probe participants.

Purposive selection of participants restricts the ability to generalize findings to other CBT interventions and even other WFP CBT beneficiaries in Colombia. This study included interviews with Wayuu identifying people as well as two Afro-Colombian/mestizo participants. Those who did not identify as Wayuu were not well represented in the data. As their sample was small, the researcher was not able to compare responses across ethnic groups.

Additionally, only qualitative IDIs were collected. The results from the interviews were interpreted with the consideration of literature and the intersectionality framework, but a full triangulation of data (with focus groups or surveys) was not possible, given time constraints.

Finally, due to restrictions in budget and time, member-checking of results with those interviewed was not feasible.

While results should be viewed considering study limitations, this study also had several strengths. The researcher used knowledge, input, and feedback from experts in the field. This includes feedback from qualitative methodological and analysis experts, as well as Wayuu and Colombian cultural experts and community members. Additionally, strong qualitative methods were used for data collection and analysis including pilot testing the interview guide, using an interactive and inductive research process, which allowed for changes to the guide and research questions based on participant data. Once a codebook was developed, intercoder reliability was assessed with two additional qualitative researchers to establish consistency with data coding and develop a final codebook. Finally, to our knowledge, this is the first rapid assessment of the modality preferences and gender-relation impact of a CBT program implemented among Wayuu communities in La Guajira, Colombia.

Implications for Future Research

Opportunities for future research include further evaluating a CBT nutrition program to assess possible impact on IPV through a quasi-experimental design, where one-third of the participants receive cash, one-third receive a voucher, and one third acts as a comparison group. Outcomes to assess include: 1) nutritional uptake and reduction in malnutrition; 2) gendered decisions on how the voucher, cash, and household income are spent; 3) assessment of knowledge gained and shift in norms after completion of any training; and 4) impact of intervention on experiences of IPV and economic coercion. Qualitative and quantitative methods should be employed to gather both the in-depth perceptions and experiences of participants, and also to quantitatively assess program effectiveness.

Implications for Programs and Global Health and Development Implementing Organization Policy

Several intervention strategies emerge from these findings. It is recommended that CBT intervention designers employ a community participatory design when developing intervention strategies for new populations. This could include formative research such as interviews with community leaders to best identify the most feasible modality of the CBT as well as possible opportunities for economic coercion. With the community involvement, it is likely that the intervention implemented would best suit community needs, thus increase the likelihood of positive results. Additionally, the community would gain ownership over the project and want to see the program succeed (79).

In the formative phase, staff could consider community norms related to gendered division of control of household income. If husbands always decide how to spend income, it is likely that they will control cash given to them from WFP. Findings show men will spend cash on alcohol before spending on food for the family. If a cash modality were to be implemented, a comprehensive gender training should be employed to shift norms and encourage women's financial empowerment. However, as the current CBT program is only three months long, and the main goal is to improve nutrition, restricted vouchers should be implemented as they only allow for participants to purchase specific foods. Restricting the vouchers to only nutritious foods will encourage increase in food security by endline.

Many participants noted a reduction in disagreements between couples and men's perpetration of IPV since the start of the program and attributed this change to the training on community cohesion and unity. The intervention should continue with this productive training to encourage unity and reduce perpetration of IPV. Additionally, specific gender-transformative training should be implemented with separate gender groups or in couple pairs. This training has

the potential to shift both men's and women attitudes about gender norms, and no longer believe or accept IPV (80-82). Gender transformative training should include lessons on the importance of sharing responsibility for household income and assets (80).

The findings and recommendations presented should be considered in making program intervention development policy changes. For example, WFP Colombia intervention designers should include community participatory action in the development and evaluation of nutrition interventions. All interventions should have a policy to consider gender-impact of all intervention strategies and designs.

Conclusion

CBT value voucher programs empower beneficiaries to provide much needed, nutritional food for their families. Over the course of receiving this intervention, beneficiaries and their families are overall grateful that they were able to afford food for their families, but have challenges accessing that food.

CBT programs aimed at reducing malnutrition can influence the familial gender-relations between beneficiaries in the same household. The implementation of a CBT program can result in a change of gender norms through financial empowerment of women, including household decision-making and experience and perpetration of IPV. Women's financial empowerment, household decision making, and experiences of IPV should be considered when designing programs to protect and to empower women. Participants of CBT programs will benefit from programs that are designed with a community centered design and that includes culturally appropriate training on gender rights and empowerment.

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Appendix A: Demographic Information

ID number	Ethnicity	Gender	Municipality	Age	Interpreter	Length of interview	Time they received their first voucher	Source of income
M01	Wayuu	Male	Riohacha	55	N	28 min	1 year	Manual labor
M02	Wayuu	Male	Uribia	38	Y	65 min	8 month	Fishing
M03	Wayuu	Male	Uribia	71	Y	49 min	2 months	Livestock goats
M04	Wayuu	Male	Maicao	56	N	30 min	1 week	Artisan
M05	Wayuu	Male	Uribia	69	N	44 min	1 month	Cut wood for roofing
M06	Wayuu	Male	Maicao	42	Y	36 min	1 month	Cut wood for roofing
M07	Wayuu	Male	Maicao	32	N	59 Min	1 month	Moto taxi, mechanic
W01	Wayuu	Female	Riohacha	25	N	53 min	1 year	Artisan
W02	Wayuu	Female	Uribia	40	Y	40 min	8 month	Fishing, artisan, manual labor
W03	Wayuu	Female	Uribia	51	Y	33 min	2 months	Artisan, manual labor
W04	Wayuu	Female	Maicao	50	Y	30 min	1 week	Artisan
W05	Wayuu	Female	Uribia	30	N	31 min	1 month	Artisan
W06	Wayuu	Female	Maicao	26	N	63 min	2 months	Artisan
W07	Wayuu	Female	Manaure	34	Y	44 min	4 months	Artisan
W08	Wayuu	Female	Manaure	40	Y	40 min	3 months	Artisan
W09	Afro-Colombian/ Mestiza	Female	Dibulla	62	N	32 min	6 months	Farmer
W10	Afro-Colombian/ Mestiza	Female	Dibulla	58	N	31 min	6 months	Farmer

Appendix B: Interview Guide, English

Understanding the Relationship Between an Electronic Cash-Based Transfer Program and Intimate Partner Violence in Colombia: An Observational Study

Hello, my name is Elizabeth Menstell. I am doing research with the World Food Programme (WFP). We have come to your community to invite you to be in a new study. In this study, we would like to learn about your experience taking part in WFP's electronic cash-based transfer program. Also, we would like to ask you questions about how you spend the cash-transfer money, your household, and your relationship with your partner. We would like to talk with you for about one hour.

During the interview, if you feel comfortable, I would like you to share your personal experiences, perspectives, and opinions on the topics that we discuss. Your opinions are very valuable to me and I'm here to learn from you. There are no right or wrong answers.

Taking part in this study is completely voluntary. You can choose not to be interviewed at all, and if you do agree to be interviewed, you can stop the interview at any time if you wish or skip any questions that you don't want to answer. Also, after finishing the interview, you can change your mind about some, or all of your answers being included in the study. If that is what you want, it is not a problem.

Sometimes people are worried about the privacy of the information they share. I want to assure you that all of your answers and your name and address will be kept confidential. We will not share your answers with anyone you know or government officials.

To secure your privacy, instead of using your name we will use a study number, your initials, or a made-up name on study forms, where we can. Your name and other information that might identify you will not appear when we present this study or publish its results. Any information that might identify you will be kept separate from your answers, and your answers will be kept in a locked room or cabinet for use only by the study team.

The actual name and addresses will be used only to reach you in follow up studies. You will be included in those studies only with your agreement. While I have a plan to keep your responses secret, there is a small risk that confidentiality and anonymity won't be able to be kept.

Do you have any questions about what I just explained?

Do I have your permission to interview you?

If they agree, write their name here:

Do I have your permission to tape-record our conversation? Your answers are very valuable, and I do not want to lose any information.

If they agree to the recording, write their name here:

—

Can a member of the WFP staff contact you in the future for other research studies?

If they agree to be contacted in the future, write their name here:

Do you have any questions for me before we get started?

Thank you for agreeing to participate in this interview. I am going to start the recording.

BEGIN RECORDING

Opening Questions

First, I'd like to start by asking you about how you became involved with the cash-transfer program.

1. When were you identified as a beneficiary of the WFP CBT program?
 - a. How long have you been receiving the cash-transfers from WFP?
2. Other than the cash-transfer, what is your family's source of income?

GOAL 1: Understand the cost effectiveness of the transfer – Cash vs. Voucher

Now, I am going to ask you questions about your preferences on how you receive the voucher from WFP.

3. What do you think of the market that you are assigned to purchase food using the voucher?
 - a. Would you be able to purchase the same food at a cheaper price at a different market?
4. Through this program you receive a voucher to purchase specific foods at a specific market. Would you prefer to receive cash instead of a voucher from WFP?
5. What are the benefits of receiving cash instead of a voucher?
 - a. How would you prefer to be given the money? (for example: in cash delivered directly to you, through a bank)
 - b. Who would use the money, you or your partner?
 - c. Would it be difficult or easy to negotiate how to spend the cash with your partner?
6. What are the benefits of receiving a voucher instead of cash?
7. If you received cash instead of a food voucher from WFP, what kinds of things would you buy or do with the money?
 - a. What would you buy other than food?
 - b. Would you put the money into savings?

GOAL 2: Understand how decisions are made between the couple on cash-transfer redemption

Now, I will ask you questions about the training you received, how the transfers are administered in your household and how you and your partner make decisions about how to use the cash-transfer.

8. Did you receive training from WFP?
 - a. What topics did you discuss in the WFP training?
9. What did you talk about in the training that you participated in to receive the cash-transfer?
 - a. Did your partner also attend the training?
10. What changed in your household after participating in the training?
11. Who in your home goes to the store to buy food? Why?
12. Usually, who in your home redeems the CBTs?
 - a. If they typically buy the food – What are instances when your partner will buy food instead of you?

- b. If their partner typically buys the food – What are instances when you will buy food instead of your partner?
- 13. How does the household decide which foods to purchase with the money from the cash-transfer?
 - a. How do you feel about how the decision is made?
- 14. Who typically decides what to buy with the cash-transfer?
 - a. If they make the decision - Why do you make the decision, instead of your partner? Do you consult anyone before you make the decision?
 - b. If the partner makes the decision - Why do they make the decision? What do you think about the decisions you partner makes? What do you do if you don't agree with their decisions? Why?
 - c. If the decision is shared – Why do you make the decision together? What do you do if you disagree?
- 15. How satisfied or dissatisfied are you with how your family makes decisions related to the cash-transfer? Why?
 - a. If dissatisfied – What changes would make you more satisfied?
- 16. Who decides how to spend the other household income? (money for the household that is different from the CBTs)
 - a. If they make the decision - Why do you make the decision? Do you consult anyone before you make the decision?
 - b. If the partner makes the decision – Why do they make the decision? What do you think about the decisions you partner makes? What do you do if you don't agree with their decisions? Why?
 - c. If the decision is shared – Why do you make the decision together? What do you do if you disagree?

GOAL 3: Identify potential negative impacts of cash-transfer at the household level (including IPV)

Now I'm going to ask about the relationship between men and women in your community because I want to understand the impact of intimate relations on men's and women's health. Answering my questions is completely voluntary and that if you feel uncomfortable about the questions or prefer not to answer some or all of the questions that is ok. Please feel completely free to let me know what you want to say or talk about. Your answers are very important to me and there are no right or wrong answers, so you can tell me what you think and feel.

- 17. What sorts of household decisions do couples in your community generally disagree about?
- 18. What are other common things that couples in your community disagree or argue about?
 - a. What kind of disagreements do couples have about money?
 - b. What kind of disagreements do couples have related to the cash-based transfer that you receive from WFP?
- 19. In your community, what happens when there is a disagreement between a couple?
 - a. How does the couple solve the disagreement?

20. Among couples who have participated in the cash-based transfer program, have there been more, less, or the same amount of disagreements since before participating in the cash transfer program?
21. How do you feel when you see a man threaten or insult a woman?
 - a. Why do you feel this way?
 - b. Why do you think it happens?
 - c. How common is this in your community?
 - d. Since starting the cash transfer program, has there been more, less, or the same amount of threats and insults towards women in your community?
22. How do you feel when you see a man hitting a woman in your community?
 - a. Why do you feel this way?
 - b. Why do you think this happens?
 - c. How common is this in your community?
 - d. Since starting the cash transfer program, has there been more, less, or the same amount of men hitting women in your community?
23. How did you feel about men who force their partner to have sexual relations?
 - a. Why do you feel this way?
 - b. Why do you think this happens?
 - c. How common is this in your community?
 - d. Since starting the cash transfer program, has there been more, less, or the same amount of forced sex in your community?
24. Has there been any woman from your family, a friend, or a neighbor who has told you that her partner has threatened to take away her economic support, like her money, property, or something else important?
 - a. How do you feel when you have been told this?
 - b. Why do you think about these situations?
 - c. How common is this in your community?
 - d. Since starting the cash transfer program, has there been more, less, or the same amount of threats toward economic support in your community?
25. What other changes have you seen in the relationships of couples in your community since starting the cash-transfer program?
26. What are ways couples can prevent these types of situations from happening in their homes?
27. Is there anything else you would like to add that we have not talked about?

Closing

Thank you very much for your trust and for sharing these experiences that are so personal, I really appreciate it. Do you have any questions for me or concerns?

Thank you so much for your time and responses. We are done with the interview. If you think of any questions after I leave, please contact Patricia Nader from the research team at the following phone number +57-1-3460611 Ext. 2630 or email address patricia.nader@wfp.org.

Appendix C: Interview Guide, Spanish

Comprender la relación entre un programa electrónico de transferencias basadas en efectivo y la violencia de pareja en Colombia: un estudio observacional

Hola, mi nombre es Elizabeth Menstell. Estoy trabajando en una investigación con el Programa Mundial de Alimentos o PMA y vengo a su comunidad para invitarle a participar en una investigación sobre su experiencia con la modalidad de transferencias basadas en efectivo entregada por el PMA, en este caso, bonos. En esta entrevista me gustaría preguntarle por ejemplo sobre cómo utiliza los beneficios del bono y qué impacto tienen en su hogar. La entrevista se demorará aproximadamente una hora.

Durante la entrevista, y si usted se siente cómodo(a), quisiera que compartiera conmigo sus experiencias personales, perspectivas y opiniones sobre los temas que vamos a discutir. Sus opiniones son muy valiosas para mí y estoy aquí para aprender de usted. No hay respuestas correctas o incorrectas.

Aceptar tomar parte en esta investigación es completamente voluntaria. No tengo ningún problema si usted me dice que no quiere ser entrevistado. Si acepta ser entrevistado, quiero que sepa que puede parar la entrevista en cualquier momento o dejarme saber si prefiere no responder alguna de las preguntas. Además, también puede dejarme saber si después de terminar la entrevista cambia de opinión acerca de que algunas o todas sus respuestas sean incluidas en la investigación. Si es esto lo que desea no es problema hacerlo.

A veces las personas están preocupadas sobre la privacidad de la información que comparten. Quiero asegurarle que todas sus respuestas, su nombre y dirección se mantendrán bajo confidencialidad. No compartiré su información privada y respuestas con ninguna persona que usted conozca ni con oficiales del gobierno.

Para asegurar su privacidad en vez de utilizar su nombre utilizaremos un número relacionado con la investigación, sus iniciales o un nombre inventado en los formularios del estudio. Esto será hecho en la medida de lo posible. Su nombre y otra información que pueda identificarlo(a) no aparecerán cuando se presenten o se publiquen los resultados de esta investigación. Cualquier información que pueda identificarlo(a) se va a guardar separada de sus respuestas. Toda la información que recojamos de las entrevistas se guardará en un lugar seguro y bajo llave de requerirse; solo el equipo de investigación tendrá acceso a esta información.

Su nombre y su dirección reales se usarán solo para contactarlo de nuevo en caso de que quisiera participar en futuros estudios de seguimiento. Usted será incluido en esos futuros estudios solo si primero da su consentimiento después de que se le contacte de nuevo.

Aunque nuestro estudio tiene planeado mantener en secreto sus respuestas, quiero dejarle saber que de todos modos siempre existe un pequeño riesgo de que no se pueda mantener la confidencialidad y el anonimato.

¿Tiene alguna pregunta sobre lo que le acabo de explicar?

Después de haberle explicado sobre la entrevista y sobre su participación en ella, quiero preguntarle algo más:

¿Tengo su permiso para entrevistarlo(a)?

Si está de acuerdo con la entrevista, escriba el nombre aquí:

¿Tengo su permiso para grabar nuestra conversación? Sus respuestas son muy valiosas y no quiero perder ningún dato de información.

Si está de acuerdo con la grabación, escriba el nombre aquí:

¿Puede un miembro del personal del PMA contactarlo en el futuro para realizar estudios de seguimiento?

Si está de acuerdo con una entrevista en el futuro, escribe el nombre aquí:

¿Tiene alguna pregunta antes de que comencemos?

Gracias por aceptar participar en esta entrevista. Voy a comenzar la grabación.

Preguntas de inicio

Primero, me gustaría comenzar preguntándole cómo inicio su participación en el PMA.

1. ¿Cuándo fue identificada(o) como beneficiaria(o) para recibir bonos alimentarios condicionados a capacitación?
 - a. ¿Cuánto tiempo hace que se está beneficiando de los CBT del PMA?
2. Además del bono alimentario, ¿qué otra fuente de ingresos tiene su familia?

OBJETIVO 1: Comprender el costo efectivo de las transferencias basadas en efectivo

Ahora, voy a hacerle preguntas sobre su percepción y preferencias al momento de recibir el bono del PMA.

3. ¿Qué piensa del supermercado que tiene asignado para redimir los alimentos usando el bono?
 - a. ¿Sería capaz de adquirir los mismos alimentos a un precio más bajo en un supermercado diferente?
4. A través de este programa, usted recibió un bono para redimir alimentos específicos en un supermercado específico. ¿Preferiría recibir dinero en efectivo en lugar de un bono alimentario del PMA?
5. ¿Cuáles serían los beneficios de recibir dinero en efectivo en lugar de un bono?
 - a. ¿Cómo preferiría que le entregaran el dinero? (por ejemplo: en efectivo entregado directamente al beneficiario, a través de un banco)
 - b. ¿Quién daría uso al dinero, usted o su pareja?
 - c. ¿Sería difícil o fácil negociar cómo gastar el efectivo con su pareja?
6. ¿Cuáles son los beneficios de recibir un bono en lugar de dinero en efectivo?
7. Si recibiera dinero en efectivo en lugar de un bono para alimentos del PMA, ¿qué tipo de cosas compraría o haría con el dinero?
 - a. ¿Qué compraría aparte de la comida? Mencione sus tres prioridades
 - b. ¿Ahorraría alguna parte?

OBJETIVO 2: Comprender cómo se toman las decisiones entre la pareja sobre cómo redimir el bono.

Ahora, voy a preguntarle sobre la capacitación que recibió, cómo se administran el bono en su hogar, y cómo usted y su pareja toman decisiones sobre su uso.

8. ¿Recibió capacitación de PMA?
 - a. ¿Qué temas discutió en la capacitación de PMA?
9. ¿De qué se trató en la capacitación en la que participó para recibir los bonos del PMA?
 - a. ¿Su pareja también asistió a la capacitación?
10. ¿Qué cambió en su hogar después de participar en la capacitación?
11. ¿Quién es su hogar va a la tienda a comprar comida?
12. ¿Usualmente quién en su hogar redime el bono? ¿Por qué es esa persona la que redime?
 - a. *Si por lo general usted es la que redime los alimentos:* ¿en qué casos su pareja redime los alimentos en vez de usted?
 - b. *Si su pareja típicamente compra los alimentos:* ¿en qué casos es usted el(la) que redime los alimentos en vez de su pareja?

13. ¿Cómo se decide en su familia qué alimentos se van a redimir con bonos?
 - a. ¿Cómo se siente sobre cómo se toma la decisión
14. ¿En su relación de pareja, quien es el que casi siempre decide lo que se redime con los bonos?
 - a. *Si el entrevistado toma la decisión:* ¿por qué es usted el(la) que toma la decisión en vez de su pareja? ¿Le pregunta a alguien más, antes de tomar la decisión de cómo redimir lo que corresponde al bono?
 - b. *Si la pareja del entrevistado(a) toma la decisión:* ¿por qué es su pareja el(la) que toma la decisión casi siempre? ¿Qué piensa sobre las decisiones que toma su pareja de cómo utiliza el bono? ¿Qué hace si no está de acuerdo con la forma en que su pareja redimió el bono? ¿Por qué?
 - c. *Si la decisión es compartida:* ¿por qué toman la decisión juntos? ¿Qué hace cuando no está de acuerdo con su pareja en cómo redimir el bono?
15. ¿Está satisfecho(a) con la forma en que su familia toma decisiones sobre cómo redimir el bono? ¿Por qué?
 - a. *Si no está contenta:* ¿qué cambios lo harían sentir satisfecho(a)?
16. ¿Quién decide cómo gastar los otros ingresos del hogar (el dinero para el hogar que es diferente del que recibe a través de los bonos)?
 - a. *Si el entrevistado toman la decisión:* ¿por qué es usted el(la) que toma la decisión en vez de su pareja? ¿Le pregunta a alguien más antes de tomar la decisión de cómo gastar otros ingresos?
 - b. *Si la pareja del entrevistado(a) toma la decisión:* ¿por qué es su pareja la que toma el(la) decisión casi siempre? ¿Qué piensa sobre las decisiones que toma su pareja de cómo utilizar la plata de otros ingresos? ¿Qué hace si no está de acuerdo con la forma en que su pareja gasto otros ingresos? ¿Por qué?
 - c. *Si la decisión es compartida:* ¿por qué toman la decisión juntos? ¿Qué hace cuando no está de acuerdo con su pareja en cómo gastar otros ingresos?

Objetivo 3: Identificar los impactos negativos potenciales de los bonos a nivel de hogar (incluyendo violencia intrafamiliar [IPV])

Ahora voy a preguntarle acerca de la relación entre hombres y mujeres en su comunidad porque quiero entender el impacto del programa de los bonos en las relaciones íntimas de las parejas y en la salud de hombres y mujeres. Responder mis preguntas es completamente voluntario y si se siente incómodo con las preguntas o prefiere no contestar algunas o todas las preguntas, está bien. Por favor, siéntase completamente libre de decirme qué quiere decir o sobre qué hablar. Sus respuestas son muy importantes para mí y no estoy aquí para juzgar (whoes-gar) lo que me diga, quiero que se sienta libre de decirme lo que realmente piensa y siente.

17. ¿Cuáles son las decisiones del hogar en las que casi siempre están en desacuerdo las parejas que usted conoce en su comunidad?
18. ¿Hay otras causas en las que casi siempre están las parejas en desacuerdo o por las cuales discuten?
 - a. ¿Qué tipo de desacuerdos tienen las parejas sobre el dinero?

- b. ¿Qué tipo de desacuerdos tienen las parejas con los bonos que recibe del PMA?
19. En su comunidad, ¿qué sucede cuando hay un desacuerdo o pelea entre una pareja?
- a. ¿Cómo lo resuelven?
20. De lo que usted tiene conocimiento, entre las parejas que han recibido bonos alimentarios del PMA, ¿ha habido más, menos o la misma cantidad de peleas o desacuerdos desde que participan en el programa de los bonos?
21. ¿Cómo se siente cuando ve a un hombre amenazar o insultar a una mujer?
- a. ¿Por qué se siente así?
- b. ¿Por qué cree que esto ocurre?
- c. ¿Qué tan común es esto en su comunidad?
- d. Desde que comenzó la entrega de los bonos en su comunidad, ¿han habido más, menos o la misma cantidad de hombres que amenazan o insultan a mujeres en su comunidad?
22. ¿Cómo se siente cuando ve a un hombre golpeando a una mujer?
- a. ¿Por qué se siente así?
- b. ¿Por qué cree que esto ocurre?
- c. ¿Qué tan común es esto en su comunidad?
- d. Desde que comenzó la entrega de los bonos, ¿han habido más, menos o la misma cantidad de hombres golpeando a mujeres en su comunidad?
23. ¿Cómo se siente con respecto a los hombres que obligan a su pareja a tener relaciones sexuales?
- a. ¿Por qué se siente así?
- b. ¿Por qué cree que esto ocurre?
- c. ¿Qué tan común es esto en su comunidad?
- d. Desde que comenzó el programa de los bonos, ¿han habido más, menos o la misma cantidad de sexo obligan en su comunidad?
24. ¿Ha habido alguna mujer de su familia, una amiga o vecina que le haya contado que su pareja la ha amenazado con quitarle su apoyo económico, como por ejemplo el dinero que le da, o alguna propiedad que comparten o alguna otra cosa importante?
- a. ¿Como se siente cuando le han contado esto?
- b. ¿Qué piensa de estas situaciones?
- c. ¿Qué tanto sucede esto en su comunidad?
- d. Desde que comenzó el programa de los bonos, ¿han habido más, menos o la misma cantidad de amenazas para quitar el apoyo económico por parte de los hombres en su comunidad?
25. ¿Qué otros cambios ha visto en las relaciones de las parejas en su comunidad desde que comenzó el programa de los bonos?
26. ¿En su opinión, cuáles son las formas en que las parejas pueden evitar que ocurran este tipo de situaciones en sus hogares?
27. ¿Hay algo más que le gustaría agregar sobre el tema del que hemos hablado?

Conclusión: Muchas gracias por su confianza y por compartir estas experiencias que son tan personales, realmente lo aprecio mucho. ¿Hay algo que quisiera preguntarme?
Muchas gracias por su tiempo y participación. Hemos terminado con la entrevista. Si tiene alguna pregunta después de que yo me vaya por favor contacte a Patricia Nader del equipo de investigación al siguiente número de teléfono +57-1-3460611 Ext. 2630 o a esta dirección de correo electrónico patricia.nader@wfp.org.

Appendix D: Emory Institutional Review Board Letter



EMORY
UNIVERSITY

Institutional Review Board

Date: June 6, 2018

Jamie Gomez
Principal Investigator
*Ethics Center

RE: **Exemption of Human Subjects Research**
IRB00103499
Understanding Conditional Cash Transfer Experiences for Ethnic groups in Colombia:
An Observational Study

Dear Principal Investigator:

Thank you for submitting an application to the Emory IRB for the above-referenced project. Based on the information you have provided, we have determined on **June 4, 2018** that although it is human subjects research, it is exempt from further IRB review and approval.

This determination is good indefinitely unless substantive revisions to the study design (e.g., population or type of data to be obtained) occur which alter our analysis. Please consult the Emory IRB for clarification in case of such a change. Exempt projects do not require continuing renewal applications.

This project meets the criteria for exemption under 45 CFR 46.101(b)(2). Specifically, you will be conducting in-depth-interviews and focus group discussions in Colombia.

- Protocol:
 - CBT_Protocol Guidelines-Sociobehavioral.docx
- Interview Guide:
 - FGD Draft tool eIRB draft_JMG.docx
 - Menstell_BSHE_Colombia_IRB_IDI Tool.docx
- Recruitment materials:
 - CBT Screening Questionnaire.docx
- Consent:
 - IDI_Verbal_ConsentHIPAA.docx
 - Updated FGD_consent_JMG_v3.docx

Please note that the Belmont Report principles apply to this research: respect for persons, beneficence, and justice. You should use the informed consent materials reviewed by the IRB unless a waiver of consent was granted. Similarly, if HIPAA applies to this project, you should use the HIPAA patient authorization and revocation materials reviewed by the IRB unless a waiver was granted. CITI certification is required of all personnel conducting this research.

Unanticipated problems involving risk to subjects or others or violations of the HIPAA Privacy Rule must be reported promptly to the Emory IRB and the sponsoring agency (if any).

In future correspondence about this matter, please refer to the study ID shown above. Thank you.

Sincerely,

Maria-Gracia Beltran, BA
Research Protocol Analyst

This letter has been digitally signed

CC: Ocampo Luisa *Ethics Center
Volper Camille *Ethics Center
Menstell Elizabeth Unassigned Department
Walker Elizabeth *SPH: Behavior Sciences & Health

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An equal opportunity, affirmative action university

Appendix E: Codebook

Code	Memo
Demographics	
Demographics, Age	<p>Definition: The age of the participant</p> <p>Inclusion: Include conversation about the age, including the year that they were born, how they don't keep track of their age, etc.</p> <p>Exclusion: none</p> <p>Example: "62"</p>
Demographics, Children	<p>Definition: The number of children the participant has</p> <p>Inclusion: Include internal or external conversation about the number of children, i.e. conversation about the children who died</p> <p>Exclusion: None</p> <p>Example: "6- no 7"</p>
Demographics, Time in Bono	<p>Definition: The length of time the participant has been a part of the WFP CBT program</p> <p>Inclusion: The date listed in reference to when they started the program, conversation about that date/thinking out loud about the date/etc.</p> <p>Exclusion: none</p> <p>Example: "I: How long ago were you identified as a beneficiary to receive the bonos? P: Three months ago."</p>
Income	
Income, Women's Source	<p>Definition: What women cite as their sources of income or livelihood</p> <p>Inclusion: What men cite as their partner's source of income or livelihoods</p> <p>Exclusion: The man's income</p> <p>Example: "<i>She makes artesanias and commercializes the mochilas.</i>"</p>
Income, Man's Source	<p>Definition: What men cite as their sources of income or livelihood</p> <p>Inclusion: What women cite as their partner's source of income or livelihood</p> <p>Note: <i>women's reports of men's sources of income are likely to be different from men's reports.</i></p> <p>Exclusion: women's income</p> <p>Example: "<i>He is also involved in the artesanias. He makes the boxes, boxes that are also made for artesanias, and he makes them and sells them weekly.</i>"</p>
Point of Sales	
Point of Sales, Cost	<p>Definition: What the participants think of the cost of items at the assigned point of sales or supermarket</p> <p>Inclusion: If the participant thinks they can get the same goods for a different price at a different point of sales, and if people don't think they can get a better price</p> <p>Exclusion: None</p> <p>Example: "<i>nowadays we all know that food is cheaper at other- in the general market, it's at a lower cost, so she is surprised with the price they assign at the sales point.</i>"</p>

Point of Sales, Travel	<p>Definition: What participants think about, or general comments about traveling to get to the assigned point of sale</p> <p>Inclusion: Cost of said travel (i.e. bus fare)</p> <p>Exclusion: None</p> <p>Example: <i>"If you redeem in Migueo, the transportation is more favorable because we that live in the campo, the transportation is easy. To Rioacha- of course, one- the majority went to Rioacha because they were assigned Rioacha. Mhm, its closer. So, the people that live in the campo have it easier to transport themselves to the monte.</i></p> <p><i>I: And do you need to pay more for transportation to Rioacha?</i></p> <p><i>P: Exactly. To Rioacha you have to pay more."</i></p>
Point of Sales, Other	<p>Definition: Other thoughts about the sales point</p> <p>Inclusion: They can be good or bad thoughts/opinions.</p> <p>Exclusion: comments about cost and travel</p> <p>Example: <i>"the sales point, eh has an organization system to go by- since there are various families who go to redeem- they organize them by order of arrival and go dispatching them according to the list that they have- and the service he has received has been good."</i></p>
Cash vs. Voucher	
Cash vs. Voucher, Cash	<p>Definition: Participants who would rather receive cash instead of the bono, and why</p> <p>Inclusion: Include the different reasons why they would prefer to receive cash</p> <p>Exclusion: exclude comments about preferring to receive a voucher or in kind food transfer</p> <p>Example: <i>"that yes, he would like that if they gave cash so that they could look and see by prices and then choose the foods."</i></p>
Cash vs. Voucher, Voucher	<p>Definition: People who would rather receive the bono instead of cash, and why</p> <p>Inclusion: can also include people who would rather receive food in kind</p> <p>Exclusion: people who would rather receive cash</p> <p>Example: <i>"Because when one see's money they can, they can spend it on something else, but instead when you receive the bono (inaudible) for the house, you need to by this for the kid, the kids like this other thing. But when one receives cash a lot of time people say it's bad because one spends on things they shouldn't be spending on. The bono alimentario is convenient for the family"</i></p>
Cash vs. Voucher, Cash delivery	<p>Definition: If they were to get cash instead of the bono, how would they like to receive it, and why</p> <p>Inclusion: through a transfer, directly to them in cash, etc. and why</p> <p>Exclusion: None</p> <p>Example: <i>"if they told him by cash it would be better because they would immediately give it to him but if it were through a bank he would have to wait and make lines until they finally give him that money."</i></p>

Cash vs. Voucher, Use of cash	<p>Definition: If their family were to receive cash - who would decide how to use it and why, who has control of cash</p> <p>Inclusion: include here if they state that both them and their partner would decide how to use it, have control over it</p> <p>Exclusion: None</p> <p>Example: <i>"Her...Because she is the one who knows what foods will be prepared, what type of things are needed in the household. With regards to food, she is the one who always is in charge."</i></p>
Cash vs. Voucher, Do with cash	<p>Definition: If they were to receive cash, what would they do with it, and why</p> <p>Inclusion: whether or not they would save it, the probe answers of what they would do with it besides buying food, and if they state that they will buy food</p> <p>Exclusion: None</p> <p>Example: <i>"she would buy yarn to keep making artesanias and keep on commercializing so that she can make profit to buy more things that are lacking in the household."</i></p>
Cash vs. Voucher, Benefit of bono	<p>Definition: Reasons as to why receiving the bono in the form of a voucher is beneficial, as opposed to cash</p> <p>Inclusion: also code this if they say it is not beneficial and why</p> <p>Exclusion: None</p> <p>Example: <i>"[in the case of] cash where, he says right now but he might invest all of it or use it for something else [besides food]. The benefit of the bono is that everything is already stipulated."</i></p>
Training	
Training, Type	<p>Definition: The type of training that they received</p> <p>Inclusion: training from WFP or any other NGO (ex: nutrition, sanitation and hygiene, etc.), include all training topics mentioned</p> <p>Exclusion: None</p> <p>Example: <i>"how to maintain- to work in a team, to remain united, of taking care of the children, eh, to not mistreat them, to be attentive so they behave well. That's what she remembers."</i></p>
Training, Partner attend	<p>Definition: Whether or not their partner attended the trainings as well, and why</p> <p>Inclusion: If they mention that other people in their family also attend the training</p> <p>Exclusion: None</p> <p>Example: <i>"She is the one who goes alone. He doesn't.... Because he is busy at the house while she is at work. "</i></p>
Training, Change over time household	<p>Definition: How the household has changed due to the trainings</p> <p>Inclusion: How the household has changed over time, good and bad changes, and if they say that nothing has changed.</p> <p>Exclusion: how the community changed</p> <p>Example: <i>"the family, even the children, have grown closer and work as a team. They help her a lot."</i></p>

Training, Change over time community	<p>Definition: How the community has changed due to the trainings</p> <p>Inclusion: How the community has changed over time, good and bad changes, and if they say that nothing has changed.</p> <p>Exclusion: how the household changed</p> <p>Example: <i>"the family, even the children, have grown closer and work as a team. They help her a lot."</i></p>
Decision	
Decision, Go to the store	<p>Definition: Who in the household goes to the store and why</p> <p>Inclusion: can include if they both go to the store</p> <p>Exclusion: None</p> <p>Example: <i>"The two of them go. Between them both they see what foods they are going to get- to buy, First of all, for security. As you know, he says, that nowadays with so many Venezuelans that are in the municipality in this territory. One has to be careful."</i></p>
Decision, What to buy	<p>Definition: How the people in the household decide what to buy at the store with the bono, who has control over the bono</p> <p>Inclusion: who decides, and how that decision is made between the couple</p> <p>Exclusion: None</p> <p>Example: <i>"the decisions are taken between them both. The list is made here, and they do the accounting with the amount that corresponds to them because sometimes they say "No, if I take the decision, I am going to take out a quantity of rice and I will see the money won't last to take out vegetables, fruits, and the other foods. So I have to reduce it and my partner also says "No you have to take less of this to do that" so now we take the decisions and bring the list with us there to redeem."</i></p>
Decision, Bono choice satisfaction	<p>Definition: How the respondent feels about how the decision is made in regards to what to buy with the bono</p> <p>Inclusion: How the respondent feels about how the decision is made in regards to what to buy with the bono</p> <p>Exclusion: None</p> <p>Example: <i>"he feels good because in reality that's something for the household, not for himself alone"</i></p>
Decision, Other forms of income	<p>Definition: Who in the household decides how to spend other sources on income and why, how the couple makes the decision on how to spend other sources of income</p> <p>Inclusion: include if they both decide how to spend the income and if other people in and outside of the family help decide, like children or mother-in-law, include if they do or do not ask anyone else before deciding how to spend the income.</p> <p>Exclusion: None</p> <p>Example: <i>"He takes the initiative now that they are in the program, and receive the food, he sees the other necessities of the household. He says "Well, here is this income- this resource- that I have received from the selling of fish, for example, I am going to buy, for example, if things of the kitchen are lacking- and he comments this to his wife and she too is in agreement."</i></p>

Decision, Disagreement on income	<p>Definition: Include any thought or comments on times when the couple is in disagreement on how to spend the income</p> <p>Inclusion: Can include a description of how or an example of when they were in disagreement about money</p> <p>Exclusion: None</p> <p>Example: <i>"I tell him to not spend on things like that. And he says that we have to because... and, he always, he- likes to spend on more yarn, and when it finishes, sometimes there isn't enough money to buy more. So I tell him "you spent too much money on this instead of this." For example, he always, he does the shopping... and we just stay there. And sometimes, he almost doesn't give like, for the kids, like for anything."</i></p>
Disagreement	
Disagreement, Community General	<p>Definition: examples of decision or areas of disagreement generally seen in their community</p> <p>Inclusion: also code if they have not seen areas of disagreement in the community, and if they talk about personal disagreements</p> <p>Exclusion: None</p> <p>Example: <i>"of what he knows of decisions that have affected the relationships within households, the families in their household, no. And of his own, even less. Up till now things have worked out well with regards to- when they receive the foods."</i></p>
Disagreement, How people in the community disagree about money	<p>Definition: Examples of disagreements couples in their community have about money from income sources</p> <p>Inclusion: can also include personal examples of disagreements about money, also note if they say that there are no disagreements about money</p> <p>Exclusion: Money received through the bono</p> <p>Example: <i>"They don't try to sit down and agree what to do with the money. "What if we do this or what if we do this" He doesn't say that, he says "I am going to do this! I am going to buy this!" and the woman also says "Ay, you're going to spend! You're going to..." and that's why, they start arguing because of that."</i></p>
Disagreement, Bono	<p>Definition: Examples of disagreements couples have in relation to the bono received</p> <p>Inclusion: Can also include statements that they do agree with the bono</p> <p>Exclusion: other types of disagreements</p> <p>Example: <i>"Well, here there hasn't been those type of disagreements. Why? Because they have it clear- because they explained to them that that money, the amount that is received [for the bono], is according to the number of members in the family"</i></p>

Disagreement, Mediators	<p>Definition: Descriptions of couples involving others to help resolve or prevent disputes, others can include elders in the community, their parents, etc. Inclusion: Include question towards the end of the interview Exclusion: None Example: <i>"Even the grandfather tells them- he gives them advice. "No-You don't have to do that. You have to be, like, sit down and fix things". "If you both start fighting, someone could even end up getting hurt." he tells them. They advise them- that's how the community is."</i></p>
Disagreement, Couple Communication	<p>Definition: Descriptions of couples resolving or preventing disputes through communication techniques Inclusion: Include question towards the end of the interview Exclusion: None Example: <i>"when a disagreement occurs, they themselves are in charge of resolving it and talking it out."</i></p>
Disagreement, Other Mgmt. of Disagreement	<p>Definition: Other solutions mentioned to resolve or prevent disagreements - can be instances of violence, solitude, etc. Inclusion: Include question towards the end of the interview Exclusion: code elders, parents, or other people involvement in the 'elder solution' code and talking to resolve disputes in 'couple communication' code. Example: <i>"you can't say anything to women because they get angry, and they cry sometimes. And so, because of that, a discussion starts that "you don't like to be told anything. What do I do to avoid- no, I don't follow it out to reach any extremes. What I do is go to another part of the house. And when I come back, their differences are fixed, the fumes are less"</i></p>
Disagreement, Number since bonos	<p>Definition: Description if there has been more, the less, or the same number of fights and disagreements since the start of the bonos and why. Inclusion: any sort of response, reduced fights, increased fights, or no change Exclusion: None Example: <i>"it has diminished- the fights- because before, like he was saying, he fishes- that's the activity they do and have to feed themselves. Sometimes they didn't make enough. There were days where there was more and he could sell, like there are days where no- there wasn't enough to be able to buy food. Or sometimes when he already sells, he runs into a friend and start drinking his beers or something- the little money that was designated for food, well, is deviated towards that. And so then there are fights and problems in the household, that they were expecting it for the food."</i></p>
Disagreement, Prevention	<p>Definition: how the participant believes disagreements should/could be prevented Inclusion: Prevention Exclusion: How they can be resolved</p>
Emotional Violence	

Emotional Violence, Feel	<p>Definition: Response when asked how the participant feels when they see a man threatening, insulting, or using emotional violence against a women</p> <p>Inclusion: even if they say they don't know or have never seen that, code it</p> <p>Exclusion: economic coercion</p> <p>Example: <i>"I feel uncomfortable because I am not accustomed, like I was telling you now, that I try to fix things somehow. So, it's something like, uncomfortable. I feel- I see the woman's situation who I see the man is insulting, and that-sometimes one doesn't go and question that because those things of couples, one doesn't get in between that." But he does feel like, that he can't do anything to avoid that because it something that, like, you can't intervene in that."</i></p>
Emotional Violence, Why	<p>Definition: Why the respondent thinks emotional violence occurs</p> <p>Inclusion: code it even if they say they don't know, or do not have experience in this topic</p> <p>Exclusion: None</p> <p>Example: <i>"that it could be because there is disrespect in the household, in the couple, or it could be her who disrespect his first. That she talks to him in a way that perhaps he doesn't like, and so he insults her. Because men generally is, eh, machista"</i></p>
Emotional Violence, Common	<p>Definition: Perceptions of how common emotional violence is in their community</p> <p>Inclusion: include if they respond that it is not common at all</p> <p>Exclusion: None</p> <p>Example: <i>" yes, in some families, yes, it's common. Just like in other's it's not, because, one thinks totally different. One is a different world. But in some cases he has seen it is common."</i></p>
Emotional Violence, Bono	<p>Definition: Respondents noting that since the start of the bono program, if there has been the same, more or less emotional violence against women</p> <p>Inclusion: Include if the person does not know, or says no</p> <p>Exclusion: None</p> <p>Example: <i>"It less than before. They have become very conscious with the training they have received. They participates more, at least in the, eh, care of the children. They don't leave the woman all alone because that before- the men had that mentality and would say "That's the responsibility of the mother."</i></p>
Physical Violence	
Physical Violence, Feel	<p>Definition: Response when asked how the participant feels when they see a man using physical violence against a women</p> <p>Inclusion: even if they say they don't know or have never seen that, code it</p> <p>Exclusion: None</p> <p>Example: <i>"[he would] call them out saying "Things don't get solved like that, why don't you sit down with your wife?" That to see hitting is something-something very uncomfortable and he wouldn't feel good seeing a person hitting their wife."</i></p>

Physical Violence, Why	<p>Definition: Why the respondent thinks physical violence occurs</p> <p>Inclusion: code it even if they say they don't know, or do not have experience in this topic</p> <p>Exclusion: None</p> <p>Example: <i>"Well that occurs when the man doesn't, doesn't control his temperament, his character...Because both of them allow it. Because if the woman says- it's the same, if the woman says I- if she controls herself- and says, "Why do I get like this with my mister, its better if I leave." But if she allows it the first or second, that becomes like a custom for him"</i></p>
Physical Violence, Common	<p>Definition: Perceptions of how common physical violence is in their community</p> <p>Inclusion: include if they respond that it is not common at all</p> <p>Exclusion: None</p> <p>Example: <i>"Yes, it's common."</i></p>
Physical Violence, Bono	<p>Definition: Respondents noting that since the start of the bono program, if there has been the same, more or less physical violence against women</p> <p>Inclusion: Include if the person does not know, or says no</p> <p>Exclusion: None</p> <p>Example: <i>"Some men have generated that conscience, that they keep in mind that that's not okay. It has gone down a little since they have left that message, that it brings nothing good, that it harms the children, it harms the coexistence in the household."</i></p>
Sexual Violence	
Sexual Violence, Feel	<p>Definition: Response when asked how the participant feels about sexual violence (a man forcing his partner to have sexual relations)</p> <p>Inclusion: even if they say they don't know or have never seen that, code it</p> <p>Exclusion: None</p> <p>Example: <i>"it is a very uncomfortable situation because he should look and think what is actually happening with my wife. Instead of forcing her, talk to her. So he says it's a very uncomfortable and he doesn't share those- like, that a man shouldn't force a woman to be with him"</i></p>
Sexual Violence, Why	<p>Definition: Why the respondent thinks physical violence occurs</p> <p>Inclusion: code it even if they say they don't know, or do not have experience in this topic</p> <p>Exclusion: None</p> <p>Example: <i>"there is cases where a person incites the other, their partner, and say's look because there are women who don't want to have those type of relations and they make up excuses but, so, the man isn't going to take that. For example, if she says I am sick, I have a headache, the man doesn't take it like that. What comes to his mind? That she is with another person, the she had- and so here in our culture you see a lot of machismo"</i></p>
Sexual Violence, Common	<p>Definition: Perceptions of how common physical violence is in their community</p> <p>Inclusion: include if they respond that it is not common at all</p> <p>Exclusion: None</p> <p>Example: <i>"that is a topic that in a lot of couples happens because of a lot of factors that occur"</i></p>

Sexual Violence, Bono	<p>Definition: Respondents noting that since the start of the bono program, if there has been the same, more or less physical violence against women</p> <p>Inclusion: Include if the person does not know, or says no</p> <p>Exclusion: None</p> <p>Example: <i>"that answer I can't give because I don't know much, like I said."</i></p>
Economic Violence	
Economic Violence, Experience	<p>Definition: Description of an instance of economic violence in their community, this could include a partner threatening to withdraw economic support, for example, the money that he gives her or a property that they share or any other important thing/ recognition of economic coercion</p> <p>Inclusion: Does the participant recognize economic coercion? Or is it normalized?</p> <p>Exclusion: None</p> <p>Example: <i>"he barely worked, he barely brought anything, barley brought money. That's why she said she would go look for work in Rioacha because she couldn't survive in that situation, she couldn't go on being hungry."</i></p>
Economic Violence, Feel	<p>Definition: Response when asked how the participant feels about economic violence (such as a man threatening to withdraw economic support, for example, the money that he gives her or a property that they share or any other important thing)</p> <p>Inclusion: even if they say they don't know or have never seen that, code it</p> <p>Exclusion: None</p> <p>Example: <i>"he doesn't agree with that. It shouldn't be like that, not even when the couple the spouses break up- separate. If they have children, they shouldn't take things anything. They should think "My children are there, they are going to need this, I will give it to them." Like the nutritional assistance, if the woman doesn't have anything, the man should go and give her, if only for them. Like, they don't think about the consequences of it all."</i></p>
Economic Violence, Common	<p>Definition: Perceptions of how common economic violence is in their community</p> <p>Inclusion: times it has happened</p> <p>Exclusion: None</p> <p>Example: <i>"It doesn't happen much more than once like the situation where this happened"</i></p>
Economic Violence, Bono	<p>Definition: Respondents noting that since the start of the bono program, if there has been the same, more or less economic violence against women, the result of economic violence as a result of the bono</p> <p>Inclusion: Include if the person does not know, or says no</p> <p>Exclusion: None</p> <p>Example: <i>"Yes, it has diminished because he says that with the training, one reflects because both of them participate, the man and the woman, both participate in the decisions and they listen to all of it. That it's good they think that way, reflect."</i></p>
How the Bono Helped	

Definition: Respondents noting how the Bono program has helped their life

Inclusion: General statements

Exclusion: None

Example: *"Since it started, there has been that change in each one's life, and that it's like an awakening for them to give the importance of keeping a clean environment, maintaining the care for the children, like, all of those messages they have received has been like an awakening so that they might have the same sense of ownership that doesn't only correspond to the women- the children, but with this we know that we have this present and that it's not just during the program, it's something that will last us all our lives."*

How the Bono
Helped