



SYSTEMS-LEVEL CHANGE EVALUATION BRIEF SERIES ECUADOR

Evaluating System-level change and impact Findings from the evaluation of the Humanitarian Assistance Program (PAH) in Ecuador

Key take aways

- Migrant and refugee GBV survivors have greater ability to escape violent situations and LGBTIQ+ family members are more accepted. Men and women enjoy more equitable relationships.
- Protection and health systems were significantly strengthened for vulnerable migrants, refugees and host communities, improving their access to comprehensive SRH care and case management services.
- Social movements and CSOs were strengthened and had greater impact, which was key to supporting successful systems strengthening and policy advocacy on the rights of refugees and migrants.
- Key policy change successes at local, national and binational level to support migrants and refugees.
- Livelihoods strengthened and businesses created. Highly innovative health financing mechanisms used.
- Program has a significant impact on improving the lives of women, migrants, and LGBTIQ+ communities.

Background

CARE’s ten-year strategy, [Vision 2030](#), seeks to deepen the organizational focus on systems-level change and impact, recognizing that this is essential to expanding CARE’s reach and fulfilling our mission to save lives, defeat poverty and achieve social justice. To support this, CARE launched a systems-level impact initiative to **measure the effect of our programs that have influenced or changed systems, and the impact of this systems-change on people’s lives**. The initiative also increased capacity across the CARE confederation to design, finance and implement high-quality systems change programs, and to strengthen the focus on systems-level change within our Country Office organizational frameworks and strategies. Four CARE Country Offices were selected to evaluate a project or program, and to synthesize the results for national and global learning.

CARE’s pathways for Systems-Level Change

Systems-level change goes beyond the individual-level to achieve positive shifts in the underlying structures and supporting mechanisms which cause interpersonal, community, organizational, institutional, corporate and other systems to operate in particular ways. CARE achieves systems-level change through the cumulative effect of its own and its partners’ programs and actions across multiple systems-level “pathways to scale”, namely: 1) Advocacy to influence policies, programs and budgets of governments and other power holders; 2) Supporting and advancing social and gender norms change; 3) Supporting social movements to take collective action for change; 4) Service system strengthening and citizen social accountability; 5) Inclusive market-based approaches for economic and environmental sustainability; and 6) Scaling and adapting proven models through CARE and our partners, and indirectly with governments, private sector or the social sector. CARE conceptualizes **systems-level impact** as the changes people experience in their lives because of effective systems-level change through these pathways.¹



¹ CARE is focused on systems-level change impacting the lives of people in six different domains (or “impact areas”) – 1) gender equality, 2) right to health, 3) right to food, water, and nutrition, 4) climate justice, 5) women’s economic justice and 6) humanitarian response.

1. Systems-level challenges in Ecuador and Introduction to PAH

Problem: Ecuador is experiencing a significant increase in the flow of Venezuelan migrants and refugees entering the country, driven by a worsening political-economic context in Venezuela.² Those arriving in Ecuador lack basic resources, are highly food insecure and have growing protection and social needs.³ Migrant women and people of diverse sexualities experience discrimination, exploitation and violence during their journey to Ecuador, and local Health Services insufficiently respond to their needs.⁴ Previous policy commitments for greater attention to Venezuelan migrants were dropped after a change of government in Ecuador in May 2021. COVID-19 restrictions led to an 8.9% reduction in GDP across Ecuador, worsening everyone's livelihoods.⁵ CARE's rapid gender analysis (RGA) in 2021 and 2022 found that COVID-19 further increased Venezuelan migrants' risk of violence, sexual exploitation and trafficking, and reduced their access to health, food and livelihoods.⁶

Solution: CARE Ecuador's Humanitarian Assistance Program (PAH) responds to the Protection and Sexual and Reproductive Health (SRH) needs of the Venezuelan migrant population and vulnerable host communities in Ecuador. Created in 2018, PAH is implemented directly through CARE's five in-country offices (in Huaquillas, Ibarra, Manta, Guayaquil and Quito/National) and through partner organizations (see below). PAH activities include psychosocial support, healthcare, gender-based violence (GBV) prevention, multipurpose cash, legal guidance, case management and referrals, accommodation support, outreach activities, creation of support networks, educational awareness campaigns, collaboration with local government and public entities, and supporting education and job opportunities for young people. PAH employs a number of systems-level pathways, including promoting changes in social norms, systems strengthening, promoting social accountability, supporting social movements, implementing inclusive market-based approaches, and policy advocacy.

Expected Outcomes and Impact: PAH seeks to build agency and resilience of vulnerable migrants and host communities and ensure responsible entities address their rights and protection, in order to provide participants with greater wellbeing and self-confidence to overcome their vulnerability. PAH also seeks to changes in relationships, communities, and how systems and structures work for and with this target group.

2. Evaluation questions and methodology

The evaluation aimed to understand whether CARE's Humanitarian Assistance Program has facilitated systems change and impact between 2018-2022. To do so, it sought to explore the following questions. **1) Process:** What did PAH do and how were the systems-level pathways integrated across its activities? **2) Systems-change:** What changes were achieved by PAH through different systems pathways (applying the Vision 2030 pathways to scale framework)? Were there unintended impacts? How did systems-level changes across these pathways reinforce or support each other? **3) Population-wide impact:** Did these systems-level changes result in changes in individual and community level impacts on people's lives? **4) Sustainability:** How sustainable is the impact of PAH's systems-level work in Ecuador?

The evaluation employed the **Outcome Harvesting (OH) methodology** (see box) to answer these questions. Using the OH six steps detailed below, the evaluation harvested data outcomes due to the actions of CARE's Humanitarian Assistance Program (PAH),⁷ the significance of the outcomes and the contributions of the program to the outcomes.

Outcome harvesting is a qualitative participatory approach in which the harvester facilitates the collection of evidence of what has been achieved, and works backward to determine whether and how the project or program contributed (or not) to those changes

² Abuelafia, E. 2020. *Migration in the Andean region: impact of the crisis and expectations in the medium term*: Inter-American Development Bank

³ Ecuador Venezuelan Refugees – ACAPS, [June 2021](#)

⁴ November 2019, a study by ANálisis Rápido de Género in Ecuador

⁵ Central Bank, 2020

⁶ UN Women & CARE Ecuador, Rapid Gender Analysis on the situation of women and gender-sex diverse people: Effects of COVID-19 in Ecuador, May 2022; CARE, July 2021

⁷ Whether there was a change in the behavior, relationships, activities, actions, policies or practices of individual, group, community, organization, or institution with whom a program works directly, Canadian International Development Research Center

Preparatory work (April-May 2022): CARE Ecuador and the evaluation firm were trained on CARE’s systems-level approach and the OH methodology. A matrix was developed to map how different components and actions of PAH related to each of the systems-level pathways. **Step 1. Design the outcome harvest (May 2022):** Existing data sources and actors, organizations, institutions and agents of change to be interviewed across the six systems-level pathways were identified. Specific questions were developed to capture observable or measurable changes during data collection to answer the evaluation questions, taking into account the time and resources available. **Step 2. Gathering data and drafting outcome descriptions (May 2022):** Primary data collection was undertaken, including individual interviews, group interviews, focus group discussions (FGDs), and workshops with those with first-hand knowledge of PAH. Secondary data analysis was undertaken on existing data of changes due to PAH actions. The findings were used to develop preliminary SMART⁸ outcome descriptions for each relevant pathway, which were guided by the following: Whose behavior has changed? What is the observable and verifiable change that can be seen in the individual, group, community, organization, institution or system? How did the change agent contribute to this change?⁹ **Step 3. Engagement with change agents on outcome descriptions (June 2022):** The evaluation team held meetings to present the preliminary outcome descriptions for each pathway to CARE Ecuador and civil society organization (CSO) partners implementing CARE’s PAH projects. Feedback was provided and the outcomes adjusted. **Step 4. Substantiation¹⁰ (June 2022):** The results were presented to other CARE’s partners for external validation of results, resulting in further adaptation and additional outcomes. **Step 5. Analyze and interpret (June-July 2022):** The results were analyzed and interpreted, providing evidence-based answers to the evaluation questions. **Step 6. Support use of findings (July 2022):** Results were shared with CARE Ecuador’s technical team, to strengthen the knowledge, design and fundraising for future systems-level change work. CARE USA hosted a meeting to share the results across the four countries within the initiative.

3. Evaluation findings

The evaluation found the CARE Ecuador PAH program achieved both system-level change and impact. This section explores these achievements by systems-level change, population-wide impact and sustainability.

(i) Systems-level change related to the different pathways

The evaluation identified 22 systems-level changes or outcomes as a result of PAH’s work. These are summarized for each of the systems-level pathways below. Under each pathway a key related outcome description example is provided. The complete outcome descriptions can be found in the full Ecuador evaluation report.



Social norms change (6 outcomes identified)

PAH provided psychological assistance and capacity building workshops to migrant and refugee women survivors of gender-based violence (GBV), increasing **survivors’ self-esteem and self-confidence**, enabling them to escape violent situations with their partners and families. The workshops, "women's therapeutic circles", provided a space for these survivors to come together, increased their capacity to process their suffering caused by various types of violence and migration, reinforced a sense of support and solidarity among them, and helped survivors to feel valued and to challenge sexist practices and GBV (see box). This was complemented by livelihoods support to GBV survivors (see inclusive markets pathway below).

“At one point in my life I was down as a result of the mistreatment of my partner, I thought that the world was falling ... therapy helped me a lot to believe in myself, to love myself as I am and to move on” (*Women in Manta FGD*)

CARE-PAH also created reflection spaces and workshops on positive masculinities (as part of GAC and AFD-funded projects) which have **challenged social norms about masculinity** that promote men’s sole role as the provider, limit their participation in childcare and domestic tasks, grant men privileges, and promote women’s subordination and heteronormativity. The evaluation identified men internalizing the messages from these

⁸ Specific, measurable, achieved, relevant and timely, adapted to the harvest of results. [Outcome harvesting](#)

⁹ Ricardo Willian-Grau and Heather Britt (2013)

¹⁰ Confirmation of the substance of an outcome by an informant knowledgeable about the outcome but independent of the program

workshops and behaving in more egalitarian ways in their homes (see box below). CARE-PAH actions have also **shifted the attitudes of families and communities related to sexual diversity**, leading to greater acceptance of family members who are lesbian, gay, bisexual, transgender, intersex, queer or others (LGBTIQ+). Stories were shared of parents previously assaulting their lesbian daughters when they found out about their sexual orientation, and that psychological assistance from PAH had led to them now valuing and respecting their daughters. PAH further **created spaces for meetings, exchange and participation between migrants and host communities**, which included advice (legal, psychological and protection) and training. This led to an **increase in acceptance of migrants by the host communities**, improving coexistence and creating bonds between these groups.

“We all now have to help at home with the children. When we arrived in Ecuador, survival is different. Here women are employed. We men have changed a lot” (*Focus group member*)

Outcome Description example: social norms change		
Outcome: Men and husbands have changed their attitudes towards gender equality and women’s role, and are more supportive towards sexual diversity. This has led to greater valuing of people as they are, regardless of their differences.	Significance: Prior to the project, social norms reinforced men’s subordination with respect to women and promoted heteronormativity as the dominant and ‘accepted’ paradigm.	Contribution: PAH reflection spaces and training workshops on "new masculinities" supported more equitable visions of relationships between men and women, complemented by economic and cultural changes in Ecuador regarding the need for women to be in paid work.



Strengthening protection and health systems (3 outcomes identified)

Working independently, and together with partners, PAH collaborated with the Ministry of Public Health and local government to **sensitize and build the organizational and technical capacity of national and municipal health officials and medical personnel within primary care units on the needs of migrants and refugees**. These staff increased their understanding on the needs of migrant populations, women survivors of GBV, pregnant and lactating women, infants, LGBTIQ+ people and vulnerable youth, and strengthened their capacities to adapt their services and provide rights-based, gender-sensitive, non-discriminatory care. Officials working on the implementation of the **Minimum Initial Services Package for SRH in Emergencies (MISP)** and the **Community Health Teams** were specifically engaged to ensure they had the necessary attitudes, approaches and tools to improve access for these groups. Clinical protocols were adapted to ensure that methodologies and strategies provided greater attention to supporting treatment of obstetric emergencies, pregnancy, childbirth, postpartum, child malnutrition, and use of family planning, including community referral mechanism for emergency obstetric cases. PAH also **supported laboratory equipment and the provision of medical supplies** in health centers for SRH and STI screenings, pregnancy tests and HIV tests, expanding access to these examinations for adolescents and migrants, including from the LGBTIQ+ community. **Pharmacists were sensitized through information and inductions to deliver medicine to migrants** following a case management analysis and assessment of their medical treatment needs (see inclusive markets pathway). PAH also created a **cross-border approach** to ensure migrants and refugees, pregnant and lactating women, LGBTIQ+ people and survivors on GBV could access comprehensive care across borders. Working with the local governments in Carchi (Ecuador) and Narino (Colombia), PAH developed an “Integral Management Model” to improve access and cross-border referral systems and ensure timely response and continuation of any medical treatment. Vouchers were provided to migrants and refugees to cover the cost of these services. These steps strengthened access to better quality health services and made it possible for **significantly greater numbers of migrants and refugees to use improved care** (see box).

Strengthening the office of gynecology and obstetrics and improving medical diagnoses, has improved the general care for the migrant population of pregnant women and GLBTI+ people, and enabled tolerant and humane treatment based on the recognition of their rights. Around 10-30% of patients at the Huaquillas health center are now migrants (*Health personnel, Huaquillas canton, southern border, Ecuador*)

PAH also strengthened **local protection systems to improve responses to violations of rights to migrants and refugees, including ensuring adequate case management**. PAH developed four modules to support protection systems, focused on migrants, GBV, human trafficking and technical regulations. Using these modules, CARE provided training to build the capacity of councils, prosecutors’ offices, police stations, the Human Rights Secretariat, the Ministry of Foreign Affairs and Human Mobility, specialized judicial units (on violence against women and the family) and political leaders, so they knew and applied rights-based, gender-sensitive, adequate and timely protection services to vulnerable migrants, refugees and host communities, particularly women, children and LGBTIQ+ people. PAH provided any **necessary equipment (cameras) and ongoing technical follow-up**, such as supporting the Huaquillas canton with a Technical Working Groups that developed action plans on training officials of the Council and Cantonal Board. CARE trained technical staff in its partner organization COOPI on protection of the rights of migrant children and GBV, supporting COOPI’s work to acquire identity cards for migrant children and to refer users to services for GBV prevention and care. These steps **resulted in an increase in the prevention and treatment of cases of violations of the rights of migrants and refugees, and coordinated strategies to support these groups**.

Outcome Description example: systems strengthening		
Outcome: Access to SRH services and the quality of medical supplies has significantly improved for the migrant and refugee populations	Significance: Medical institutions have been significantly impacted by COVID-19. Due to PAH, medical diagnosis is better, care has improved, and more migrant and refugees have been served.	Contribution: CARE improved the equipment and supplies of health centers, supported laboratories, the availability of HIV and antigen tests, and trained health center officials on GBV and SRH issues



Strengthening of social movements and civil society organizations

CARE Ecuador-PAH worked through a **range of social movements and consortiums to recognize and promote the rights of migrants and refugees**, such as the Multisectoral Protection Response Project (PRM-funded). CARE trained its partners COOPI, FUNDER, Transgender, Fundación Mujer y Mujer, and the Latin American Platform of People Who Practice Sex Work (PLAPTERS) on the needs of women survivors of GBV, pregnant women, infants, and LGBTIQ+ people, and supported connections across these movements. Standard Operating Procedures (SoPs) were developed to guide the collective and complementary Protection and SRH actions of these movements, thus optimizing resources.

“We can sustain changes over time if we continue to strengthen collaboration. We will always need other people to lift us up... what we learn must be transferred to our family environments, to the circles of friends and partners” (*key project personnel*)

PLAPTERS was **strengthened by PAH to analyze the needs of sex workers**, including how to employ CARE’s Rapid Gender Analysis (RGA) approach to measure specific needs of the migrant population and sex workers (2018), and migrant women and the LGBTI population (2022). PLAPTERS was also supported to refer those requiring SRH, HIV, and psychosocial support and legal protection to the relevant services, and to advocate for local policies for the

“All changes had the support of CARE: to strengthen our organization, to help us publicize the work of RODDNA and to concretize the participation of children so that they are the executors of their own proposals” (*RODDNA official*).

prevention of GBV. The Transgender Project (“Proyecto Transgénero”) was supported by PAH to **strengthen its support for trans migrants and to incorporate the trans movement into its actions**. As a result, the Transgender Project has used innovative communication techniques to reach trans people and has hosted events to train this group on their rights and promote entrepreneurship, and has also significantly increased its resources. The Women and Women (“Mujer y Mujer”) Foundation, a lesbian feminist organization, was strengthened by PAH to **improve its**

support to LGBTIQ+ women who have experienced GBV and improve their access to health services, emergency accommodation, legal services and livelihoods. PAH also strengthened the capacity of National Union of

Domestic and Allied Workers (UNTHA) and the Network of Organizations for the Defense of the Rights of Children and Adolescents (RODDNA) to undertake policy advocacy. RODDNA then conducted a consultation of 20,000 children and adolescents in 2020 which informed their policy reforms and political agenda for the protection of migrant children and young people, and strengthened the participation of youth within their own decision-making structures (see box). An unintended outcome of this action was the degree to which **social movements and advocacy for local and national policies and regulations that improve the rights of migrants were intertwined under PAH.**

As part of the above cross-border approach, PAH, together with its partner Fundación Alas de Colibrí, supported collaboration and exchange between women’s groups and networks of GBV survivors across the Ecuador and Colombia border. Using a "leaders in emergency" methodology, PAH trained community leaders that were survivors of GBV and strengthened these networks, leading to the formation of a **Cross-Border Agenda on the empowerment, rights, and needs of women survivors of GBV.** These social movements/networks were then supported on strategies to undertake joint actions to ensure specific cross-border services (see above) and supportive policies (see policy advocacy) based on this agenda. An unintended impact was these groups began undertaking **community surveillance of GBV cases** and monitoring of the implementation commitments by governments. PAH, together mission Scalabriniana, the Jesuit Service for Refugees, Alas de Colibrí, Universidad Andina Simón Bolívar, also established **The Alianza Migrante (Migrant Alliance) in 2021**, an alliance of 35 organizations that work with Venezuelan, Colombian, and Ecuadorian migrants. This alliance identified a common agenda for policies and advocacy to strengthen the rights of Ecuadorian returnees, Colombian refugees and migrants; and was recognized by national authorities as a key interlocutor to address the needs of these groups.

Outcome Description example: social movements pathway		
Outcome: Women’s networks across Colombia and Ecuador have been supported and strengthened to come together to build a Cross-Border Agenda on their rights, and create procedures and establish mechanisms with authorities to influence change	Significance: Women’s empowerment is needed to ensure commitments to improving services and policies for GBV survivors are implemented. Cross-border collaboration between women’s networks did not previously exist.	Contribution: PAH facilitated spaces of binational exchange between women’s groups to create networks, feel united, define and sustain the Cross-Border agenda, undertake advocacy, and establish forms of community surveillance



Policy advocacy

PAH influenced the **development of policies on the needs of migrants at local, national and binational level**, supported in particular by the social movements and capacity building of government officials. This led to a range of impacts, including (see box also): **Regularization of migrants’ rights:** Advocacy at the National Assembly for the regularization of rights and identify of migrants and refugees. **Trans rights:** The partner Transgender Project advanced legislative reform proposals aimed at strengthening the 2016 law recognizing diverse gender for Ecuadorians to include recognition of gender identity rights for trans migrants and other people identifying as non-binary. Joint advocacy led to the Constitutional Court declaring the Human Mobility Act 2021 unconstitutional, and policy papers were submitted on the limitations of the changes in the Human Mobility Act with respect to the rights of LGBTIQ+ people and trans migrants and new articles proposed to address this gap. These actions were complemented by the service strengthening for LGBTIQ+ groups above. **Working rights:** The Women and Women Foundation supported the formation of policies by local authorities for migrants to work without fear of violence or persecution in the city of

The impact has been the formulation of local public policies, Ordinances and other strategies aimed at strengthening the capacities of local actors (justice and protection operators), inclusion of rights for the LGBTIQ+ community, support for children's protection tables for the eradication of child labor; prevention, care and eradication of GBV, with emphasis on migrant and refugee population, strengthening of coordination spaces, and guarantee of rights for migrants and refugees.

Guayaquil. **Rights of children and adolescents:** The reforms to the Organic Code for the Integral Protection of Children and Adolescents (COPINNA) to include a focus on migrants and to improve health, education, sex education, and protection for young people. PAH also supported an agenda for children that candidates for the National Assembly signed-up to, committing to a parliamentary commission in this area. **Trafficking:** PAH supported the provinces in Carchi and Sucumbíos to develop a National Action Plan Against Trafficking in Persons, including prevention, protection, coordination and prosecution, and provincial Inter-institutional Committees to oversee progress in implementation. Throughout these actions **community leaders and members were also empowered so they could continue the policy advocacy once the efforts of PAH were completed.** CARE’s Rapid Gender Analysis studies were an important tool to inform these advocacy actions.

Policy advocacy was also undertaken as part of the aforementioned Cross-border Agenda. CARE and Fundación Alas de Colibrí successfully supported women’s groups and networks to used the skills gained to advocate to the province of Carchi (Ecuador) and the Department of Nariño (Colombia) to strengthen prevention of GBV, human trafficking, and improve ARH and child protection for migrant and refugee populations. Joint government regulations for care of GBV survivors between these areas was approved. An unintended outcome was that **monitoring committees were established to monitor progress made in public policies, and that women’s joint advocacy flourished (see box).** The PAH-supported Migrant Alliance (see above) reviewed limitations and unconstitutionality of the Regulations of the Human Mobility Law, produced a gap analysis and proposals on the Regularization Decree recently established by the government, prepared reports on the refugee and migrant situation in Ecuador (2019) for the IACHR and the UN Human Rights Rapporteur on human rights, and reviewed government progress and compliance towards the 23 established objectives of the 2022 UN Global Migration Review Forum.

“Women leaders in emergency, we act together and we do advocacy so that what is written is fulfilled, we are vigilant of compliance... we must be organized to ensure that our rights are respected, we must be communicated, active and vigilant”
(Focus group member)

Outcome Description example: policy advocacy		
Outcome: Reforms in public policies have taken place to recognize rights of trans migrants and refugees and other non-binary individuals, such as in the Civil Registry Law and new Articles in the Human Mobility Law	Significance: Sexual diversity for the Ecuadorian people was recognized in 2016. A commitment to recognize rights of trans migrants did not materialize. Change in norms and policies are needed to support changes in community attitudes.	Contribution: Together with the Transgender Project and others, CARE PAH worked directly with migrants, refugees and the trans movement to articulate their demands, and develop and advance legislative reform proposals

 **Changes in inclusive market-based approaches (5 outcomes identified)**
Supported by PAH, CARE’s partner Monsignor Cándido Rada Educational Foundation (FUNDER) promoted **sustainable livelihoods, educational attainment and the integration into society of young people in situations of poverty, social risk and vulnerability.** Through FUNDER, PAH has provided 350 migrant women with soft skills and financial education, of which 100 accessed vocational training (beauty salons and restaurants) and developed their own business plans. 54 members of this group were provided with seed capital for their ventures. With support from UNHCR, PAH provided **seed capital to strengthen the entrepreneurship of a further 145 migrants between 2020 and 2021.** Under PRM-funding, FUNDER has provided soft skills and occupational training of Venezuelan youth refugees and Ecuadorian host communities aged 16-22, which has **reinforced changes in behaviors regarding education, self-employment and employability.** The soft skills training runs for 4 months and covers 5 modules (employment skills, life skills, community service, basic academic knowledge, and entrepreneurship) and the occupational training provides 150 hours in an ongoing enterprise (baking, restaurants, catering, carpentry, hospital cleaning), ending in a certificate recognized by the National System of Professional Qualification (SETEC). **60% of young graduates are women,** highlighting the connections between inclusive markets and social norms. An unintended adaptation was the creation of creches

for young mothers' children, who otherwise would be unable to participate (see lessons learned). In addition, PAH, through its Transgender Project, runs **fairs, business advice and savings bank**, allowing entrepreneurs to promote their products and interact with suppliers and potential buyers. This has further improved the self-confidence and technical capacities of migrants and refugees and supported their economic and social integration into host communities. In turn, this has had unintended benefits in increasing host community perceptions of Venezuelan refugees and migrants as contributing positively to the local economy and creating opportunities for Ecuadorian people (see box). **A culture of saving individually and collectively has been instilled through the creation of savings banks, caja de ahorros (Village Savings and Loans Associations), and access to microcredit for migrants and host communities.** As part of ensuring comprehensive approaches, those requiring further support are referred to psychological support, accommodation, legal services and SRH services through a network of different providers developed by PAH. Migrant Venezuelan women survivors of GBV, benefiting from increase self-confidence thanks to psychosocial support (see above), have been able to access cash transfers and other seed capital which has enabled them to create savings banks, build networks, resume projects, undertake micro-enterprises to support their families and reduce their economic dependency on a violent partner. This was reported to have **changed many women's lives for the better.** Under the GAC-funded project, for example, USD30-150 was provided to family groups of up to 5 people. This cash also had a broader impact on stimulating the local economies. An unintended outcome has been the need for the savings groups to not just focus on income generation, but also on group awareness and solidarity.

"The entrepreneurship workshops are not only for Venezuelans, Ecuadorian people also participate. These initiatives bring us together, articulate us, together we try to build a future"
Group Interview with Venezuelans who participate in the Transgender Project

"CARE's help with the migrant population and with us, who are tour operators, has been fundamental. We came from 2 years of paralysis of activities due to COVID; everything was stopped. This mechanism has allowed trade to flow... the injection of resources last month for this hotel meant 4,000 dollars" *(Tour Operator)*

Under the CELO-funded project, **PAH's innovative electronic health money system was piloted** in the city of Manta by offering a card similar to a debit card where migrants can purchase SRH products and services such as radiological services, lab services, and medical supplies, including for menstrual hygiene. The project sought agreement of local suppliers for this pilot. PAH also partnered and **sensitized pharmacy owners to expand drug provision to refugees and migrants**, following PAH case management (see above), who have accepted these cards. This has increased the number of clients to these pharmacies and expanded their economic growth. Inclusive local markets have been stimulated through **monetary transfers to**

assessed and sensitized local hotels and inns to provide welcoming and respectful emergency accommodation (maximum of four days' stay and food) for migrants, contributing to the economic reactivation of the accommodation and food sector, particularly after the impact of COVID-19; thus benefiting migrants and refugees and local businesses. This has had the unintended impact of hostel owners explaining the benefits of accommodating migrants to other hostels, thus acting as ambassadors for the work of PAH.

Outcome Description example: inclusive markets		
Outcome: Local markets have been strengthened through innovative electronic transfers, vouchers and payment mechanisms to provide health and social services to migrants, refugees and vulnerable host communities	Significance: Local economies were in paralysis due to COVID-19. This is stimulating the local economy in the areas of health and development, while increasing inclusivity and guaranteeing rights of migrants and refugees	Contribution: PAH partners with health providers and pharmacies to provide a card to purchase services and supplies. Accommodation providers are sensitized and engaged to accept vouchers for emergency room and board for migrants

(ii) Systems pathway Integration.

The integration of systems-level pathways (using more than one pathway concurrently) can support systems-change and impact. PAH integrated its work on social movements and policy advocacy with significant success – capacitating these movements and organizations as advocates to change policies on behalf of the target group. These intersections were not only at national level, but also binational where they supported a cross-border agenda. These strengthened movements then continued to support advocacy and monitor change beyond initial PAH actions. PAH also integrated a focus on systems strengthening and accountability within its policy advocacy, where it supported local governments to introduce the policy changes made and held them account for doing so. Equally systems strengthening supported policy advocacy, were capacitated governments set up local committees to further support policy changes initiated by PAH’s actions. This allowed CARE to go beyond commitments to ensuring these led to changes in practice. Social norms change was reflected not only in the lives of individuals and communities, but through the strategies employed in strengthening social movements (targeted at women’s organizations), the approach to systems strengthening (focused on the needs of women and children), within inclusive markets (with specific livelihoods and occupational opportunities for women) and the targets of policy advocacy (a large focus of which was on the rights of women and GBV survivors).

(iii) Impact on people’s lives (due to systems-change)

The PAH program systems-change had a significant impact at the **individual level** on people’s lives, including:

- **Agency and self-confidence:** Increase in the agency and capacity of female migrants and female survivors of GBV and LGBTIQ+ peoples. Increase in self-confidence and technical capacities in young people in vulnerable situations to achieve educational, labor and family reintegration. Migrants and refugees aware of their rights and asserting themselves economically and in society.
- **Greater equality in home:** Women reported greater sharing of household tasks between men and women and greater support towards their enter into paid employment.
- **Economic integration and investment:** Female migrants and female survivors of GBV are more economically integrated into host communities. More young people and migrants developed the culture of saving, enabling them to invest in productive projects and meet their needs.
- **Greater employability and reduced economic dependence:** Female migrants (adult and young) obtain certificates in arts and crafts, expanding their knowledge and skills to support their entry into the workforce. Vulnerable young people experience greater opportunities for employability and entrepreneurship, increasing their financial autonomy. Women have less economic dependence on their partners, reinforcing their ability to leave violent relationships.
- **Social networks:** Migrant women expand their support networks and increase their sense of belonging and place in the community, and accompany and support other female survivors of violence.
- **Knowledge of SRH:** Women, young people and LGBTIQ+ communities have greater knowledge and self-care of their bodies and SRH.
- **Reduced delinquency:** Young people leave gangs, stop criminal behavior and drug use, strengthen their capacity, become more responsible, and reintegrate into their families, schools and work activities. This also increases the acceptance of migrants within the host communities (see below).

PAH also led to changes at the **community level**, including:

- **Changes in behaviors towards migrants:** Host communities developed greater recognition of the individual and collective efforts by migrants to generate income, develop micro-enterprises, and engage in the workforce. This has reduced xenophobia towards them and improved integration.
- **Increased understanding of plight of migrants:** Host communities are more aware and understand the reasons migrants and refugees left their own country and sought opportunities in Ecuador.
- **Increased integration:** Host communities include migrant women and survivors of GBV within their networks, transforming relations between these groups.
- **Improved attitude towards vulnerable young drug users:** Communities have welcomed the young drug users who have turned their lives around, and families, education, and employment settings have

supported their reintegration.

- **Communities encouraging people to seek care:** Community members encourage others in their community to seek medical attention, particularly in cases of obstetric emergency, child malnutrition, and women survivors of GBV.
- **Increased knowledge of danger signs and how to act:** Capacitated communities can now identify cases of women at obstetric risk, women survivors of GBV, pregnant women and infants who do not attend medical check-ups, and refer these cases to the health care units. As such, communities are playing an expanded role in epidemiological surveillance practices.

(iv) Sustainability of the systems-changes

The evaluation identified several areas of sustained system level effects due to PAH's actions, including:

- PAH's direct contribution to enhancing the organizational capacity of project partners, such as Transgender Project and Alas de Colibri, has strengthened their ongoing ability to implement approaches to meet the rights of the target groups within their humanitarian assistance work. This approach built on these organizations existing experiences, and has also strengthened their effectiveness and operations.
- The capacity building of public officials, including the Secretariat for Human Rights, judicial units and political lieutenants, supports ongoing adequate, non-discriminatory, inclusive and timely rights-based protection services to migrants, refugees and host communities long after the work of PAH ends.
- The strengthening of, and improved access to, high quality health services, and improvements in equipment, will continue to bring benefits to migrants and refugees, particularly for obstetric emergencies and adolescent obstetric emergencies. This is critical given the impacts of COVID-19 on the health system.
- Changes to local and national policies, such as COPINNA reforms, preparation of the Agenda for children and adolescents and reforms to the Human Mobility Law, will have a lasting impact in improving the lives of refugees and migrants. Moreover, the joint advocacy work undertaken to achieve this has further strengthened and empowered the capacities of partner organizations, civil society actors and community leaders and members to continue the advocacy efforts of PAH and support their future advocacy efforts.
- Despite the above, as the needs of migrants and refugees in Ecuador only increases, further resources are needed to continue to sustain the important gains made by PAH to improve people's lives. The evaluation found one respondent of the view that many gains would be lost should CARE's PAH work come to an end.

4. Limitations and challenges

The evaluation was undertaken over a very short time period, given the need to spend funds by the end of the fiscal year. This reduced the amount of time available for interviews and data collection. Despite this, the evaluation team collected extensive data and results, reflected above. The concept of systems change and the different systems-level pathways was new to the country office, and that led to initial misunderstanding about the focus of the evaluation. This was addressed through in-depth discussions and training on the concept and the pathways, and how the PAH's work fits within those. Exploring the differences between the overall research questions and the useful questions which inform those questions also took time, reinforcing the importance of sufficient time available and clarify around systems change from the outset. PAH is also a program, and not a specific project, and while this brought benefits in terms of comprehensiveness, it was not always easy to define the parameters of the evaluation given the breadth of PAH work.

Some challenges were also identified within the interventions themselves. With respect to the savings groups, there was tension between some members around saving contribution frequency and regulations, highlighting the need for ongoing support to these groups. The regional advocacy network, Alianza Migrante, faced some challenges being seen as a legitimate South America voice, given it was not registered as a regional CSO in a similar way that the Regional Network of Civil Organizations for Migration (RROCM) have done in Central America. This arguably impacted its impact at times on promoting the rights of the target group.

5. Lessons learned

The evaluation provided several lessons both on systems-level change and impact, as well as on the outcome harvest evaluation methodology for this purpose. The most salient lessons include:

- **CARE Ecuador's work is having a significant impacting on systems-change at a range of levels, though often not deliberately:** The evaluation found significant changes in behaviors, relationships, practices and policies at institutional, community and individual level. These were often identified after deeper exploration of how the work of PAH related to the systems pathways, rather than being deliberate strategies from the outset.
- **Impact of systems integration:** Using multiple systems-level pathways concurrently, especially work with social movements as part of policy change, is an important part of CARE Ecuador's strategy and success.
- **Systems-change is an equally important part of humanitarian responses:** Humanitarian responses are often seen as principally about responding to immediate emergency needs than longer-term systemic change. PAH has shown the benefits and importance of focusing on systems change within humanitarian contexts (as well as direct support), and thus positioning this work within the nexus of humanitarian and development.
- **Systems strengthening in PAH is beyond only service strengthening:** PAH's systems strengthening includes building the capacity of staff and operations within the health and protection systems, and includes supporting government to implement agreed policies, going beyond traditional service strengthening.
- **Positioning CSO strengthening within the social movements pathway:** PAH supported both social movements and CSOs, and saw both actors as critical to achieve social change. Distinguishing between, and working with, social movements and CSOs (social organizations) was an important part of PAH's approach.
- **Program adaptations are needed so parents can participate:** PAH found many young mothers had no one to leave their children with and required CARE to provide childcare spaces to be able to participate in activities.
- **Accreditation of program training gives it legitimacy:** PAH found that providing accreditation as part of occupational training for refugees and migrants gave it greater status and utility and increased demand.
- **Savings groups provide a key forum for reflection beyond monetary value:** PAH found savings groups not only focusing on income generation but that they were an important opportunity for community reflection and sisterhood, and that there was a need to expand this later focus within these groups.
- **Mutual benefits for host communities:** A key power of PAH was using approaches benefiting not only refugees and migrants, but local businesses also. This reduced xenophobia and incentivized support to migrants.
- **Communities not only shifted perspectives following interventions, but became sites of action themselves driving further change:** While tactics led to communities changing their behaviors and attitudes towards migrants, and becoming less discriminatory towards women, communities also initiated their own actions leading to further impacts, such as organically expanding community epidemiological surveillance practices.
- **Undertaking harvesting virtually can be limited during an OH:** The collection of results is best carried out face-to-face, such as through interviews, focus groups and workshops rather than through virtual means.
- **Investing time in understanding the PAH and systems-change before the evaluation is critical:** Outcome harvest merits an initial understanding of the objectives, components and strategies used in each of the projects of the Humanitarian Assistance Program. This includes PAH linkages to the systems-level pathways.
- **Outcome harvesting requires sufficient time:** Adequate time is required to gather the information, process, analyze and contrast it, in order to deepen and interrogate the answers to the evaluation questions.
- **Evaluating a whole program and not project brings opportunities and challenges:** Focusing more broadly enables a breadth of activities to be undertaken. However, this can limit the focus of impact and include multiple different approaches which have different theoretical underpinnings, focus areas and time periods.

6. Recommendations and future directions

The following recommendations are provided to inform systems-level programming, policy and research and CARE's work to take forward these:

1. For CARE Ecuador

- **Continue to invest and expand this systems-change work:** CARE Ecuador should continue to expand the systems change efforts through its PAH, given its greater strategic focus within organizational plans and strategies and donor engagement.
- **Support ongoing policy change to support migrants, refugees, GBV survivors and people of diverse sexual orientations:** CARE Ecuador should continue to focus on supporting the policy changes required to address the needs of Venezuelan migrants, refugees, GBV survivors and LGBTIQ+ communities.
- **Continue to support and leverage upon innovative health financing arrangements:** CARE Ecuador should expand and strengthen the electronic health money system and innovative health financing arrangements with pharmacies developed under PAH.
- **Strategically position the organization as a best practice hub for humanitarian systems-change:** CARE Ecuador should highlight its expertise in the area of systems-change within humanitarian approaches. This provides a further niche for the organization that will support increased partner and donor interest in its work. The support of CARE leadership to continue expanding and promoting this work will be essential.
- **Regional advocates should register their organizations regionally:** CARE Ecuador should support the regional advocacy network, Alianza Migrante, to register as a regional CSO, to support its work.
- **Explore the impact of CARE's systems-change activities in other programs:** CARE Ecuador should apply the learning from the evaluation of PAH to explore systems change and impact through other focus areas.

2. For Ecuador policy makers or stakeholders

- **Implement policy change to support rights of migrants and refugees:** Three key policy frameworks, the National Human Mobility Plan, a Comprehensive Plan for Attention and Protection of Rights in the context of the Increase in the Venezuelan Migratory Flow in Ecuador, and a National Agenda for Equality in Human Mobility, lapsed with the change of government in May 2021. These should be urgently replaced.

3. For CARE Global

- **Strengthening knowledge and skills on doing systems-change work:** Staff at CARE and the consortium of partner organizations should be made more aware of systems change tactics and their importance and how to operationalize them, in order to adapt and adjust their strategies to expand a focus on this work.
- **More deliberate focus on systems-change during design, monitoring and evaluation (M&E):** As PAH did not set out to deliberately do systems-change, and has done so more organically, a more deliberate integration of these strategies within project design, M&E and the articulation of the intended impact should be encouraged across the CARE confederation. This will deepen the impact of CARE's work.
- **Expand PAH's systems change approach within humanitarian response to other locations:** Embed a focus on systems change within CARE's broader humanitarian work, leveraging on the experience of CARE Ecuador.
- **Expand a focus on working through social movements for policy change:** CARE should promote and leverage PAH's experience globally on engaging social movements and CSOs to achieve successful policy change.
- **Expand explanation of social movements pathway to include capacitating local CSOs:** Many CARE offices work with and support local implementing partners and CSOs, which are different to social movements. Explanations of this pathway should include capacitating local CSOs and clarify the differences between those and social movements. This will also support CAREs locally-led agenda.
- **Explore how community change is positioned within the pathways:** Changes in communities can be seen as a result of the social norms pathways, as PAH found. Communities (beyond structured social movements) can also become mechanisms for action themselves, leading to further change.

- **Support analysis of systems-level change and impact across other CO projects:** CARE should support further evaluations of systems-level change across its portfolio, deepening an understanding on the systems change that the organization has achieved.

4. For research and evaluation practitioners

- **Ensure clarity on how programs included systems-level activities before undertaking the evaluation:** Some programs, and projects within them, have their own theory of change (ToC) and goals which may not be specific to systems-level approaches. It is important to spend time exploring how these goals, and related activities, relate to the systems-level pathways before the evaluation (where this was not originally its focus). An analytical framework created for an outcome harvest may also wish to evaluate the project against its original ToC and goals, as well as against the systems-pathways for change. A clear analytical framework will ensure data is collected in the right way to facilitate those analysis.
- **Build CO capacity on systems change before selecting the evaluation:** It is important to support understanding on what systems change is and the different pathways before organizations select programs and projects for evaluation, ensuring organizational-wide understanding on the purpose and utility.
- **Support a greater focus and measurement on the impact of systems-level change in individuals.** PAH had a significant impact on individuals (as a result of systems-change), though these intentions were not made explicit in the outset. Support Country Offices to explore and understand what types of population wide/ individual-level change may be possible due to systems approaches and to them measure those.
- **Consider the time needed to complete an outcome harvest:** Outcome harvesting can be a lengthy process, and requires sufficient time to undertake data collection (where appropriate) and to process and analyze the results. This should be considered as part of planning timelines for future evaluations.

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The full Ecuador Outcome Harvesting report is available for further information in [English](#) and [Espanol](#).