

# Rapid Gender Analysis on the situation of women and gender-sex diverse people: Effects of COVID-19 in Ecuador



# CREDITS

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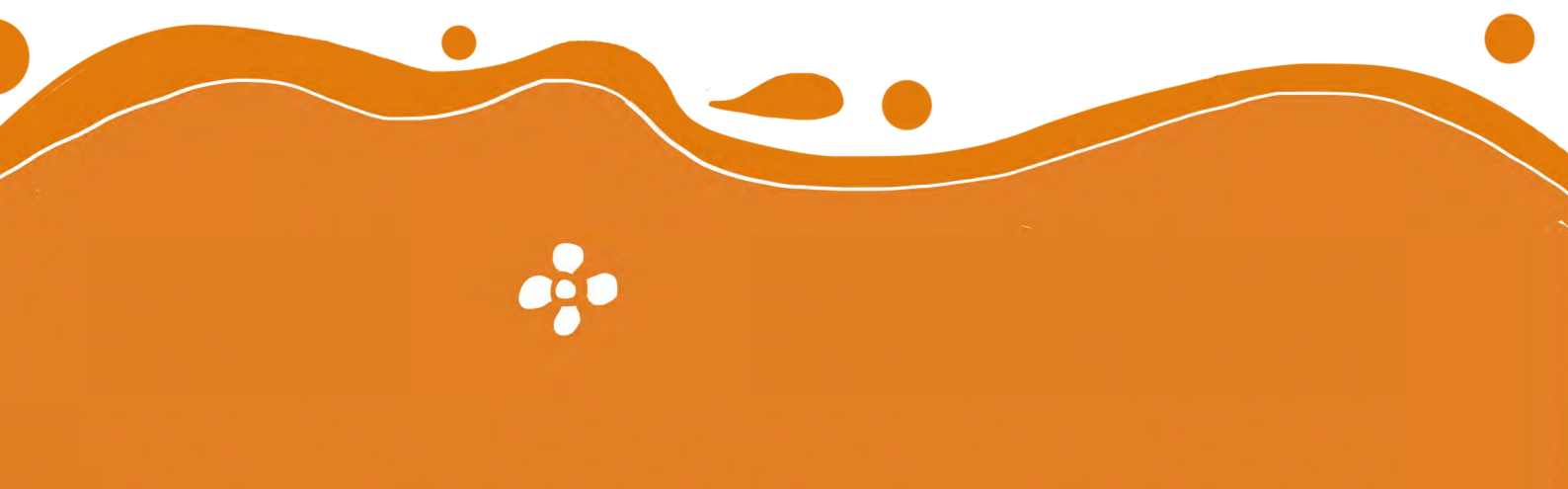


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# I. Summary

Based on the findings of the Rapid Gender Analysis (RGA) prepared in the face of the COVID-19 emergency in Latin America (CARE-UN Women, 2020), this study aims to identify trends regarding risks and vulnerabilities experienced by women and LGBTIQ+ people – both in human mobility and from host communities in Ecuador–, as a result of the health crisis and the post-pandemic context.

The study analyzed primary and secondary data, which made it possible to outline the differentiated effects that the socio-sanitary crisis derived from the COVID-19 pandemic has brought to the lives of women and gender-sex diverse people, both in human mobility and from host communities. One of the main contributions of this RGA is to highlight –from a gender-sensitive and human mobility approach– the effects of the crisis on these populations, historically excluded or facing vulnerabilities. The findings of the study show that in each of the 5 areas of analysis –control of means of production, decision-making at home and use of time, access to essential services (health, education, and protection against gender-based violence), leadership and participation, and gender-based violence (GBV)– women and LGBTIQ+ people face structural barriers that hinder the full exercise of their rights.

These material limitations arise from restrictions regarding access to livelihoods and/or the engagement of women and LGBTIQ+ people in the informal –and precarious– economy. These limitations also feed from patriarchal patterns that underpin the traditional sexual division of labor and inequality based on gender affecting women and female figures, both in the private and public spheres. In addition, sexist, xenophobic, and LGBTIQphobic stereotypes –through forms of symbolic violence– compound to the discrimination that gender-diverse people must face.

As so, the pandemic had a differentiated effect for vulnerable people in human mobility and from host communities based on sex, gender, sexual orientation, and gender identity. However, it should be pointed out that within these vulnerable groups, there are deep inequalities that require a thorough understanding on the part of decision-makers and humanitarian actors to contribute with their actions to seek concrete and specific conditions that promote equality and strengthen the ties between the population in human mobility and the host communities.

## II. Key Findings

In line with the main findings of the Rapid Gender Analysis for the COVID-19 emergency (CARE-UN Women, 2020), which already warned about the heightened effects of this crisis based on the sex-gender of the population, this study makes it possible to evidence that the impact of the pandemic in Ecuador has deepened the gaps for women and LGBTIQ people regarding access and exercise of rights; the study also shows that this situation responds to the overlapping inequalities based on nationality. *In each of the 5 target areas of this study, no substantial change that would make it possible to affirm there was a reduction in the gaps regarding access and exercise of rights that historically have affected women and the LGBTIQ population and that the pandemic has exacerbated has occurred.* Thus, a marked sex-gender, xenophobic and LGBTIQphobic bias persists, seriously restricting the full exercise of these people's rights, especially those with intersectional identities.

- Concerning the **control of means of production**, the study shows that the families with no steady income, those that lost their livelihood amid the health crisis and those employed in the informal economy and with limited access to means of production, had to resort to risky survival mechanisms to cover their basic needs. The most significant impact in these households was on food security.
- There is evidence of a greater presence of women and sex-gender diverse people in historically feminized jobs (commerce, provision of services, or paid domestic work) and a lack of protection for these populations in the informal economy, given the risks inherent to these type of employments.
- As part of their experience working in the informal economy, women and LGBTIQ+ people mentioned having received fraudulent job offers, facing some form of harassment or extortion, and being insulted.
- 95% of the female population and 100% of LGBTIQ+ survey respondents reported that their income had decreased because of the pandemic. People in human mobility (Venezuelan and Colombian) faced a higher impact on their sources of income.
- Regarding **decision-making at home and use of time**, 51.40% of the female population always make decisions about income use. Similarly, 55.25% reported to be the head of their households. On the other hand, among the reasons put forward to justify another person managing one's own resources, women primarily mentioned the following: custom, greater capacity to meet expenses, partners' having better knowledge of resource administration, or patrimonial violence.
- Although historically mainly women have performed domestic work –resulting from traditional gender roles–, due to the health emergency, this burden increased, affecting girls and women's use of time and life projects. A similar situation occurs concerning burdens of care, which have increased in the context of the pandemic and the suspension of childcare services.
- Women in human mobility assume an excessive burden of care as they have to deal with sending remittances to relatives in their countries and being solely responsible for providing care for their children. These women's ability to care for themselves was severely limited due to their insertion in the informal economy, often –and paradoxically– performing

domestic work and caring for others.

- Care management, that is, outsourcing care work through services provided by women or by hiring domestic workers, appears as a mechanism that allows a group of women to have more time than others. Yet it is common that, across care management strategies, inequalities among women be reproduced as employers often hire women with scarce economic resources, migrants, and ethnic minorities and often take advantage of the employees' urgent needs to offer precarious working conditions.
- Restrictions in **access to essential services** (health, education, care, and protection against cases of gender-based violence) in the pandemic shows the abundance of xenophobic and sexist stereotypes that have prevented women and LGBTIQ+ people in human mobility to exercise their rights.
- Several cases of discrimination against people in human mobility from a civil service sector were documented, as well as cases of bullying between peers in the schools, affecting Venezuelan girls, boys, and adolescents. Cases of victimization and distrust in the system were documented concerning response to cases of gender-based violence.
- Regarding **leadership and participation**, although it is scarce in decision-making spaces and collective processes, the experience of migration proved to be one of the major reasons for promoting the association of women and LGBTIQ+ people around matters such as coexistence in host communities, non-discrimination, women's rights, gender-based violence, and the provision of care through women's networks who support themselves and their children under a cooperation dynamic.
- Women promote these spaces within their homes, with little support from social organizations to strengthen these networks. In this sense, although care is managed somehow collectively, women continue to be the main providers within households. Likewise, as these networks are formed by people in human mobility, generally between those sharing nationality, integration and strengthening of the social fabric with people from the host communities is still limited
- Regarding **gender-based violence**, it is key to establish the correlation between the difficulties regarding access to livelihoods and the massive insertion of women and LGBTIQ+ people in the informal economy, which involves increased exposure to acts of violence in public spaces.
- On the other hand, 552 people surveyed indicated that during the pandemic all the risks faced by women increased, including the being forced to have transactional or survival sex, facing labor exploitation, and, to a lesser extent, to be victims of human trafficking.
- Lastly, the study evidenced factors that perpetuate GBV, such as the naturalization of violence, a high tolerance for it, and a pressing fear of institutional violence, aggravated for women in human mobility; this prevents them from reporting cases of violence.

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1 Transactional sex or exchange of sex for goods (Espinel Vallejo, 2009). Faced with pressing violence and high-risk situations that endanger their physical integrity, women resort to sex work as a survival strategy. These situations have been tracked mainly on immigration routes, in which women are forced to have sex or offer sexual favors in exchange for money or goods to survive, or to access to protection, food, help, or to avoid police, assaults, gang rapes, among other risks (UN Women, 2018). A key feature of these forced sexual practices is their occasional naturel



### III. Introduction

The COVID-19 pandemic caused a health and humanitarian crisis, unprecedented at least in the last century (Economic Commission for Latin America and the Caribbean, 2022), and it highlighted the pre-existing asymmetries in our societies. Several studies prepared by ECLAC (2020 and 2021) evidence the differentiated effects faced by already excluded groups and show how these people may be exposed to greater limitations to exercise their rights in the medium and long term (UNFPA, 2020). In this context, the United Nations body for Gender Equality and the Empowerment of Women (UN Women) and CARE carried out this study –based on the main findings of the RGA carried out at the regional level (2020)– to identify trends regarding the risks and vulnerabilities faced by women and LGBTIQ+ people in human mobility and from host communities in Ecuador as a result of the COVID-19 pandemic. This study aims to generate specific recommendations that decision-makers, humanitarian actors, and organizations can execute at the national and local levels.

In addition to the gender-sensitive perspective, this RGA aims to highlight the inequalities that affect people with intersectional identities; that is, to expose how the impacts derived from the pandemic have affected women and sex-gender diverse people in human mobility in disproportionate ways.

The alliance with the following women's organizations<sup>2</sup> in their respective cantons was key to carry out this RGA: Río Manta Foundation (Manta and Portoviejo), Mujer y Mujer Foundation (Guayaquil), Regional Platform of Sex Workers (PLAPERTS - Machala and Huaquillas), Hijas de Eva Collective (Ibarra), Haciendo Panas Foundation (Quito and Cuenca), the Political Coordinator of Mujeres Ecuatorianas (Riobamba); and, the Women's Federation of Sucumbíos (Lago Agrio). All of which contributed with the collection of primary data and the identification of key actors.

<sup>2</sup> For more information on the partner organizations that have contributed to this study, please read Annex 10.1.



## IV. Objectives and methodology

This study implements the Rapid Gender Analysis methodology developed by CARE, which aims to generate reports based on evidence regarding the differentiated effects that crises have based on the population's gender. Specifically, this RGA, among its objectives aims to identify the needs and gaps for women and gender-sex diverse people in human mobility and host communities regarding access and exercise of their rights, in relation to 5 research areas: i) control of means of production, ii) decision-making at home and use of time, iii) access to essential services, iv) leadership and participation; and, v) gender-based violence, in the context of the pandemic.

This study used secondary and primary data, including quantitative (surveys) and qualitative instruments (interviews with key actors, focus group discussions (FGDs), and life stories) collected in the target localities. The role of local

organizations led by women was fundamental in collecting primary information.

The information gathering was carried out between April 8 and April 22, 2022, in coordination with the women-led partner organizations. As a result of the fieldwork, 1,267 surveys, 17 interviews with key actors (public sector officials, humanitarian actors, and representatives of social organizations with a territorial presence) were collected, 6 focus group discussions were conducted and the testimonies of 5 women whose life experience contributed to the study were documented <sup>3</sup>. The distribution by locality is listed below:

To carry out the surveys, the KoBoToolbox platform was used, which allowed gathering information on a massive scale, simultaneously, both online and offline.

*Table 1. Use of information gathering tools*

Locality	Partner organization	Surveys	Key actor interviews	FGDs	Life stories
Manta and Portoviejo	Río Manta Foundation	171	1	-	2
Guayaquil	Mujer y Mujer Foundation	155	1	1	-
Machala and Huaquillas	PLAPERTS	171	2	1	1
Imbabura	Hijas de Eva Collective	153	3	-	1
Quito	Haciendo Panas Foundation	152	3	1	1
Cuenca	Haciendo Panas Foundation	159	2	1	-
Riobamba	Political Coordinator of Mujeres Ecuatorianas	154	2	1	-
Lago Agrio	Women's Federation of Sucumbíos	152	3	1	-
Total	-	1.267	17	6	5

Prepared by the author.

<sup>3</sup> The details of the study design are found in Annex. 10.2.



## V. Context analysis

In December 2021, 8,602,937 people constituted the economically active population<sup>4</sup> at the national level (INEC, 2021). The unemployment rate was 5.2%, and women showed higher rates in this category than their male counterparts (6.7% versus 4.2%, respectively). The adequate employment rate stood at 32.5%, 5.8% below the results achieved in 2019. Regarding the sex of the population with adequate employment, men are at 37.8%, 12.3 points above women (25.5%). The underemployment rate stood at 23.2%, 5 percentage points above the figures for 2019 (INEC, 2022), while the rate of other non-full employment was 27.7%, and the rate of unpaid employment was 10.8%, where women have a rate of approximately 2.8 times higher than that of men (INEC, 2021). Another of the key aspects that account for the economic inequality women face at the national level is that men's average labor income as of December 2021 was USD 476, against USD 391 perceived by women.

Regarding the occupation category, as of December 2021, the employment rate of males was 53.2%, compared to 37.5% of women. Moreover, mostly women account for the "unpaid" category with 22.6% compared to 9.1% of their male counterparts. Regarding the employed population distribution by branch of activity, most women are employed in historically feminized sectors. Another defining feature of the paid labor market in the country is informality, since, of the total number of employed people, 43.2% are in the formal economy, 50.6% in the informal economy and the

<sup>4</sup> Persons aged 15 and over who worked at least 1 hour a week or, although they did not work, had a job (employed); and people who were unemployed but were apt to work and were seeking for a job.

remaining 6.1% in domestic work and in the not-classified-by-sector category (INEC, 2021)<sup>5</sup>.

Ecuador is the country that reports the largest number of refugees or applicants for this immigration status in Latin America and the Caribbean (Ministry of Foreign Affairs and Human Mobility, 2018). According to official figures, as of December 2021, Ecuador had recognized 71,550 refugees, and, as reported by UNHCR, 57,232 people actively exercise their citizenship under this status, most of them Colombian (97%) (2022). Likewise, Ecuador is the fourth recipient of the migrant population from Venezuela (UNHCR, 2022). As of March 2022, the estimated migratory balance indicated that 513,903 Venezuelans<sup>6</sup> were living in Ecuador (Interagency Coordination Platform for Refugees and Migrants from Venezuela | R4V, 2022), the most vulnerable being women, girls, and gender-sex diverse people (Cháves-González, Amaral, & Jesús, 2021).

The Joint Needs Assessment of the Venezuelan Population reports that 61.5% of survey respondents (2,278) have a job, of which 28% work in the formal economy and 82% in the informal economy (which exceeds the national data of people employed in the informal economy, that is, 50.6%). Likewise, 87% of households report that access to food is the highest priority, followed by access to employment (65%) and shelter (53%). Another key category that demands attention is access to health services, which represents a priority for 25% of survey respondents (Working Group for Migrants and Refugees, GTRM for its acronym in Spanish, 2021). Regarding income, the study shows that the Venezuelan population's situation is particularly vulnerable, as the average maximum monthly income in households of between 5 and 8 members is USD 208.15. Now, the average minimum monthly income is USD 77.14 in households with more than 12 members. As so, the average per capita revenue shows that 84% of families are in a situation of income poverty since they receive around USD 84<sup>7</sup> a month, and 56% of households live in a situation of extreme poverty since their income is less than USD 42<sup>8</sup> per month (GTRM, 2021).

It is possible to state that, amid the effects of the COVID-19 pandemic, the traditional sexual division of labor has been maintained and even exacerbated (CEPAL, 2021). The role of women to face the health crisis was preponderant since they had significant participation in response to the disease as front-line health care workers, caregivers at home, and as community leaders. Despite their importance, data from the Ministry of Labor shows that particularly women and young people were dismissed untimely or forced to take vacations, and, in the case of domestic workers, they were prohibited from returning to their homes and forced to take care of sick people in inadequate conditions (Resident Coordinator Office and the Office for the Coordination of Humanitarian Affairs, 2020).

Likewise, despite the significant contribution that people in human mobility can make to host communities in economic, social, and cultural terms (ILO Andean Countries, 2022), expressions of xenophobia have continued and increased. Thus, in Ecuador, the prevalence of xenophobia hinders the access of the population in human mobility to essential public services, employment, and housing (Equilibrium CenDE). 42% of the Venezuelan population surveyed mentioned discrimination as the main obstacle to access to employment (Cháves-González, Amaral, & Jesús, 2021).

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5 These data match the results of the Total early-stage Entrepreneurial Activity index (TEA), which places Ecuador among the countries with the highest percentage of entrepreneurship in the region (in 2019, 36.2% of all Ecuadorians –that is, 3 out of 10– had a business); however, the exit rate (suspension or closure of entrepreneurial projects) is also the highest in the region (9.3%). (ESPOL Business School, 2020)

6 The figure includes the total accumulated balance of entries and exits of Venezuelan refugees and migrants, as well as an estimated percentage of people who would have entered through informal border-crossings (Interagency Coordination Platform for Refugees and Migrants of Venezuela, 2022)

7 The Joint Needs Assessment (GTRM, 2021) was published in May 2021 and reports the income poverty line established as of December 2020: USD 84.08 per month. Likewise, extreme poverty was set at USD 47.37 a month (INEC, 2021). These data have been updated and show slight variations: as of June 2021, the poverty line was set at USD 84.71 and the extreme poverty line at 47.74% (INEC, 2021).

8 Check note N° 7.

To this scenario, we must add the prevalence of sexism, which includes the exoticization and hypersexualization of people in human mobility (CARE-UN Women, 2020), particularly Venezuelan women, which poses risks for them to experience harassment, workplace violence, human trafficking, transactional or survival sex, thus limiting their chances of accessing to livelihoods by safe means (UN Women, 2018, 2022).

The maintenance of the sexual division of labor involves a gender contract, i.e. the more or less explicit rules that assign and determine the roles, responsibilities, and value given to the tasks performed by men and women in the private and public spheres (Filgueira & Martínez Franzoni, 2019). According to the National Survey of Use of Time (INEC, 2012), Ecuadorian women at the national level worked an average of 77:39 hours every week, compared to 59:57 for men. This difference is even bigger regarding unpaid work, to which women invest, on average, 4 times more time than men (31:49 vs. 9:09, respectively) (INEC, 2012). This gender contract or order remains unbalanced to the detriment of women, which was even more evident due to the restrictive measures taken in the context of the pandemic. The saturation of health systems, the closure of schools and care centers for early childhood, the elderly, and the population with disabilities deepened the work overload for women, who had to carry out domestic and care tasks, as well as monitoring their children's schoolwork (Office of the Resident Coordinator and the Office for the Coordination of Humanitarian Affairs, 2020). Girls and adolescent women in confinement also experienced the burdens of unpaid care and domestic work, which evidences that this unbalanced gender order has intergenerational implications.

The health crisis mired access to health care as the services were interrupted and the fear of contagion spread. Although Ecuador ensures the right to free medical care regardless of nationality or immigration status, barriers such as fear of deportation or discrimination prevented people in human mobility from seeking access to health services (Team Country

Humanitarian, 2020; UN Women, 2022). It is estimated that from July 2018 to December 2021 less than 5% of Venezuelan migrants and refugees in Ecuador were registered with social security (Cháves-González, Amaral, & Jesús, 2021). Most of the Venezuelan population in the country does not have public or private health insurance.

Reproductive rights were threatened by the shutdown of the contraceptive supply chain —a consequence of the reallocation of resources—, the lack of personnel and sanitary protection equipment (ECLAC, 2021). Pregnant women could not access safe childbirth or treatment for pregnancy complications or sexually transmitted infections (Office of the Resident Coordinator and Office for the Coordination of Humanitarian Affairs, 2020).

Regarding access to education, data from ECLAC indicate that Latin America and the Caribbean was the region with the most extended face-to-face class interruption period: around 56 weeks —more than one school year. In Ecuador, at the beginning of the pandemic, the Ministry of Education signed Ministerial Agreements to close schools and, more than three months later, to develop the new online education model (2022). The pandemic caused approximately 90,000 children and adolescents to dropout of school (UNICEF, 2020). In 2020-2021, the resident Venezuelan population's school enrollment range was between 53% and 82%. 9% of C&A with some type of disability were not in school because their relatives could not find a school that responded to their needs (Cháves-González, Amaral, & Jesús, 2021). Venezuelan children enrolled in school received uniforms, textbooks, and other supplies and were beneficiaries of school feeding programs (World Bank, 2020).

On the other hand, regarding leadership and participation, a World Bank study shows that in host communities participation in social spaces depends greatly on gender. The participation of both Ecuadorian and Venezuelan women in public spaces is significantly lower than that of men. 8% of Ecuadorian women participate in youth and sports groups. Meanwhile, the



participation of Venezuelan women in human mobility is scarce or non-existent, possibly due to working hours, housework, childcare, etc. (2020).

Another sex-gender-biased element we must point out as key in the context of increased social violence in the country is gender-based violence (GBV). During confinement and social isolation, women and girls are likely to face systematic sexual assaults from relatives and people close to them (WHO, 2020), as 23% of women surveyed have faced sexual violence (CARE, 2022). Sexual violence is also present in schools: according to the Sexual Violence Registration System (REDEVI for its acronym in Spanish), from 2014 to December 2021, 13,578 cases were registered in schools (Ministry of Education, 2022).

The Second GBV survey (2019) shows that 6.5 out of 10 women have experienced some form of violence throughout their lives, which means this situation has worsened compared to 2011. From 2014 to March 2020, 387 femicides were registered, while only in 2019, 16 murders and/or violent deaths of LGBTIQ+ people were reported (Silhouette X Association, 2019).

Women and girls in human mobility are the most vulnerable, as they are exposed to different forms of violence and are targeted by trafficking networks, especially if they are alone or in

precarious conditions (Carcedo, 2020). Moreover, due to income reduction many women resort to transactional sex to survive (UN Women, 2018 and 2022; Humanitarian Country Team, 2020).

Gender-sex diverse people in human mobility face various forms of violence, including xenophobia, discrimination, and LGBTIQphobia, both in their native countries as well as in transit and at destination (Diálogo Diverso, 2020). The patriarchal society is based on prejudices and fear of differences therefore, it stigmatizes gender-sexual diversity as a threat to the traditional order, the family, and society (Carcedo, 2020).

Due to widespread discrimination, public spaces continue to be violent contexts for the Venezuelan population, as well as schools, the workplace, and even shelters (World Bank, 2020). Symbolic violence mainly affects women in human mobility and does not come only from the host male population but is widespread (UN Women, 2022). These expressions of violence respond to patriarchal customs that affect intersectional identities and limit the full exercise of their rights.



## VI. Demographic profile

According to the latest projections of population growth of INEC, the Ecuadorian population was estimated to reach 17.5 million people by 2020, of which 51% were female and 49% male<sup>9</sup>. By 2022, the population will reach 18.1 million people, of which 50.1% are male, and 49.9% are female.

Regarding the estimates on migration in the region, it is projected that in the five-year period between 2020 and 2025, Ecuador will have a rate of -1.2, which implies more exits than entries (CELADE, 2019). Moreover, according to the Ministry of Government (2022) –contrary to the previous years' trend–, in 2021, there was a substantial drop in the number of Venezuelans entering the country, reaching 10,530 arrivals and 18,723 departures, with a balance of 8,193 people remaining in the country. Until April 2022, 5,842 arrivals and 9,429 departures were registered, leaving a negative migratory balance of 3,587 people<sup>10</sup>.

Regarding COVID-19 spread in Ecuador, 212 thousand contagions were registered in 2020, 549 thousand in 2021, and 871 thousand between January and May 2022. The 2020 Statistical Registry of Deaths has 115 thousand deaths reported (35 thousand deaths by COVID-19), which represents an increase of 55% compared to the 74 thousand deaths that were registered in 2019. In April 2020 alone, more than 15,000 deaths were recorded, 1.45 times higher than in 2019 (INEC, 2021). In 2021, there were about 105,000 deaths, of which approximately 35,000 would be due to COVID-19 (Social Observatory of Ecuador, 2022).

Currently, the Government of Ecuador has provided the second dose of the vaccine to around 87% of the population. This means that 15.13 million people have agreed to be vaccinated. According to information provided by the Ministry of Public Health, as of May 2022, 34,671 COVID-19 vaccines have been administered to the population in human mobility<sup>11</sup> (MoH, 2022).

<sup>9</sup> La última proyección población elaborada por el INEC es a 2020.

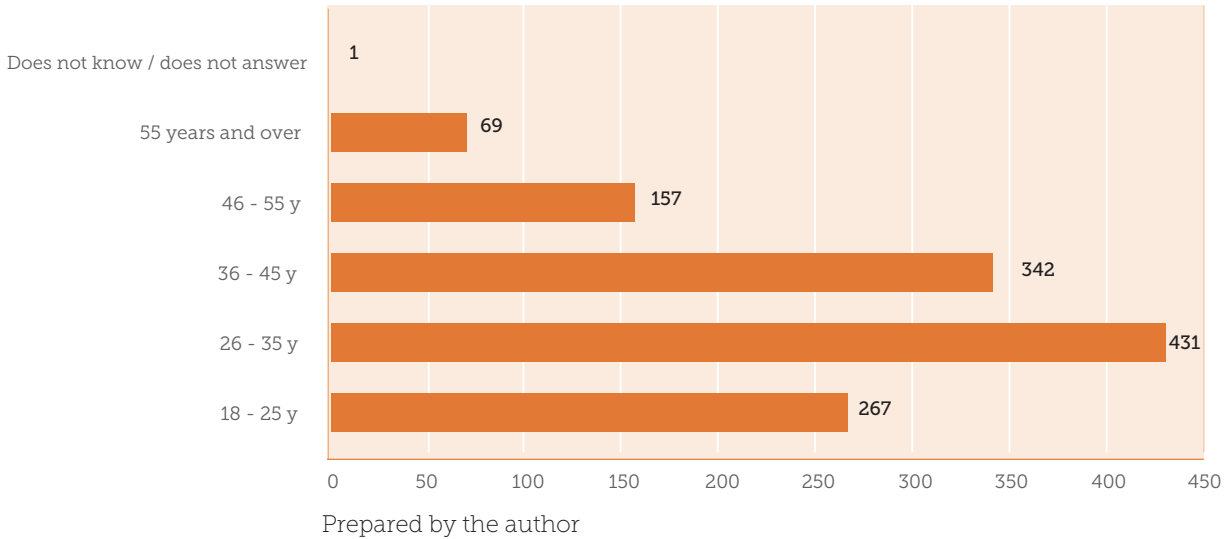
<sup>10</sup> Estas cifras incluyen un cálculo aproximado de ingresos y salidas por pasos irregulares.

<sup>11</sup> La cifra incluye la suma de dosis de vacuna contra la COVID-19 aplicadas a población en movilidad humana; esto es: primera y segunda dosis, unidosis, y dos dosis de refuerzo. El corte de la información es 20 de mayo de 2022.

## 6.1. Demographic and household profile of respondents

This section comprises the main results obtained from 1,267 that were conducted in 10 locations in the country. As seen in the following graph, the survey respondents are mainly in the 26 to 35 age group (431 people; 34% of respondents).

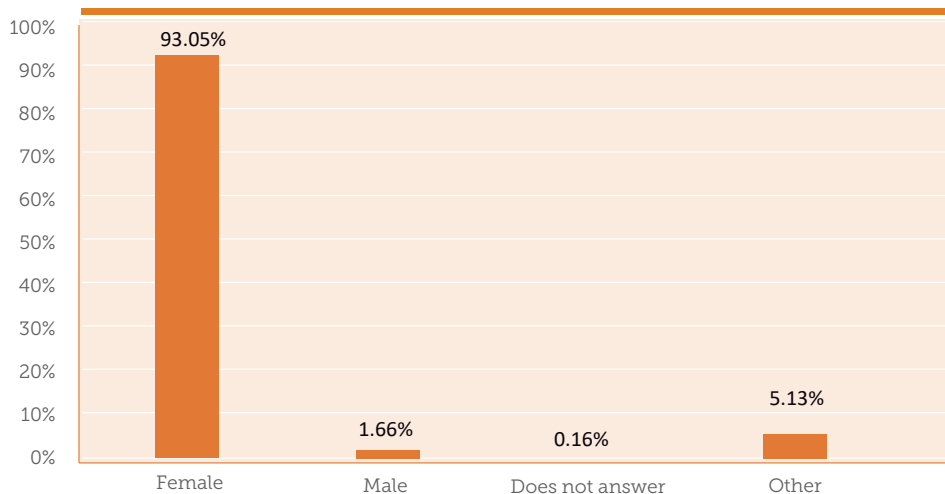
Graph 1. Age of survey respondents



Data regarding the respondents' ethnic self-identification is as follows: mestizo (1,017; 80.6%), white (116; 9%), Afro-descendants (88; 7%), and indigenous (41; 3.2%)

Regarding the gender of the respondents, most are female (1,179 people; 93%), followed by non-binary gender (65 people; 5%); and, to a lesser extent, male (21 people; 2%). 2 people (0.2%) did not answer this question.

Graph 2. Gender of survey respondents

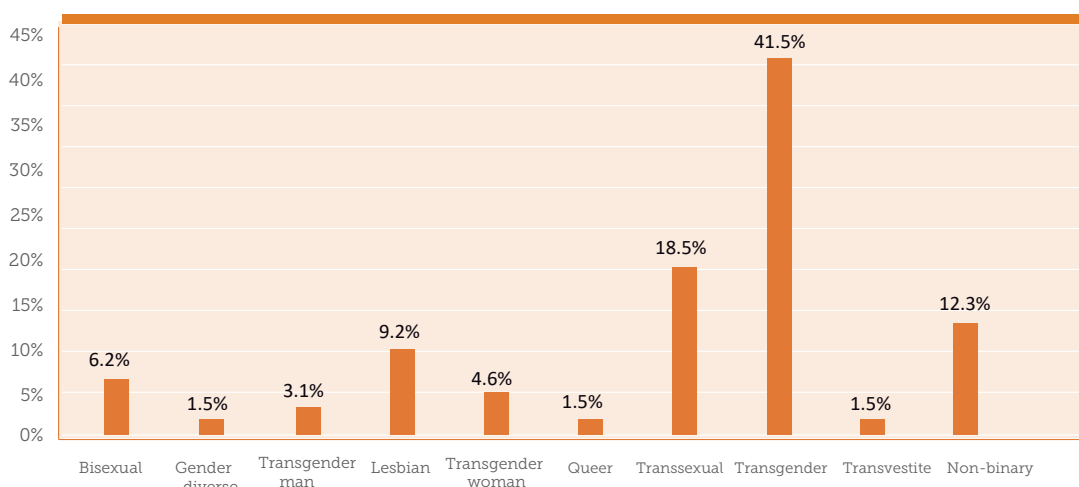


Prepared by the author.

12 It should be noted that the target group for the surveys was women in human mobility between 18 and 60 years old and from the selected host communities (10 localities). However, males (representing 1.66% of the sample) answered 21 surveys. The analysis is based on the total population surveyed for each gender, considering 100% of the female population and 100% of the LGBTIQ+ population, so there are no biases when processing the main results

Data collected on the self-identification of the gender-sex diverse population surveyed is shown in Graph 3

Graph 3. Self-identification of gender-sex diverse people surveyed



Prepared by the author.

On the other hand, 64 people (5% of the total) reported having a disability. These included physical disabilities (31), visual disabilities (12), intellectual disabilities (5), auditory and multiple disabilities (4 each), psychosocial disabilities (2), and language disabilities (1). 5 people answered that they did not know their type of disability or did not answer. Additionally, 52 people (81.25%) of those who reported some type of disability did not have the certificate issued by the Ministry of Public Health; thus, they cannot access the services granted to this population group. It should also be noted that, among those who reported not having a disability card, 80.77% are people in human mobility.

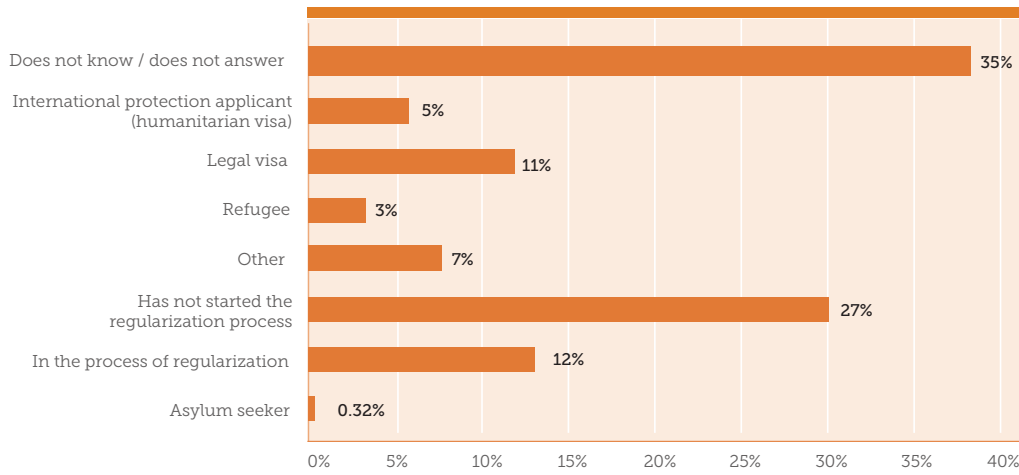
Regarding the respondents' nationality, 429 (33.85%) are Ecuadorian and 838 (66.14%) foreigners. The non-nationals are mostly Venezuelans (86.99% of the foreigners) and Colombians (12.52 % of the foreigners) and to a lesser extent of other nationalities (Spanish, Peruvian, and Salvadoran; 0.47% of the foreigners).

As for the immigration status of people in human mobility, the large number of migrants that continue to have an irregular status evidences the vulnerabilities to which they may be exposed. Unfortunately, 35% of survey respondents did not report their immigration status or the reasons why they have not started their regularization process<sup>13</sup>.

<sup>13</sup> Questions that respondents chose not to answer were not asked reasons for this decision, not to generate discomfort.



Graph 4. Immigration status



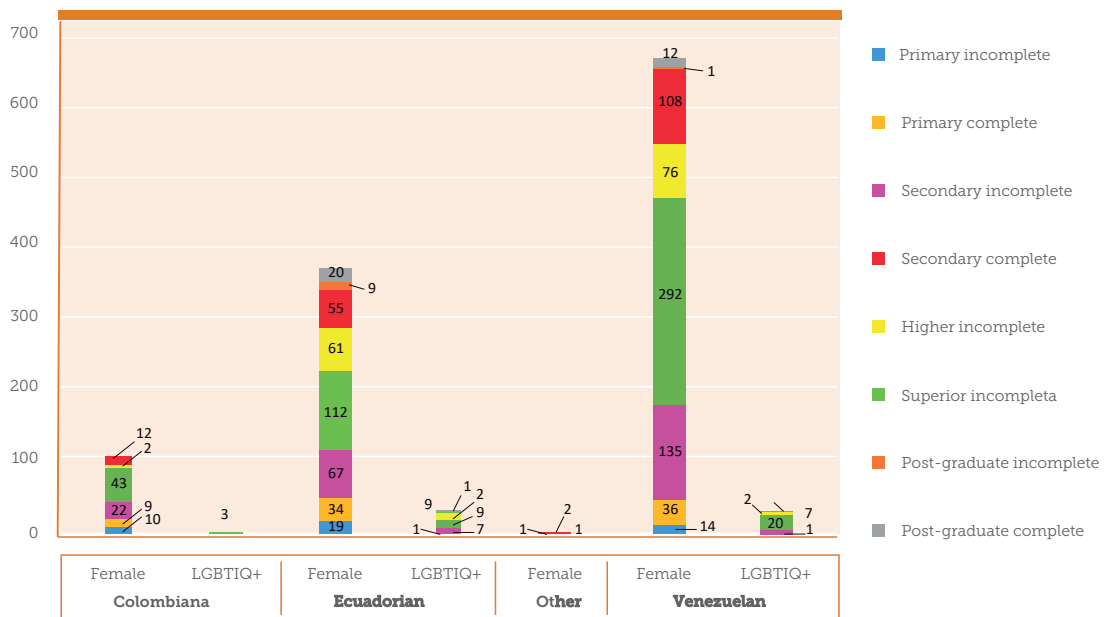
Prepared by the author.

In particular, those in the "other" immigration status (88 people, 7%), most stated that they are in an irregular administrative condition (96%) or have the Andean Migration Card, humanitarian visa, or protection visa (1%, in all cases). This condition is mainly due to regularization process denials and currently in appeal, not having the documents required by authorities, and lack of resources to start or continue the process. It is important to point out that, among this population, 38% have been in the country for 2 to 4 years, so they have exceeded the legal stay of 90 days in the country and the additional 60 days granted by the Ecuadorian Government so that the migrant population, mainly Venezuelans fulfill the regularization process

Regarding the education level of survey respondents, 25 people (2% of the total population) indicated they do not know how to read, while 1,242 people (98%) have some type of instruction

Lastly, concerning the household composition, respondents state the following: 424 people (33%) live with their partner; 379 (30%) with their children, 190 (15%) with other people, 108 people (9%) live alone, 85 (7%) with other adult relatives, and 81 people (6%) live with their parents. Among those who indicated living with others, most reported living with friends, a couple and its children, or extended family members.

Graph 5. Education level by nationality



Prepared by the author.



## VII. Analysis of the situation of women, by research area

The following evidence shows trends in risks and vulnerabilities faced by women and LGBTIQ+ people; this situation is aggravated for people in human mobility. In each of the 5 target areas of this RGA study no substantial change occurred regarding gaps in access to and exercise of rights that have historically affected women and gender-sex diverse people. The pandemic exacerbated these inequalities. *The evidence gathered, confirms the increased gaps in access to and exercise of rights for women and the gender diverse population –particularly those in human mobility.*

The evidence gathered, confirms the increased gaps in access to and exercise of rights for women and the gender diverse population –particularly those in human mobility.

This is deepened by a marked sex-gender, xenophobic and LGBTIQphobic bias that persists, thus affecting control of means of production, access to livelihoods, and the participation of women in the paid labor market, the social organization of care and its distribution within households, access –under conditions of equality and without discrimination– to health, education and care services and protection against gender-based violence; the possibility of participating in organizational processes and exercising leadership in their communities; and the exposure of women and LGBTIQ+ people to gender-based violence *persiste un marcado sesgo sexo-genérico, xenófobo y LGBTIQfóbico que restringe gravemente el ejercicio pleno de los derechos de estas personas, especialmente de quienes presentan identidades interseccionales.*

## 7.1. Control of Means of Production

The social-health crisis and the regional human mobility crisis resulted in a very complex context: a large influx of Venezuelans decided to leave the country in search of access to medical care –even amid mobility restrictions and borders closure, as measures to prevent contagion–, another part of the Venezuelan population that was in Ecuador or the countries of the Southern Cone, chose to start the no-less risky return to their country, convinced that “it was better to die in their homeland.”. It is estimated that more than 5,300 of the Venezuelan population residing in Ecuador returned to Venezuela as part of “Vuelta a la patria” plan, financed by the Venezuelan government (El Comercio, 2021).

According to information gathered in FGDs, the families that did not have a job or steady income –or who lost their livelihood amid the health crisis–, who were engaged in the informal economy and had scarce means of production, had to resort to risky survival mechanisms to allow them to cover their basic needs. These included begging in the streets, child begging, criminal activities, or forcing women and the LGBTIQ+ population to transactional sex.

*“[The pandemic was] painful. We witnessed death, confinement, and abuse both physical and economical.” Ecuadorian woman. Guayaquil.*

The most significant effect for these households was food insecurity. Survey respondents mentioned that sometimes they did not eat or ate only once a day, as “they learned to survive”.

*“The pandemic was chaos. Something so bad had never happened before. I recalled what I experienced in Venezuela, trying to save every penny. I learned to value everything I have, and, as so, it was also an opportunity.” Venezuelan woman. Guayaquil.*

*“My mom works in a bakery. Sometimes, their bosses gave her bread, cheese, or milk. But they told her that when work started back on, she would have to pay that back. Thanks to the bakery, we had one or two meals a day; at least we ate something. I started feeding my baby cornstarch.” Venezuelan woman. Ibarra.*

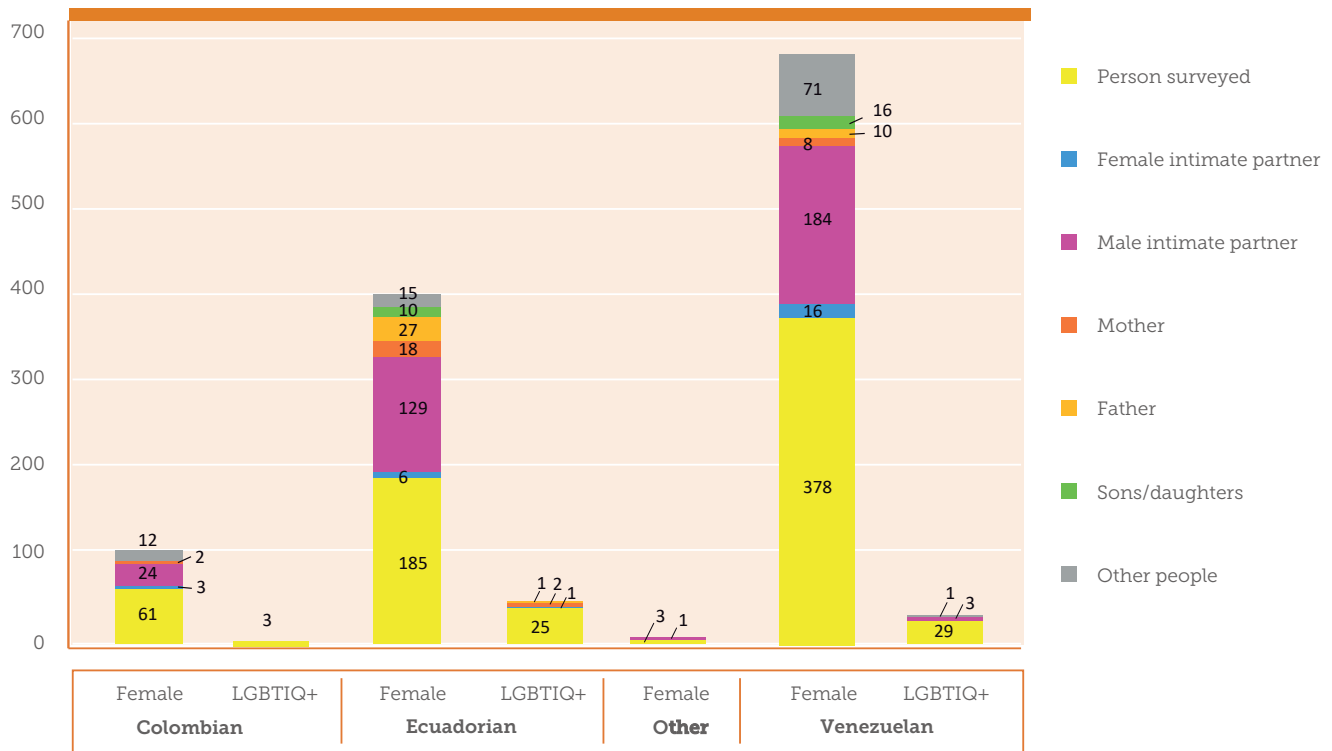
It should be noted that access to financial resources before the pandemic was complex, especially for women in human mobility who did not have a regular immigration status or permits to work, and thus were exposed to potential exploitation at work, receiving wages lower than Ecuadorians –or sometimes not getting paid– and without social benefits. The pandemic aggravated this situation: many were left without any protection. According to data from the International Labor Organization, on average, the employment situation for Venezuelans worsened upon arrival in Ecuador, as well as their economic situation –yet to a lesser extent–, at least before the COVID-19 pandemic (2020).

*"[The pandemic] was hard for everyone, but there was a truck that stopped on the boulevard and gave out bananas, food, and that way we could survive. The pandemic was difficult: we had so little, but we realized that the truck was giving out food weekly. They gave each person a bag. My mom, sister, cousin, and I would go pick up food from the truck, so we had four bags, and it was enough for us". Venezuelan woman. Ibarra.*

*"We have been forced to go out to sell on the street because as employees, they do not pay us, and we work like 12 hours. For this reason, we are forced to go out and do street sales". Venezuelan woman. Quito.*

In quantitative terms, the following data stands out: 55.25% of survey respondents (700 of 1,267) are the main providers in their households. Among those who are heads of households, 59.86% are Venezuelan, 30.57% Ecuadorian, and 9.14% Colombians. The remaining 0.43% are other non-nationals.

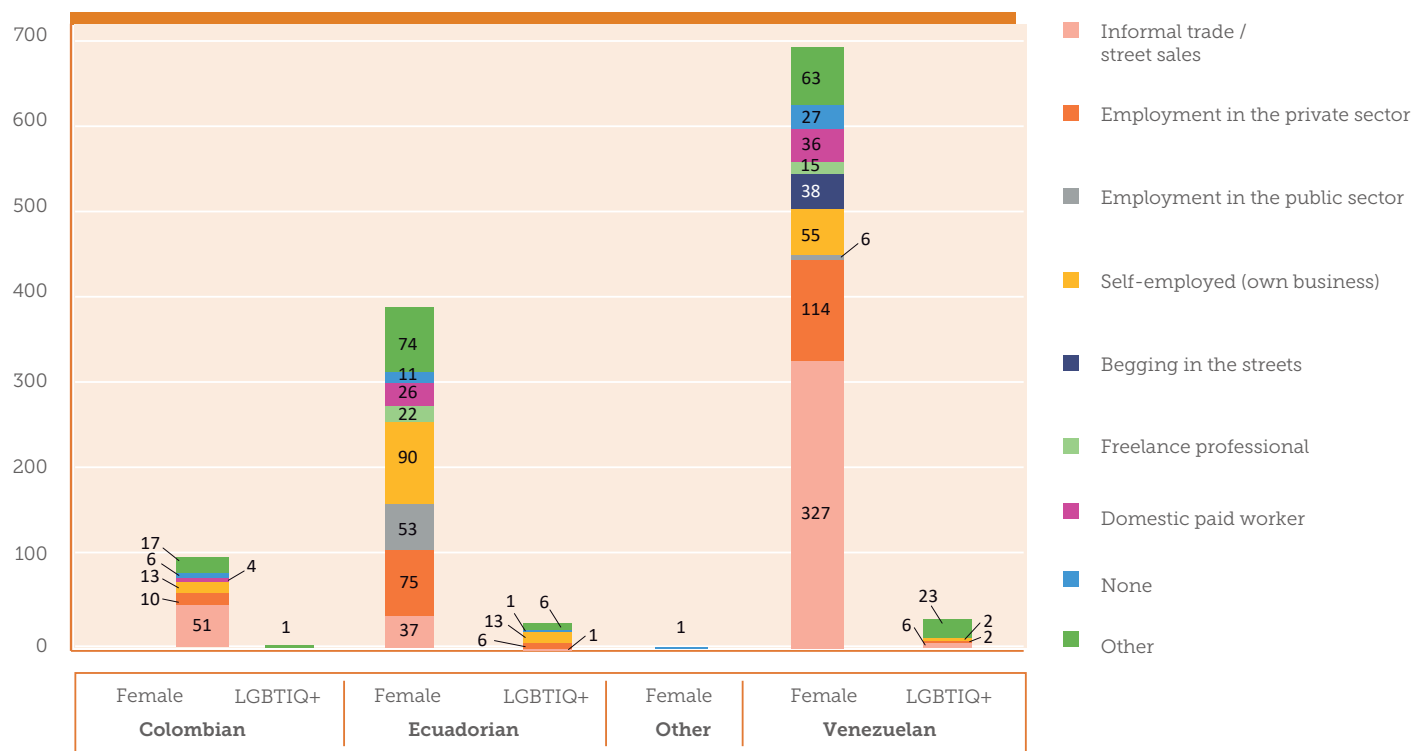
Graph 6. Household headship



Prepared by the author.

The main source of income for those who are heads of households comes from the informal economy, trade/street sales (34%).

Graph 7. Main sources of income



Elaboración propia.

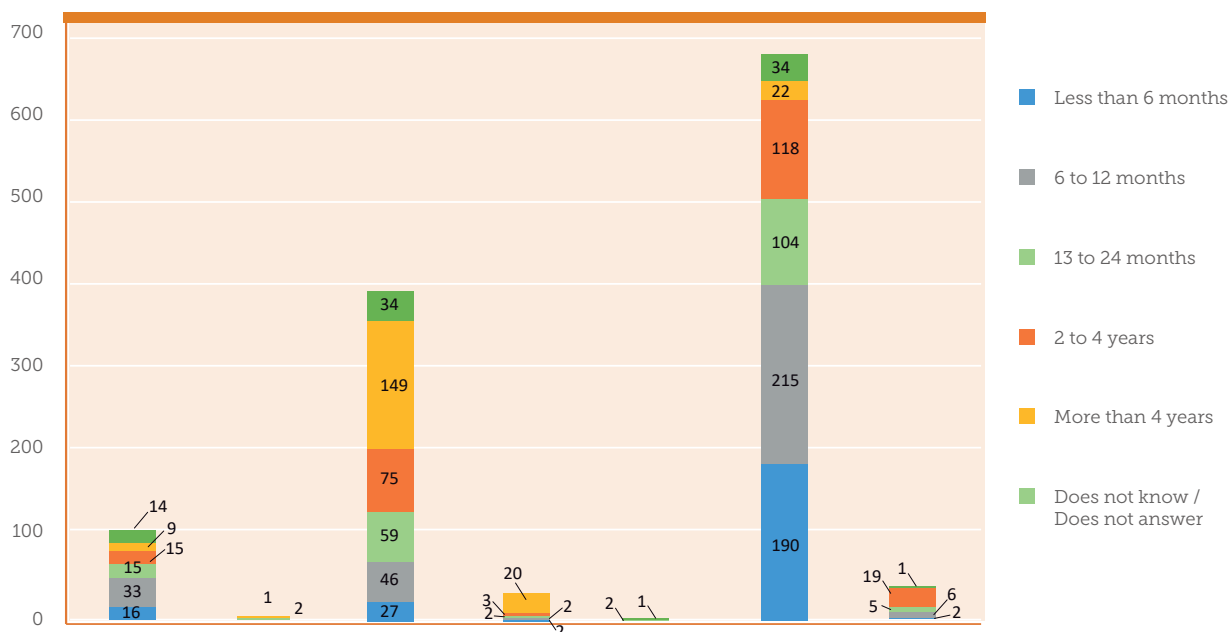
It is estimated that 348 people (27%) who work in the public or private sector or in paid domestic work are employees, while 646 people (51%) are entrepreneurs, business owners and/or freelancers. This reality evidences the presence of women and gender-sex diverse people in historically feminized jobs (commerce, services provision, or domestic work), as well as the vulnerabilities they face to be engaged in the informal economy.

*“In December 2019, I started a business. I had some savings and decided to invest. My daughter was a baby and needed care, so I could not work full time but only three days a week. I saved and started a food and juice sales business. I opened from Wednesday to Sunday. In December, I did well. But, in February, when I was recovering from labor, the pandemic arrived and was chaos for me. But thank God, with the money I had made, I was able to survive for some time.” Venezuelan woman. Guayaquil.*

Of survey respondents that reported receiving other types of income (185 people; 15% of the total), 71 people, mainly women (63.38%) and LGBTIQ+ people (36.62%), perform sex work. Most engaged in sex work are people in human mobility (55%), yet the percentage of Ecuadorians (45%) performing sex work is also considerable. This evidences the persistence of patriarchal structures that support both the traditional sexual division of labor and the objectification and hypersexualization of feminine bodies.

Regarding the time spent in their current job/business/livelihood, 25.02% (295) of the women surveyed mentioned that they had been employed for 6 to 12 months. 33.85% (22) LGBTIQ+ respondents, reported having been employed for 2 to 4 years. In general, those who mentioned greater job stability (more than 4 years) are Ecuadorians, followed by Venezuelans (10.84%), and Colombians (4.93%). On the contrary, those who have been working for less than 1 year are primarily people in human mobility: 76.63% are Venezuelans, 9.06% are Colombians or from other nationalities, and 14.31% are Ecuadorians. This reality confirms the difficulties faced by people in human mobility, particularly women, to enter the labor market and accounts for the dominance of the informal economy nationwide.

Graph 8. Time spent in the current job/ livelihood



Prepared by the author.

Since most of the survey respondents work in the informal economy, they were constantly exposed to forms of labor exploitation. 609 survey respondents (48%) indicated having experienced the following in their current jobs: receiving fraudulent job offers, having faced some form of harassment or extortion, being insulted, or hearing some comment they found offensive. In the same sense, 92% of the LGBTIQ+ population surveyed mentioned having faced some of these forms of violence in the workplace. This situation is also evidenced in the study "Social discourse on women in human mobility" (UN Women, IOM, 2021), which determines that the majority of messages and speeches directed towards the population in human mobility, as well as the specific comments directed towards women in human mobility, both virtually and face-to-face, are harmful. These messages and speeches are loaded with pejorative words and degrading adjectives that are discriminatory and xenophobic.

*“Violence comes mainly from men. They think of women as sexual objects or immoral individuals.”*  
Venezuelan woman.  
Huaquillas

*“We have to survive somehow. The current weather conditions are not helping us because we cannot sell on the street.”*  
Venezuelan woman. Quito.

93% of people who faced some form of violence in the workplace did not file a complaint: that is 566 people, primarily women (528; 93%) and LGBTIQ+ people (27; 5%). However, when asked about the reasons for not reporting, most chose not to answer. Only 21% (269 people) indicated that they did not report the aggression because it was “common in the workplace” and not “serious enough”.

Among the people who reported having faced some form of harassment in their current job (722; 57% of the total), 93.05% were women, and 5.1% were LGBTIQ+. On the one hand, of those who faced harassment, 43% did not state the reasons or preferred not to respond. On the other hand, 19.1% indicated to be discriminated against for being a foreigner, 15.1% for being a woman, and 4.2% because of their sexual orientation. The remaining percentage is the result of the intersection between different forms of discrimination linked to several aspects such as human mobility, sexual orientation, or ethnicity (for being a woman/ migrant/ LGBTIQ + /for their ethnic self-identification). Of the total LGBTIQ+ population surveyed, 55% indicated their sexual orientation as the sole factor that motivated discrimination. The remaining LGBTIQ+ survey respondents pointed to intersectional reasons related to their gender and sexual orientation, nationality, or skin color as the factors that prompted discrimination.

As a consequence of the pandemic, 98.34% of survey respondents indicated that they faced a significant impact on their sources of income. Among the female population, 95% reported that the social and health crisis affected their sources of income, as well as 100% of LGBTIQ+ survey respondents. Among those who have faced a

*“Regarding LGBTIQ+ people, trans women were affected by the general decrease of work opportunities. We could not achieve our goal of helping each one of them.”*  
Public official. Guayaquil.

high impact on their income, most are people in human mobility (Venezuelan and Colombian).

It is important to mention that 65.51% of survey respondents mentioned that their current source of income implies irregular working conditions, either due to excessive working hours (over 40 hours per week) or because the remuneration is below the minimum wage (USD 400 in 2020 and 2021, USD 425 in 2022). Of this percentage, 47.04% are people in human mobility.

These data show the socioeconomic vulnerabilities that women and LGBTIQ+ people face, due to limited access to livelihoods and their engagement mainly in the informal economy. This scenario is even more pressing when it comes to women and gender-sex diverse people in human mobility with an irregular immigration status; they have had to face fraudulent job offers and other forms of harassment to access jobs or remain employed.

Thus, the participation of women and LGBTIQ+ people in the informal economy exposes them to social vulnerability and market contingencies and significantly influences the risk of facing forms of labor exploitation and gender-based violence in public spaces, as will be seen later.

## 7.2. Decision-making at home and use of time

The social organization of care work in Latin America is family-oriented (Pérez Frago, 2012), that is, the provision of care to those who require occurs mainly within homes; as such, women are the main care providers. This scenario, which is also part of the Ecuadorian context (INEC, 2012), has been aggravated by the COVID-19 health crisis, due to the closure of day-care centers, schools, and care centers for older adults and people with disabilities. In this sense, the increased demand of care that surpasses institutions' capacity, evidences the deepening of the inequality gaps.

the health field, due to the increase in the demand for medical services, as in education, due to the additional efforts that the change to virtual modality in schools implied.

Additionally, many women also assumed household leadership and the new burdens of unpaid work and care within their homes. Thus, although in these cases, we recognize that household provision of resources has been reconfigured, passing the headship to females, these women remain secluded in historically feminized areas of the labor market. The changes have then been carried out as household strategies to maintain a steady income; however, paradoxically, the composition of the formal labor market continues to reproduce the gender order.

*“Roles were somehow modified: during quarantine, domestic care and chores could be shared. However, in most cases, women did all this work alone, and violence was a common occurrence”. Ecuadorian woman. Riobamba.*

*“The mother became a teacher, her tasks tripled, and these remained as part of women’s role. Most of the women who left their jobs did so due to layoffs. Many women were bearing all responsibilities at home, without no support at all.” Ecuadorian woman. Riobamba.*

The study results show the persistence of the sexual division of labor –as it was traditionally conceived– and of an unbalanced gender order (Filgueira & Martínez Franzoni, 2019), harming women in several ways. Within households, women and girls have assumed greater burdens of care and perform unpaid domestic work. Regarding employment in the public sector, there is a complex dynamic: women who, before the pandemic, had a job with a strong presence in the areas of health and education (primary and secondary) –sectors that pay rather poorly, are socially unvalued and linked to care work (Tronto & Fisher, 1990)–, after the pandemic assumed an overload of paid work that implied the working extended hours both in

On the other hand, it should be noted that care implies, in addition to the material, economic, and affective components (Batthyány, 2015), a moral duty that, at a particular stage of life, all people experience; and that, when supplied adequately outside of homes, contributes to strengthening social fabrics.

*“I take care of a 5-month-old girl because her mother, a Colombian friend, is imprisoned for bringing illegal items into the prison where her partner is.” Venezuelan woman. Ibarra.*





Survey results show that 55.25% of the female population reported being the head of household, and 51.40% (606) mentioned they always make decisions about family income use. Meanwhile, 22.31% (263) make decisions regarding income use most of the time, 17.73% (209) rarely, and 3.73% (44) never decide on income use. As for the LGBTIQ+ population, most (73.85%; 48) always decide on the use of their income; followed by those who do it most of the time (15.38%; 10), on few occasions (7.69%; 5), and those who never do it (1.54%; 1). The factors mentioned to justify another person managing one's income include habit (28.12%), greater capacity to face expenses (15.27%), better knowledge in resources administration (11.79%), and patrimonial violence (3.54%). The remaining answers were a mix of the previously mentioned options.

***“My partner did not like that I work because his father used to say that a woman should be at home.” Venezuelan woman. Machala.***

In addition, 48% (603) of survey respondents reported that women do all the housework. 16% (203 people) said that women carry out these tasks most of the time, while 21% (261 people) mentioned that both men and women perform household chores, and 10% (122 people) indicated that these responsibilities are distributed among gender-sex diverse people. In this regard, 70% (884 people) mentioned that distribution of household chores did not

change during the pandemic. Among the people who experienced changes in the distribution of household chores, 11% reported that women now spend more time on domestic work, and 5% indicated another woman in the household performs some tasks. In other words, the pre-eminence of the feminization of unpaid work within homes and throughout the life cycle of women is confirmed. These results are consistent with what is mentioned in the Rapid Gender Analysis on the Situation of Girls and Adolescents in Ecuador (CARE-PI-WVE-PMA, 2021), given that the dedication to household chores is entrusted to girls from an early age and increases as adolescence approaches.

75% (947 people) of women interviewed indicated they are responsible for providing care in their homes. 10% (124 people) mentioned that care is in the hands of other women in the family (which again denotes the feminization of care labor). In comparison, 4% indicate that the men in the household are responsible for care tasks and 2% said that gender-sex diverse people are. Notably, among LGBTIQ+ people, 73.85% indicate that they mainly deal with care at home, while 10.77% express that another woman in the family does it. On fewer occasions, the one who provides care is another gender-sex diverse person or another man (1.53% in each case). The remaining 10.77% did not answer the question.

Additionally, 30.47% of survey respondents indicated that care provision changed during the pandemic. This modification has harmed women, as it is reported that women dedicate more time to care (48.19%), that these responsibilities have been distributed among other women in the family (13.47%), or among gender-sex diverse people (12.18%), and, to a lesser extent (3%) they have been shared with other men in the family. Notably, a significant percentage (18.39%) of those who affirm there was a change in care task distribution report that this made women spend less time on these tasks. 14% of this last percentage represents Venezuelan women. This data must be read in the light of two probable situations: first, women combine paid work with caring for their children so that they effectively have less time to dedicate exclusively to care (a common situation in the cases of people whose primary source of income

are street sales, commerce, entrepreneurship, or those who ask for support on the streets). Second, families resort to outsourcing care in collective circuits, in which a woman takes care of the children of several others to free up time for the latter and enable their participation in the paid labor market. These two situations have been documented in the focus group discussions carried out.

***“We are independent activists: we help each other and take care of our children.”  
Venezuelan women. Quito.***

As we will show below, two years after the start of the pandemic, the organization of care presents a greater challenge for women seeking to rebalance the distribution of care and household chores within their homes to resume their participation in the paid work market and the public sphere.

***“I worked as a domestic worker, but they didn't let my daughter touch anything. If the girl sat in an armchair, the lady would tell her, 'take the girl away because she dirty my chair.”  
Venezuelan woman.  
Quito***

Finally, it is important to highlight the relationship between the provision of care and the feminization of migratory flows (World Bank 2020, UN Women 2022) from at least two angles that contribute to increasing inequality among women. On the one hand, Ecuadorian women outsource the provision of care by hiring women in human mobility —on many occasions informally and precariously— so that they free up their time to participate in the paid labor market, while the women employed are forced to resolve the provision of care for their daughters and sons through care networks (Guimaraes, 2019).

On the other hand, women in human mobility have assumed the responsibility of sending remittances to their relatives in Venezuela, so they must provide direct care to their family in Ecuador but also provide resources to care for other people, making part of complex global care circuits (Hochschild, 2000; Pérez Orozco and García Domínguez, 2014). These women –links in global chains– are exposed to performing ongoing care labor (Chiriboga, 2022) since they are employed in paid domestic work and care for those depending on them in their Ecuadorian households, with little or no possibility of exercising self-care.

### 7.3. Access to essential services

In the face of the COVID-19 health emergency, the health sector was the most affected, yet, soon the entire social and protection sector was disrupted, both due to the reallocation of budget to address the emergency (Public Expenditure Observatory, 2020; National Planning Secretariat, 2021) as well as for the limitations derived from the confinement and the prevalence of previous access gaps that hinder the full rights' exercise of the population in vulnerability, poverty or extreme poverty, or in the informal economy. A significant portion of the population in human mobility, particularly those with irregular immigration status, is exposed to these limitations. The lack of qualifying documents (current identity documents, apostilled educational certificates, etc.) has been one of the main arguments put forward by some public officials –unaware of the current regulatory framework and their responsibilities as public servants– to restrict access to health care, access or permanence in schools, and, even –incurring in manifestations of secondary victimization– limit access to care and protection services in cases of gender-based violence.

***“Most people are unaware of the current regulations, which frequently derives in violations of people’s rights.”  
Civil servant. Ibarra.***

***“I feel discriminated against not only because of words, but rather because of the attitude of people. When our children get sick, doctors and nurses take care of them from afar, with a distance”. Venezuelan woman. Machala.***

Access and care in health centers and public hospitals were precarious. A clear difference was established regarding whether care was provided for the Ecuadorian population or for women and the foreign LGBTIQ+ population, especially Venezuelans. In particular, some female survey respondents mentioned to have faced discrimination in the delivery process, a sign of gynecological-obstetric violence.

***“I went to the hospital nearby. When they found out that I was Venezuelan, they treated me differently: all the other women received some painkillers, while they just handed me the prescription to buy the medication they had given the others (...) The doctor was upset and said that because we were Venezuelan, we wanted them to treat us differently”. Venezuelan woman. Huaquillas.***

***“Because I am a migrant, the doctor asked me where I was from and why I came to give birth in Ecuador.” Venezuelan woman. Lago Agrio.***



*"[Because of fear of getting deported] I have not had a gynecological control. I am afraid to go to a doctor because I am illegal'." Venezuelan woman. Machala.*

The perception of discrimination and violence in the treatment exerted by public servants, medical personnel, and others has influenced Venezuelan women to choose not to take their sons and daughters to health check-ups. Even older adults report that they cannot access medicines due to their immigration status.

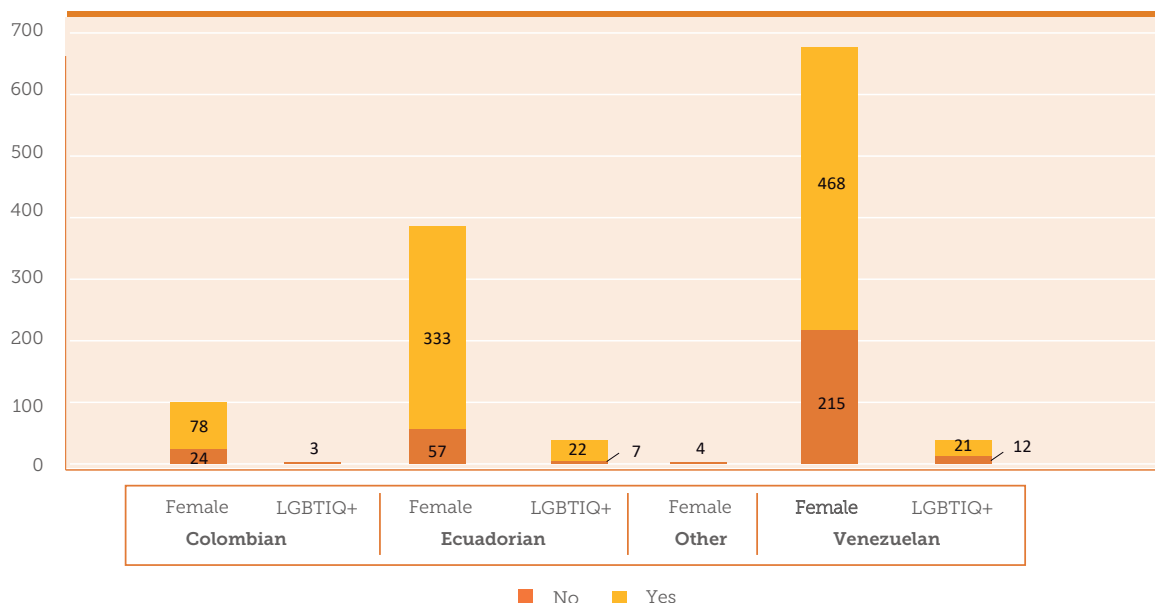
*"The main problem I have faced to access to education, health, or justice services has been discrimination on the basis of nationality." Venezuelan woman. Lago Agrio.*

On the other hand, within schools, children in human mobility, especially Venezuelans, due to their nationality, have been subjected to bullying by their peers and even by teachers. Also, limitations were recorded in access to care and protection services in cases of gender-based violence, yet to a lesser extent, not because there were fewer expressions of GBV such as domestic violence, but because they were not reported, as will be seen in section 7.5.

*"My children had a hard time at school. Their classmates and a teacher made fun of them. We had to change them to another school." Venezuelan lesbian woman. Lago Agrio.*

The data collected in the surveys show that 74% of respondents (943 people) required health services during the pandemic. Among the LGBTIQ+ population, 70.77% (46) mentioned needing health services, and among this percentage, most sought care in general medicine.

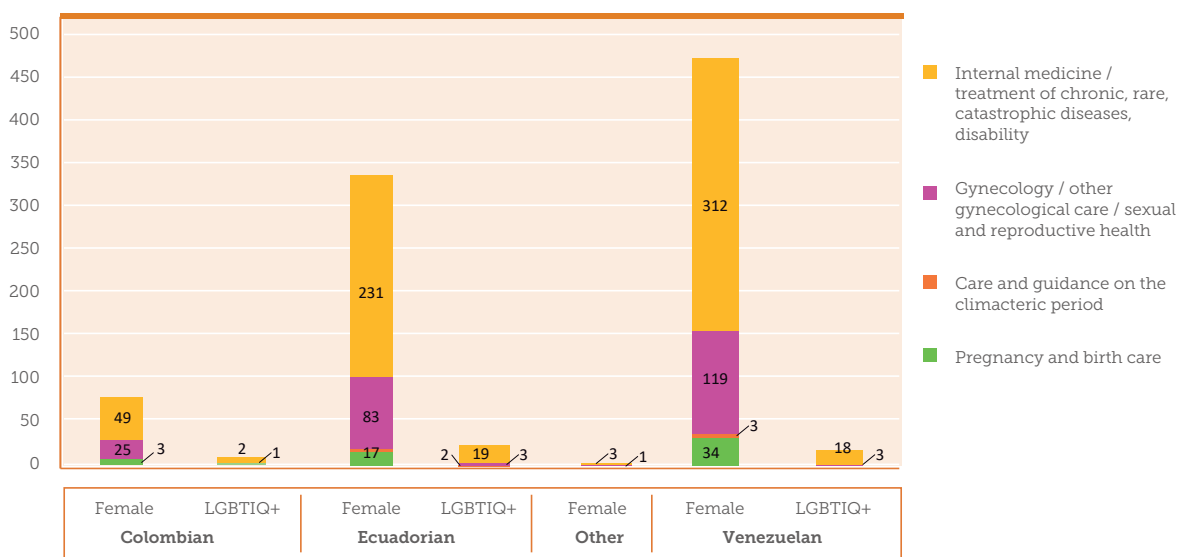
Graph 9. Health services required



Prepared by the author.

68.2% (864) of the survey respondents reported that, in the context of the pandemic, their health provider was the public health network. And, 30% (373) reported perceiving discrimination or experiencing a lack of attention in health services during the pandemic. This situation mainly affected women and gender-sex diverse people in human mobility. Male respondents indicated experiencing a lack of attention, but not discrimination.

Graph 10. Access to health services

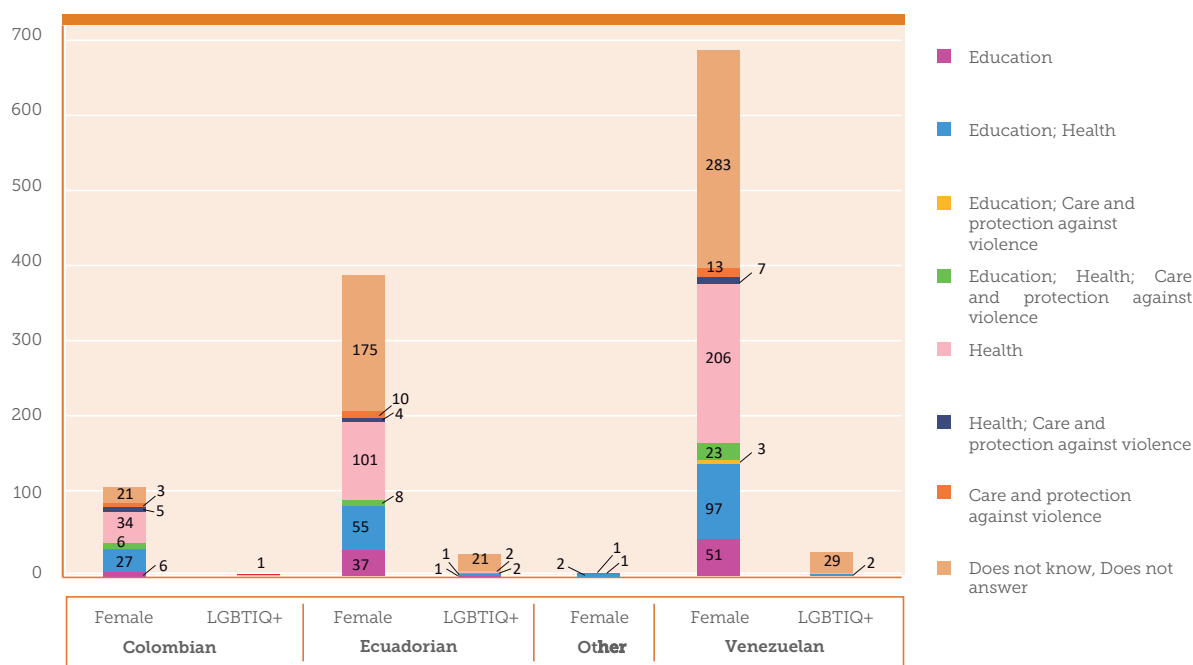


Prepared by the author.

On the other hand, 47% (597) of the survey respondents indicated the need to access the education system (either personally or on behalf of a family member). 500 people (83.75%) mentioned they tried to access the public education system. While, regarding access to protection against violence, most indicated they did not have this need (718 people; 57%; data that should be read from the perspective set out in section 7.5: the naturalization of violence and the fear of re-victimization); while 14% (179) indicated having faced domestic violence; 7% (84) reported experiencing violence in public spaces; 6% (78) said having been a victim of theft or robbery; and, to a lesser extent, people reported having faced several of these forms of violence during the pandemic.

On the other hand, 728 survey respondents reported that not having economic resources has limited their access to health (27%; 353); education (8.1%; 102); and care and protection services against violence (2%; 27). Although 42.5% (543) of survey respondents preferred not to answer this question, 19.4% (242) mentioned they face limitations in 2 or more of the indicated sectors.

Graph 11. Financial limitations to access to services



Prepared by the author.

Of the 57.46% (727) that represent those who report the economic limitations to access services, the majority (68.64%) corresponds to people in human mobility.

Restrictions in access to essential services (health, education, care and protection against cases of gender-based violence) in the context of the pandemic, account for the prevalence of xenophobic and sexist stereotypes that limit women and LGBTIQ+ people in human mobility, in the exercise of these rights. It was possible to document various experiences of

discrimination on the part of civil servants and cases of bullying among peers in schools against Venezuelan children and adolescents. Concerning care and protection against cases of gender-based violence, issues of secondary victimization and distrust in the justice system were identified.

***"I was expelled from the premises of the Ministry of Education because I am a lesbian." Ecuadorian women.***

The experiences that point out public officials' LGBTIQphobic expressions include the case of an Ecuadorian woman expelled from the Ministry of Education building due to her sexual orientation. Although several public institutions have instruments to strengthen the servants' knowledge of prevention of discrimination based on sex-gender, it is evident that these tools are not put into practice. Specifically, since 2019, the Ministry of Education has the "Guide of technical guidelines to prevent and combat discrimination based on sexual diversity and gender identity in the national education system." According to the CAP diagnosis study (CARE, 2020), only 5% of the education community knows about the existence of this guide, and only 3% apply it. Hence, the study recommends developing awareness and socialization processes with various education community actors.

#### 7.4. Leadership and participation

The limitations in the participation of women in decision-making spaces are part of the traditional sexual division of labor and the assignment of more or less explicit responsibilities, which place women within households as responsible for domestic and care tasks (Filgueira & Martínez Franzoni, 2019). Likewise, the exercise of leadership by women and gender-sex diverse people in human mobility in Ecuador faces the persistence of xenophobia and LGBTIQphobia in the host communities.

In this regard, it is worth emphasizing the link between the satisfaction of vital needs and the possibility of agency (O'Donnell, 2007) at least from two fronts: on the one hand, the urgency to fulfill the family's primary needs influences women (especially heads of households) to put all their efforts into providing these (that is, they focus exclusively on resolving needs in the private sphere); and, on the other hand, this same need has prompted women to assume a leadership role to support resources' management and strengthen ties, especially between fellow migrants and people from the host communities.

*"Organization is a key factor for women's empowerment: coming together and strengthening our common initiatives and the social fabric [...] Alone, we can do something, but together we can do a lot". Ecuadorian woman. Riobamba.*

*What I had, I shared with others. My house became a stock center as I received donations for people, regardless of nationality. It was a time of blessing. My house was a community center and a means to support others." Bisexual Venezuelan woman. Guayaquil.*

It is also worth to mention that some of the survey respondents are now activists challenging the various limitations to exercise their rights: be it due to nationality, gender identity, sexual orientation, or to provide solutions to the obstacles women face as both

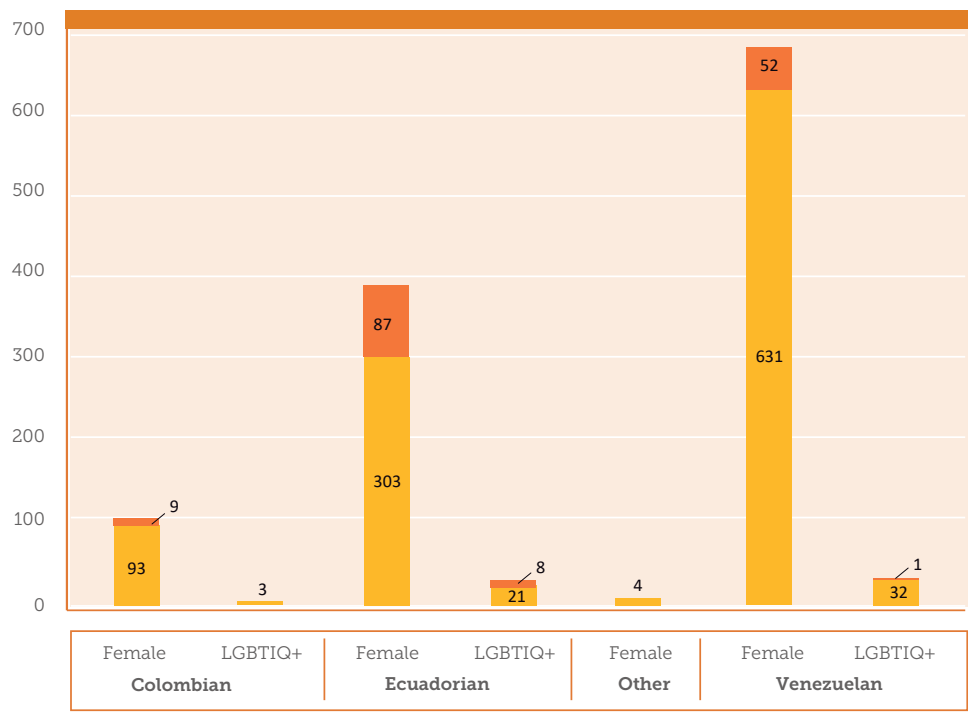
heads of household and caregivers. Regarding this last issue, the creation of care networks served (Guimaraes, 2019) as spaces for the collective organization of children's care and the possibility of freeing up women's time to dedicate to paid work or community/collective affairs.

*"I have always liked to help others, so I led an organization in my country, but political violence forced me to leave. I want to support people, and I think that at some point I will be able to help more."* Venezuelan woman. Manta.

*"Everything I have been through has taught me a lot. I have faced many deprivations, but I hope that one day I will be able to give my children what they need. What matters to me is that they eat well and are healthy."* Venezuelan woman. Manta.

Regarding the collection of quantitative information, 1,106 people (87.29%) indicated that they did not participate in leadership spaces or organizational processes in their community, compared to 161 people who answered affirmatively (12.71%). Of this percentage, the majority corresponds to Ecuadorian women (54.05%), to a lesser extent to Venezuelan women (32.26%, and gender-sex diverse people (less than 1%). Specifically, of the total number of LGB-TIQ+ people, 86.15% (56) reported not being a member of collective spaces.

Graph 12. Participation in organizational and leadership processes



Prepared by the author.



Among the female population in human mobility that participates in organizational processes (62 people), 34.43% (21) have a regular immigration status, and the same percentage have not started their regularization process (21). Less (8, 24.59%) are those with refugee status or asylum or are requesting international protection. Therefore, it cannot be established that the administrative migratory condition determines the participation in these processes.

1,186 people (93.6%) indicated that they were not members of citizen participation mechanisms, compared to 81 (6.4%) who answered affirmatively. Of this percentage, 32% (26) indicated being part of citizen assemblies, 22% (18) of advisory councils, and 10% (8) of sectorial citizen councils. 1% (1) reported being part of public hearings, and the same percentage mentioned being part of participatory budgets. 33% indicated being a member of 2 or more citizen participation mechanisms (27). Of the total number of people who participate in the aforementioned mechanisms, 68% (55) are Ecuadorian, 30% (24) Venezuelan, and the remaining 2% (2) Colombian. Among women in human mobility, most of those who participate in these mechanisms have a regular immigration status (34.62%; 28), followed by those who have not started their regularization process (30.77%; 27); and, to a lesser extent (19.23%; 16) by those who have refugee status or asylum or are requesting international protection.

Among the people who participate in organizational spaces or processes, 73% (118) indicated that the restrictions derived from the pandemic were a limitation to continue participating. The survey respondents considered that the factors that limited their participation in leadership spaces are the following: time invested in performing care tasks and the closure of participation spaces due to restrictions linked to the health emergency (36% ); exclusive dedication to care labor (14%); dedication to paid work (10%); the lack of interest or credibility in local participation spaces (8%); or discrimination in participation spaces (4%). The remaining 29% indicated two or more of these factors as restrictions on their ability to participate in public advocacy spaces.

Although most survey respondents are not members of community leadership processes or citizen participation mechanisms, it can be seen that the experience of migration has been one of the main reasons for promoting the association of women and LGBTIQ+ people around areas such as the rights of people in human mobility, non-discrimination, women's rights, gender-based violence, and care provision through circuits or networks that bring together women who rely on the care of their daughters and sons, under the logic of exchange (Guimaraes, 2019). Women within their homes promote these spaces, with little support from social organizations to strengthen these networks. In this sense, although care is socialized, its provision continues to be resolved within households and by informally organized women. Likewise, since these networks are established between people in human mobility, generally between fellow nationals, integration with people from the host communities cannot be appreciated within these efforts.

***“We have tried to keep communication and information flow constant, using different means: telephone, word of mouth, WhatsApp. Because of this, we have been able to insert ourselves into this society”. Bisexual Venezuelan woman. Quito.***

On the other hand, it must be considered that there are several factors that, during the pandemic, limited women's participation in the public sphere, among them, the persistence of the traditional sexual division of labor and the gender order, but also discrimination within the associations and these spaces' lack of credibility.

## 7.5. Gender-based violence

National statistics show the magnitude of gender-based violence, a severe violation of women's rights, throughout the life cycle and present in private and public spaces (INEC, 2019; Camacho, 2021). Likewise, the different forms of discrimination faced by people in the LGBTIQ+ community when trying to exercise their rights under conditions of equality were highlighted (INEC - Transition Commission for the definition of public institutions that guarantee equality between men and women, 2013).

The "risk of being a woman" (Camacho, 2021) seems to increase when it comes to women in human mobility, who live in a scenario of continuous symbolic and material violence strongly interwoven and entrenched in xenophobic, sexist, and racist assumptions (UN Women, 2022).

*"Amid confinement and lack of money, intimate relationships became aggressive because men could not go out and look for a job." Venezuelan woman. Huaquillas.*

*"Men became more aggressive because they did not have a job. And so violence increased for women and children." Venezuelan woman. Huaquillas.*

Expressions of GBV within households extend towards the public sphere, with misogynistic, xenophobic, and LGBTIQphobic attitudes from certain public officials. According to statements of representatives of organizations of people in human mobility, the treatment that some public institutions give to complaints of GBV by Venezuelan women against Ecuadorian men contributes to strengthening expressions of vicarious violence<sup>14</sup> (UN Women, 2022). The extended violence affecting women in human mobility is based on a robust

xenophobic component expressed, for example, when local men threaten women with taking away their children or hurting women alleging that they have no rights being foreigners (UN Women, 2022). These expressions of violence are reinforced by delays or negligence in handling GBV complaints by women in human mobility against their local partners, outlining a form of re-victimization based on xenophobic assumptions that result in even more harm toward women and their sons and daughters.

*"The formal complaints against Ecuadorians by Venezuelans for discrimination do not reach the final stage. If the complaints are against the Venezuelan population, they are addressed immediately and in detail. Complaints about gender-based violence are usually filed off or, in any case, bureaucracy does not allow them to follow a normal course of action" Woman member of an organization of Venezuelan people. Huaquillas.*

Regarding the provision of services to women who suffer GBV, some women pointed out it was required to file a complaint to receive attention from social organizations, despite the fact that the protection routes, as the Organic Law to Prevent and Eradicate Violence against Women determines, do not establish such (National Assembly of Ecuador, 2018; Ministry of Government, UN Women n.d.). This situation has exposed women unable to go to competent public institutions to greater risk, as they have no one to ask for protection.



*“I sought help from [a social organization], but they didn’t help me. They asked me to file a complaint, to leave my partner and look for a cheaper place. I had to get out of that house on my own. I currently live alone in a single-room place. I have a mat to sleep on.” Venezuelan woman. Huaquillas.*

The data resulting from the surveys show that 98.5% (1,248) of the respondents indicated having experienced some form of violence, primarily psychological violence (30.78%; 390), then sexual (26.46%; 335), economic or patrimonial (14.74%; 187), political (10.52%; 133), gynecological-obstetric (9.30%; 118) and other forms of violence (6.7%; 60). In the context of the pandemic, 558 people (44%) reported having faced some form of violence, compared to 629 people (49.6%) who answered this question negatively. It should also be noted that, in the development of the surveys, 58 cases of GBV were identified.

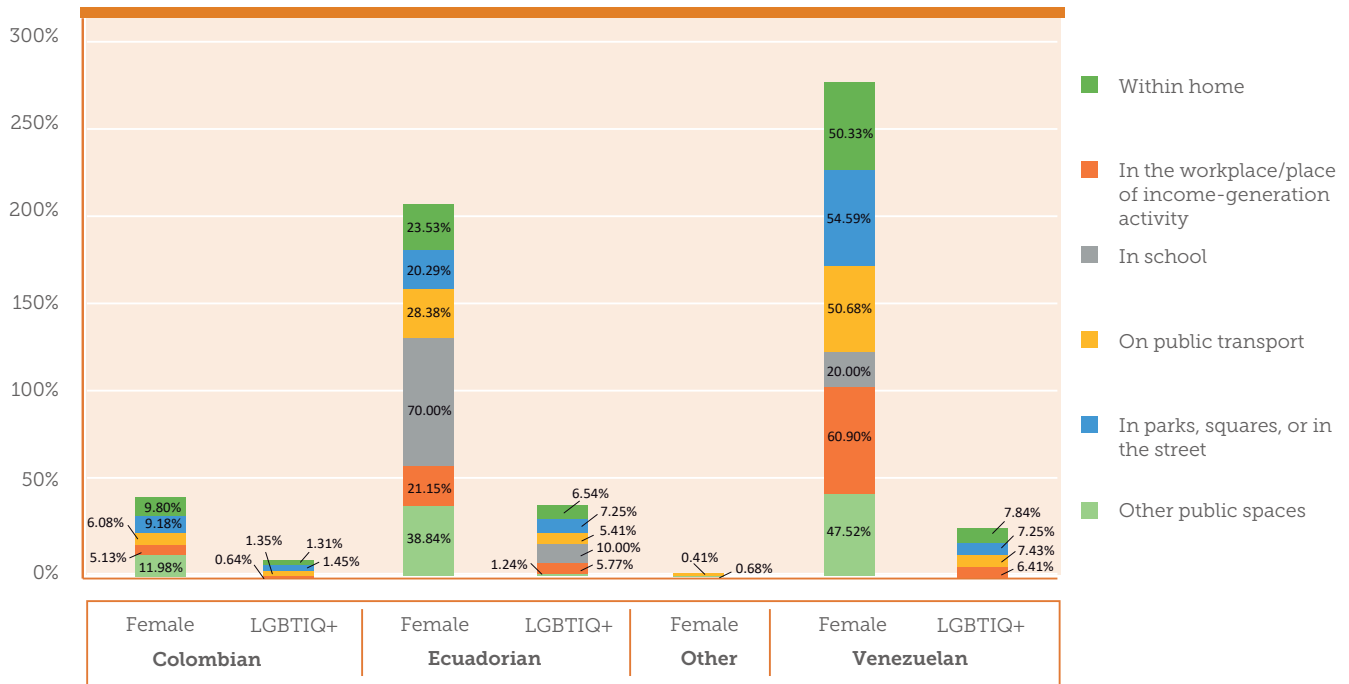
Among the LGBTIQ+ population, 60% indicated having faced GBV in the context of the pandemic. Of this percentage, 76.92% did not seek help, and the reasons stated were that these forms of violence are “something normal / that should not be reported” or that these are “temporary situations,” all of which show the phenomenon of GBV naturalization and the lack of attention and response by authorities.

Among those who reported having experienced some form of GBV, 1,188 mentioned the setting (private or public) where the experiences occurred.

14 These expressions of violence are defined as forms of extreme harm that an aggressor can inflict on women by assaulting or murdering their sons and daughters (Ministerio de la Presidencia de España, Relaciones con las Cortes e igualdad, 2019). In this sense, vicarious violence is also understood as a form of gender-based violence exercised to hurt women by damaging their relatives or close friends.

The responses came mostly from women (91.40%) and to a lesser extent from the LGBTQ+ population (6.99%), the male population (1.43%), and people who chose not to specify their gender (0.18%). In line with findings detailed so far, the highest proportion of aggressors in public spaces has been unknown persons 28.78%, followed by public officials (12.65%) who exercise institutional violence, and, to a lesser extent, landlords (11.34%), neighbors (9.08%), and employers (6.42%). In the private sphere, the aggressors were current intimate partners (13.57%), previous partners (11.43%), and other family members (6.73%).

Graph 13. GBV in the public and private spheres



Prepared by the author.

Most of the people who experienced violence did not seek help, 66.13% (369), compared to 31.54% (176) that did look for help. The remaining 2.33% (13) were cases in which the survey finished because an ongoing case of GBV was detected. Of the percentage of people who did not seek help, 66.4% (245) corresponds to people in human mobility, and the remaining 33.6% (122) to Ecuadorian people. Likewise, of the percentage of people who did not seek help, 20.6% did not consider it necessary "since it is something normal," 13.8% did not know who to turn to, 10.3% did not seek help because they would not believe that they were offended or injured, and 6.5% because they feared reprisals for being foreigners. This last figure reflects how GBV can be aggravated by human mobility and the administrative conditions the victims must face. In addition to fear toward aggressors, there is a fear derived from xenophobia and discrimination exerted by actors within the institutions where they seek help.

***“The State is indebted to the LGBTIQ+ community, both nationals and migrants, because we live, exist, and resist every day.” Venezuelan transgender woman. Quito.***

On the other hand, 60.85% (771) of survey respondents mentioned that the gender-based violence to which they are exposed has increased during the pandemic. Of the percentage above, 66% corresponds to people in human mobility and the remaining 44% to Ecuadorian people. Likewise, among the reasons given for the increase in GBV are the decrease or loss of income within households, which increased tensions and eventually generated domestic violence (28.6%); the impossibility of leaving home in search of help as they did before (13.5%); and the increase in the time spent living with the aggressor derived from confinement (10.9%). Additionally, 74% of survey respondents (936 people) consider public spaces more dangerous than in years before the pandemic. Concerning nationality, 49.09% of people in human mobility perceive this increase in insecurity, while 24.78% of the Ecuadorian population does. The reasons given for the rise of insecurity are the increase in crime (34.55%), the increase in poverty and begging (23.44%), the increase in irregular migration (14.26%), xenophobia (14.12%), or sexism (11.99%) The remaining 1.64% did not comment in this regard.

On the other hand, 31% of survey respondents (390 people) indicated knowing of cases of adolescent pregnancy during the pandemic; 9% (110) reported being aware of early unions; and 3% (38) reported knowing of cases of forced marriages. The remaining 51% chose not to answer the question. Of the total reported cases (42.53%), 25.06% of affirmative responses came from people in human mobility, compared to 17.47% from Ecuadorians. Now, when asked what particular risk has increased during the pandemic, 552 respondents (44%) indicated that all the risks faced by women have increased,

372 people (29%) said being forced into transactional or survival sex has, 120 people (9%) pointed out to suffering labor exploitation, and 49 people (4%) to becoming victims of human trafficking

Thus, it is possible to appreciate how highly exposed women and LGBTIQ+ people have been to gender-based violence within their homes and in public spaces. It is noteworthy that those who, in the survey, reported having suffered violence did not file formal complaints in front of authorities, mainly because they consider intra-family aggression to be somehow normal. The preceding makes it possible to demonstrate a configuration of risk factors that affect GBV: the naturalization of violence, a high tolerance for it, and a pressing fear of institutional violence, aggravated when it comes to women in human mobility.

It was also possible to verify that the confinement had a significant impact on women's exposure to facing violence within their homes and that there is now a perception of greater insecurity for women and LGBTIQ+ people in public spaces than before the pandemic. Likewise, the restrictions derived from the pandemic have also set the conditions for women to be at even more risk of being victims of other forms of violence, such as exploitation in the workplace, transactional or survival sex, and forced marriages. Remarkably, the scenarios of violence to which adolescents are exposed were documented based on knowledge of cases of early pregnancies and unions. This situation must be analyzed considering the significant presence in the country of unaccompanied adolescents in human mobility.

## VIII. Conclusions

Several obstacles were evidenced in accessing public information disaggregated by gender-sex and immigration status. Remarkably, within the most relevant national surveys, such as those that present statistics on labor, socioeconomic issues, and use of time, there are little or no statistics recording the situation of the gender-sex diverse population. This invisibility represents a considerable limitation to diagnosis –with precision– the restrictions that these populations face in exercising their rights, as well as for formulating public policies and interventions based on evidence.

Among the conclusions derived from the findings of the study, there is evidence of a trend towards the deepening of structural restrictions (specific limitations regarding the control of means of production, women's access to the paid labor market, especially to the formal economy, and the persistence of the traditional sexual division of labor) and symbolic restrictions (discriminatory discourses and practices that combine sexist, xenophobic, LGBTIQphobic prejudices) that affect the access and exercise of rights of women and gender-sex diverse people. These restrictions are aggravated when it comes to people in human mobility and are transversal to the 5 areas that have been researched. In this sense, there is no evidence of a narrowing in the inequality gaps that have historically affected women and LGBTIQ+ people. On the contrary, the pandemic has deepened these limitations and, as so, rendered a setback in the processes that aim for the advancement of gender equality and the full exercise of social rights.

- Regarding the control of means of production, the insertion of women and LGBTIQ+ people in the informal economy, in precarious conditions, and their marked permanence in feminized labor categories set out a scenario of socioeconomic vulnerability and a risk of greater exposure to violence in the public spaces in which they work. The limitations to access to immigration regularization processes

increase this vulnerability for people in human mobility.

- The traditional sexual division of labor and the unbalanced gender order that harms women and female figures has continued and increased. The measures authorities took during the health emergency have burdened women and female figures with a massive unpaid work overload. The suspension or intermittence in the provision of services related to the care of early childhood, older adults, or people with disabilities, as well as the costs involved in accessing these services in the market, have resulted in burdens of care being retransferred to family, mainly women, which also affects those who perform paid care work in precarious conditions.
- The relationship between care management and human mobility has evidenced the increased inequality among women: either because Ecuadorian women outsource care by hiring migrant women in precarious conditions or because the latter perform incessant care tasks as part of the complex care networks. This situation allows us to understand the inequalities specific to each gender that the State must address from an intersectional perspective.
- Access to essential services (health, education, and protection against GBV) is limited by discrimination based on xenophobic and LGBTIQphobic prejudices. The lack of dissemination of the regulations that assist the population in human mobility results in legal insecurity. Hence, people in human mobility may face restrictions or discretionary attention in accessing these services.

- The study evidences the various vulnerabilities harming women and LGBTIQ+ people in human mobility who have a disability; most have an irregular immigration status and therefore cannot access the affirmative actions or services offered for this sector of the population.
- The low participation of women and LGBTIQ+ people in leadership spaces and organizational processes is due to the excessive burdens of care and unpaid work at home, as well as the lack of credibility on citizen participation spaces. However, there are several spaces for dialogue organized by women in human mobility that promote the integration of childcare and free up some time for women to work in the paid labor market. In these spaces mainly participate fellow nationals, so as part of these efforts, no real strengthening of social cohesion with the host communities occurred, or actions that tackle the preeminence of xenophobia and discrimination.
- Regarding GBV, misogynistic and patriarchal patterns that characterize Ecuadorian society have deepened. Women and LGBTIQ+ people face forms of violence in the private and public spheres, aggravated for those in human mobility.
- Some women in human mobility who face intimate partner GBV also face a re-victimization on the part of certain civil servants of the protection institutions, who, based on xenophobic prejudices, leverage vicarious violence expressions: the processes against Ecuadorian aggressors do not end, which translates to both women and their children being affected.
- Moreover, in the host communities, women and LGBTIQ+ people face psychological and sexual violence (harassment) in the public sphere as they commonly work in the informal economy and in the streets. On the other hand, when trying to access to essential services (health, education, and attention to cases of GBV), women and gender-sex diverse people, especially those in human mobility, frequently face institutional violence from public officials. Added to this scenario is the risk to which women are exposed to, particularly those in human mobility, of facing violence perpetrated by law enforcement agents.
- The findings of the study shed light on the relationship between the material limitations women and the LGBTIQ+ population face, as most are engaged in the informal economy, and their greater exposure to experiencing psychological and sexual violence in the workplace, as street vendors, in commerce in general, or as sex workers. They are also frequently exposed to institutional violence as their work in the informal economy is commonly criminalized in the media and by authorities.

# IX. Recommendations

## 9.1. Recommendations regarding the gender-sensitive approach

The Ecuadorian State, in compliance with the principles for the exercise of rights recognized in the constitution and the obligations established in international agreements for the protection of rights, must develop and ensure that public policies consider the intersection between gender and human mobility. These must recognize that women and LGBTIQ+ people in human mobility are very vulnerable when undertaking their journey, both in transit or staying in the country, as evidenced in the limitations regarding access to attention and protection services, as well as different forms of institutional violence.

At the central level, it is essential to strengthen the National Councils for Equality on gender and human mobility issues, so that the National Agendas for Equality (ANI for its acronym in Spanish) work as tools for mainstreaming these approaches in national public policy. At the decentralized level, it is vital to follow what is established in the Organic Code of Territorial Organization, Autonomy and Decentralization (COOTAD for its acronym in Spanish) regarding cantonal systems for the comprehensive protection of rights, from a gender-sensitive and human mobility approach and throughout all stages of life.

- The Ecuadorian State must carry out a process to fully recognize LGBTIQ+ people as subjects of rights. To this end, a comprehensive review of the "gender-sensitive approach" management is required. Yet, this exercise, traditionally associated with the differentiated analysis of interventions and their effects according to the sex of the population (male-female), must include gender-sex diverse people.
- In this sense, it is essential to generate disaggregated information according to sex-gender, nationality, and age of the population, which will allow precise diagnoses and the proposal of interventions by public institutions, humanitarian actors, and social organizations. The information generated must be publicly accessible.

Given the proximity of the National Population, Housing, and Communities Census, to be carried out in 2022, it is recommended that the national statistics governing institution incorporate the gender-sensitive approach (from a non-binary perspective) to identify the situation of the gender-sex diverse population in the country.

In the same line, we recommended the following:

- The Undersecretariat for Diversities (part of the governing institution for human rights) as a public institution working for the eradication of all forms of violence and discrimination based on sex-gender orientation and/or diversity, should develop public policies for this population, as well as incorporate a human mobility approach in its actions.
- Civil society organizations, international cooperation, and humanitarian actors, should continue with their efforts to include the gender-sex diverse population in the studies that inform their interventions to contribute to the generation of disaggregated information and the visibility of the discrimination LGBTIQ+ people face.
- Humanitarian and international cooperation actors should link with LGBTIQ+ social organizations to favor their positioning and the visibility of their actions.



## 9.2. Specific recommendations to each sector

### Public sector at the central and local level

Given the pressing social violence in the country and its differentiated repercussions on the population, interventions must respond with a gender-sensitive and intersectionality perspective.

Concerning the population in human mobility, it is urgent to review and repeal the provisions that in the Organic Law of Human Mobility restrict the rights of this population and expose them to vulnerabilities derived from its immigration status. In this sense, the aforementioned norm must adapt to the constitutional principles and the protection of the rights established in international instruments.

Given that regularization is considered a gateway to the exercise of rights, it is essential that public policy in this regard considers the vulnerabilities to which the population in human mobility is exposed to, from an intersectional perspective, to reduce gaps that continue harming excluded sectors, particularly women and the LGBTIQ+ population

- Considering women and gender-sex diverse people in the informal economy face risks of experiencing psychological and sexual violence in public spaces, we recommend that the Ecuadorian Government implement a public policy of labor and financial inclusion for people in human mobility, emphasizing on women and the LGBTIQ+ population, to promote their access to adequate employment.
- Additionally, it is necessary to ensure an inclusive social protection system for people in human mobility, including a gender-sensitive approach.
- In line with the provisions of the Violet Economy Law (National Assembly of Ecuador, 2021), to ensure the incorporation of people in human mobility, these interventions must consider the

limitations regarding financial resources, access to information, and possession of documents that people in human mobility in the country face.

- Given the legal insecurity faced by people in human mobility, it is necessary to widely socialize the regulations that protect the rights of this population (especially concerning their regularization), so they can effectively access essential services and public care.
- On the other hand, the governing institution in matters of human mobility must prioritize the conditions and context of the people in the RUV (Single Registry of Victims of the Colombian conflict) as they do not receive due access to protection and justice services, which increases their exposure to threats, extortion, and even death. Likewise, support should be provided for those included in the RUV and who need to access to the reparation measures to which they are entitled to, including administrative compensation and land restitution measures, facilitating their right to return.
- It is a priority for the State to contribute to placing the co-responsibility and the democratization of care on the public agenda since the care work overload women and female figures carry constitutes an impediment to achieving gender equality.
- In this regard, the State must assume its role as the main body responsible for caring for the population to actively contribute to defamiliarizing and defeminizing care. In this sense, it is urgent to design and implement a Comprehensive National System of Care, to allow assessment of current interventions that maintain a welfare bias and do not consider the rights of women caregivers. In addition to incorporating the contributions of various sectors involved (organizations of people with disabilities, older adults, caregivers,

academia, and international cooperation, among others), this system must be implemented with a multisectoral approach, including the decentralized divisions of the National Government and the Decentralized Autonomous Governments (GADs for its acronym in Spanish).

- Moreover, it is urgent that the governing institution of economic and social inclusion resume the comprehensive provision of child care services, and care for the elderly and people with disabilities so these tasks become the primary responsibility of the State and not of families, and particularly of women and female figures. In this regard, the State (at the central and decentralized levels) must comply with the economic commitments assumed with civil society organizations, with whom agreements have been established to provide care services.
- The public officials' capacities must be strengthened, and information and awareness campaigns must be carried out, mainly aimed at those who work on the front line, so that they know the rights of people in human mobility, particularly women and gender-sex diverse people. Empathy should be promoted regarding the vulnerabilities they face, so that public servants can avoid discriminatory acts or secondary violence. The State (central and local) must develop these interventions alongside gender equality institutions and the support of the human mobility and human rights governing institutions.
- It is also necessary to implement tools to promote the transparency of public management and increased quality in the provision of services at all State levels so that service users can rate the attention received from public servants.
- On the other hand, it is a priority that the public health governing body provides sexual and reproductive health supplies and care for women and the LGBTIQ+ population as part of its duties and following the existing protocols, guaranteeing timely care, with warmth and quality, and with a

rights and gender-sensitive approach. Likewise, the institution mentioned above must carry out periodic information campaigns regarding sexual and reproductive health for the population in human mobility and the host communities.

- The governing institutions of human mobility, public health and equality in disabilities must coordinate actions to recognize and validate the documents and certification of people with disabilities in human mobility, including those who have an irregular immigration status since they are the ones who face the greatest limitations to exercise their rights and access the affirmative actions aimed at them.
- On the other hand, the institution on citizen participation must promote mechanisms for citizen participation and social control, at all government levels, to integrate women, gender-sex diverse people and people in human mobility into social participation spaces.
- It is urgent that warranties be provided for the care and protection of women and LGBTIQ+ people in human mobility facing violence. In this regard, the Violet Centers (part of the governing institution for human rights) and the cantonal systems for rights protection can play a leading role, carrying out interventions with an intersectional perspective.
- The State, through the governing institution of human rights, must provide sufficient financial resources to allow the proper functioning of the shelters for women survivors of GBV, and ensure that the care provided by these spaces is based on a gender-sensitive and human mobility approach.

- It is important that the GADs, at all government levels, comply with the functions established in the Constitution of the Republic and in the COOTAD, ensuring the protection, enforceability and restitution of the rights of people in human mobility, mainly children, adolescents, women and LGBTIQ+ people.
- The Cantonal Councils and the Cantonal Boards for Rights Protection, based on their attributions, must implement permanent intervention processes in neighborhoods and communities to raise people's awareness on matters related to human mobility and reception and inclusion of women and LGBTIQ+ people in the different stages of the life cycle. The Cantonal Councils for the Protection of Rights, through their enforcement role, must monitor the processes and the results.
- Likewise, it is necessary that the Municipal GADs, in alliance with the private sector, generate joint strategies that provide opportunities for employability and generation of livelihoods, so that people in human mobility can fully exercise their right to a life free of violence in public space.
- Likewise, it is necessary that the interventions that imply the allocation of resources to the population in human mobility contribute to strengthening forms of associative and solidarity economy, and encourage a greater participation of women in non-feminized activities. It is vital that these interventions are not exclusively aimed at promoting entrepreneurship –since the participation of women and the LGBTIQ+ population in the informal economy exposes them to expressions of GBV in the public sphere– but rather promote employability in the formal economy, with decent working conditions.
- It is important to consider the gaps in the provision of care as an expression of the current gender order and for that promote actions to change social imaginaries about care, support the generation of norms and public policies for the recognition of the right to care and the promotion of co-responsibility, and generate information that shows the existing inequalities. Special attention should be put to gender gaps in care provision, but also to existing inequalities within genders.
- In association with civil society organizations, it is recommended to support the existing care circuits in a way that contributes to strengthening social cohesion and integration between people in human mobility and host communities. These spaces can be strengthened through channeling resources to facilitate inclusive spaces, guides for the provision of care in emergency contexts, provision of educational resources and even food, involving men, women and LGBTIQ+ people in the care of children, both in human mobility and from host communities. In this sense, links can be established with local public policies, implemented in the area of care.
- In addition, we recommend strengthening capacities and knowledge of women and LGBTIQ+ people in human mobility and members of the host community, as key allies of humanitarian interventions.

## International cooperation

- It is recommended that donor countries allocate financial resources to address the subregional migration crisis that is worsening amid the economic crisis largely affecting the global political context.
- It is highly valuable that international cooperation continues technically and financially accompanying the regularization process established in the country and facilitates access to the mechanisms determined by the Ecuadorian State, considering the difficulties that women and sex-gender diverse people face in access to essential services. As so the international cooperation contributes to reducing the identified gaps through digital literacy and dissemination of information, among other inclusive actions.

- On the other hand, it is recommended to contribute to the socialization of the regulations that protect people in human mobility in terms of their rights' exercise, as well as care and protection routes against gender-based violence cases.

## Civil society organizations

- It is necessary that social organizations strengthen their capacities regarding service provision, surveillance and control, in alliance with international cooperation. Likewise, it is key to coordinate the efforts of local women's organizations, the LGBTIQ+ population in human mobility and the host communities, to promote comprehensive and wide-scope agendas to underpin the enforceability of planning and public policies implemented by the local governments.
- It is essential to strengthen knowledge and promote dialogue and reflection within social organizations on the need to recognize the right to care and, therefore, the responsibility of the State as guarantor of this right. Reflection should also consider the importance of the democratization of care and co-responsibility of households and the community, from an intersectional approach that contributes to modifying the current gender order.
- In coordination with international cooperation, it is important that civil society organizations - based on their knowledge of local realities - contribute to strengthening existing care networks, and that they integrate the population in human mobility and LGBTIQ+ individuals. These networks can be strengthened through the facilitation of inclusive spaces and the training of the staff of social organizations in the promotion of co-responsibility and the democratization

of are within households and in the community..

- In addition, it is essential that local social organizations promote inclusive forms of leadership that integrate women and LGBTIQ+ people, people in human mobility and host communities, considering that these actions will promote inclusion and social cohesion.
- On the other hand, it is necessary to provide support for the integration of women and LGBTIQ+ people in human mobility in the spaces of citizen participation at the local and community level, to promote the right to participation, social control and accountability.
- In another aspect, it is necessary to contribute to the socialization of the regulations that protect people in human mobility and ensure exercise of rights, as well as the routes of attention and protection in cases of gender-based violence, with special attention to women and the LGBTIQ+ population.
- Social organizations that provide care services to survivors of gender-based violence should provide their services without requiring the survivor to file a complaint; this will allow to offer the containment and support that survivors need.
- Finally, it is key that social organizations continue to raise awareness on the right of women and LGBTIQ+ people to a life free from violence, as well as to strengthen new non-violent and responsible masculinities.



## X. Annexes

### 10.1. Detail of civil society organizations involved in the study and analysis

The basic information of the partner organizations that contributed to this study are shown in Table 2:

*Table 2. Partner organizations*

Partner organization	Territorial presence	Contact Person	Contact Information
Social Promotion Center Rio – Manta	Manta	Genny Delgado	0988647273
Mujer y mujer Foundation	Esmeraldas, Manabí, Guayas, Santa Elena, Santo Domingo de los Tsáchilas, Los Ríos and El Oro. Headquarters and greater presence in Guayaquil	Lía Burbano (Guayaquil)	0939141902 mujerymujerec@gmail.com
PLAPERTS - Regional Platform of Sex Workers	Machala and Huaquillas	Karina Bravo	0991757375 coordinadoradeplaperts@gmail.com
Hijas de Eva Collective	Imbabura Headquarters and greater presence in Cotacachi	Katusca Rubio	0991757375 katiusk_rubio@yahoo.com
Haciendo Panas Foundation	Cuenca y Quito	Eileen Pérez	0978978963
Political Coordinator of Mujeres Ecuatorianas - Chimborazo	Nationwide	Angelita del Pilar Fernández Falconí (In Riobamba)	0990756994
La Puerta Violeta Outpatient Center Sucumbíos Women's Federation	Sucumbíos	María Salinas Amparo Peñaherrera	0985607008 0986005724

Prepared by the author.

## 10.2. Methodological and data collection tools specifics

The study design included the following research areas, subtopics, and key questions:

*Table 3. Study design*

Research Area	Topics	Key research questions
<b>1: Control of means of production</b>	Division of labor by sex/ gender Poverty: living conditions Economic violence Access to employment Exploitation and harassment in the workplace.	How have women and LGBTIQ+ people in human mobility been limited their access to livelihoods during the pandemic? How has the pandemic increased the risks of women and LGBTIQ+ people in human mobility facing economic violence, labor exploitation, or harassment?
<b>2: Decision-making at home and use of time</b>	Household care system Use and distribution of time in households (agreements)	How has the distribution and use of time been altered during the pandemic to the detriment of women? What is access to care services like for the population facing poverty and other vulnerabilities, and how do caregivers exercise their care?
<b>3: Access to essential services</b>	Access to health Access to education Access to protection services Access to sexual and reproductive health	How have restrictions on access to essential services, such as health, education, or protection against gender-based violence, worsened for women and LGBTIQ+ people throughout their lives?
<b>4. Leadership and participation</b>	Access to participation mechanisms Access to organizational processes Political violence	How have the possibilities for women and LGBTIQ+ people in human mobility to join organizational and community processes and citizen participation mechanisms been limited?
<b>5: Gender-based violence</b>	Types of violence Access to safe public spaces Early unions, forced marriages, and teenage pregnancy	How has the Covid 19 pandemic exposed women and LGBTIQ+ people in human mobility to greater risks of facing violence in the private and public spheres?

Prepared by the author.

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