

A photograph of two women in a rustic, brick-walled setting. The woman on the right is pregnant and wearing a green top, holding her belly. The woman on the left is wearing a colorful striped dress and a floral headwrap, looking at the pregnant woman.

REGIONAL HUMANITARIAN ACTION

LATIN AMERICA AND THE CARIBBEAN 2024 OVERVIEW



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Foreword by the Regional Director

Nearly 40 million people are in need of humanitarian assistance in Latin America and the Caribbean, a number that continues to rise given the multiple crises hitting the region.

Women and girls, including pregnant women, are amongst the most affected by the climate, economic and migration crises. Security issues and social unrest also make it difficult or impossible for women and girls to seek health care and access other essential services.

As a last resort and an emergency coping measure, women and girls are also being forced to leave their homes in search of a better life, straining host communities that have their own pressing needs.

Regional levels of maternal mortality, adolescent pregnancy and gender-based violence are alarming.

The reduction in maternal mortality has stagnated, with numbers comparable to those of two decades ago.

Almost all countries are showing a slow downward trend in adolescent pregnancy. However, the adolescent fertility rate in the region remains the second highest in the world after Sub-Saharan Africa.

Fourteen of the 25 countries in the world with the highest rates of femicide are in Latin America and the Caribbean. Also, the practice of child marriage and informal union is going down very slowly.

These numbers paint a daunting picture of hardships for women and girls, unmet life projects and lives lost. With the onset of an emergency, the situation is even worse.

Despite mounting challenges, it is possible to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices. Great gains have been made in realizing the vision of the landmark 1994 International Conference on Population and Development in Cairo (ICPD).

For example, in our region, the number of countries that have domestic violence laws has increased from 20 in 2000 to 30 in 2021. In order

to continue to advance, an issue to address is that gender-based violence is often still tolerated and normalized.

In addition, adolescent pregnancy has dropped by 37.6 percent since the year 2000, and access to modern contraceptive methods has increased by 9.3 percent from 2000 to 2023. However, there is great disparity and inequity depending on age, ethnicity, income and location (rural vs. urban).

We must redouble efforts to fulfill the ICPD promise for everyone, including the most marginalized and left behind.

Let us work together to urgently provide women and girls access to sexual and reproductive health services, such as maternal and perinatal care, contraception, and gynecological services, as well as case management and clinical care for rape and intimate partner violence survivors.

With support from donors and partners, UNFPA has provided comprehensive and prompt response in fragile and humanitarian settings. In 2023, over 300 health facilities were supported, more than 247,000 people were reached with family planning services, and 41,000 women were assisted to deliver babies safely.

UNFPA and partners also provided assistance for the prevention, mitigation and response to gender-based violence.

UNFPA is calling on the international community to provide US\$102 million to help save the lives and protect the rights of 3.6 million people in Latin America and the Caribbean, particularly women and girls.

They count on us. We count on you.

Susana Sottoli
UNFPA Regional Director for Latin America and the Caribbean



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“These numbers paint a daunting picture of hardships for women and girls...Faced with mounting challenges, we must redouble efforts to bring about change.”

Numbers in Context

Peopled in need according to
Humanitarian Response Plans
per country:

Colombia:

8.3 million

El Salvador:

1.1 million

Guatemala:

5.3 million

Haiti:

5.5 million

Honduras:

2.8 million

Venezuela:

7 million

Refugee and Migrant Response
Plan (17 countries)*:

8.9 million

**Argentina, Aruba, Bolivia, Brazil, Chile, Colombia, Costa Rica, Curaçao, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, the Dominican Republic, Trinidad and Tobago and Uruguay.*

The designations employed and the presentation of material on maps produced by the Secretariat of the United Nations do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Haiti

Nearly half of the population is in urgent need of humanitarian assistance.

Access to basic services is severely limited in areas controlled by gangs in the Port-au-Prince metropolitan area. The operating environment poses critical security risks which limit humanitarian access and impact service provision. Most hospitals are closed or are under tremendous pressure and lack basic services.

Dr. Batch Jean Jumeau, president of the Haitian Society of Obstetrics and Gynaecology, described the conditions as “traumatic – people are extremely vulnerable. As a health worker, I try to help as best I can... I saw several women who had to give birth by Cesarean section before their due date, because of stress and high blood pressure caused by insecurity and repeated massive displacements.”

Women and girls in Haiti need to be able to go to the hospital without fear of being killed or raped. Girls and boys need to go to school without fear of being killed or abducted. Mothers need to be able to go back to work to feed their families.

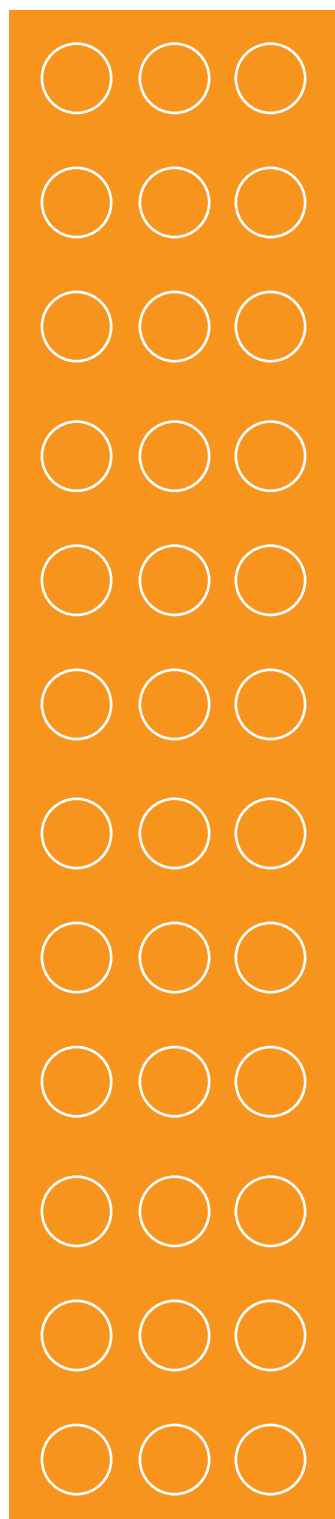
UNFPA and its partners are currently using a hotline to provide psychosocial support, information and referrals for survivors of gender-based violence. Reproductive health kits, enough to meet the priority needs of 120,000 people, were distributed to 25 health facilities UNFPA is supporting. With community partners, we are also distributing dignity and mama kits to respond to the hygiene needs of recently displaced women and girls. One woman said she thought she had been forgotten and abandoned. Today, she knows she and her newborn matter.



Nearly 40 million people are in need of humanitarian assistance in Latin America and the Caribbean.

UNFPA humanitarian actions focus on sexual and reproductive health and gender-based violence.

We work to:




- **Deliver medical commodities and supplies** for essential prenatal care and emergency obstetric and newborn care services, the clinical management of rape, and family planning.
- **Refurbish health facilities** and improve the supply chain for essential SRH services.
- **Establish safe spaces** for the clinical management of rape.
- **Improve referral pathways** for pregnant women, postpartum women and newborns.
- **Disseminate vital information** about sexual and reproductive health and rights, and SRH services available locally.
- **Provide training on essential newborn care** and basic and advanced obstetric care, clinical management of rape, and GBV for health and protection service providers.
- **Establish safe spaces for women and girls**, where they can seek support and access a variety of GBV services, and adolescent-friendly spaces.
- **Provide life-saving GBV multi-sectoral services**, including survivor-centered case management, mental health and psychosocial support, multipurpose cash assistance for survivors and referrals.
- **Deliver dignity kits** which include protection items and hygiene supplies, when accessing GBV life-saving information and services.
- **Strengthen the GBV and SRH humanitarian coordination mechanisms** for multi-sectoral responses.
- **Improve the coordination of GBV response**, referral systems and service delivery for survivors.
- **Engage with local partners in affected/host communities** that are often most left behind to directly provide life-saving SRH and GBV services.

Results Achieved in 2023

SNAPSHOT


UNFPA and its partners assisted women, girls and young people with a range of life-saving services, supplies and information in 2023¹.


Sexual and Reproductive Health in Emergencies


 **+455,000** people reached with SRH services.

 **+95,000** adolescents and youth (aged 10-24) reached with SRH services.

 **+41,000** women assisted to deliver babies safely in UNFPA-supported facilities.

 **+247,000** people reached with family planning services in UNFPA-supported facilities.


 **+199,000** people reached with SRH information and awareness activities in person.

 **+4,000** staff trained on the minimum initial service package for SRH.


 **+300** health facilities supported by UNFPA.


 **+78** SRH mobile clinics supported by UNFPA and run by UNFPA implementing partners.


Gender-Based Violence in Emergencies

 **+ 140,000** people reached with GBV prevention, mitigation and response activities.

 **+ 216,000** people reached with awareness-raising activities and GBV-lifesaving information.

 **+ 3.700** of non-specialized GBV humanitarian and frontline workers who were trained/oriented on GBV core concepts and guidelines.

 **+20,800** women accessed dignity kits.

 **+More than 120** Safe Spaces for women and girls and Youth Spaces were supported.

Note: Additionally, hundreds of women were reached with humanitarian cash and voucher assistance.

1. Results are estimated as of October 2023 based on the information shared by 14 country offices. The UNFPA dashboard will be updated as new data become available.



In 2023, UNFPA and its partners assisted more than 455,000 people with access to SRH services and 141,000 with activities to prevent, mitigate and respond to GBV.

While needs increased due to multiple crises, only 21.2%² of UNFPA's requirements for emergency response were funded in 2023.³



2. Results are estimated as of October 2023 based on the information shared by 14 country offices. The UNFPA dashboard will be updated as new data become available.

3. Funding for 2023 includes countries linked to the United Nations coordinated response plans (humanitarian / refugees and migrants) that are prepared for emergencies requiring international humanitarian assistance. OCHA updates inter-agency plans.

Their stories, their voices.

THE CLIMATE CRISIS

Psychosocial support and health care for women and girls in Peru.

As part of UNFPA's Saving Lives project, mobile brigades were activated in early 2023 in three regions of the north coast affected by heavy rain and flooding. Eleven brigades went door-to-door, set up mobile clinics or safe spaces. Psychologists and social workers intervened to prevent gender-based violence and support survivors, while obstetricians and other health care workers provided primary care. They identified high-risk pregnancies, referred women, and provided family planning services.



Bertha Liñán, the obstetric service coordinator at the Santa Julia Health Center in Piura, saw first-hand how this climate emergency increased risks related to sexual and reproductive health, violence against women and adolescent pregnancies.

During the crisis, "everyone said that the world was going to end. Our goal was to not stop working; to continue serving," says Bertha. "Getting to the health center was a problem." Patients could not reach the center because their houses and the streets were flooded. "And we couldn't go to them because of the torrential rain. The situation we experienced was frustrating." The project helped connect patients and service providers.

THE MIGRATION CRISIS

Support for women and girls on the move and the host community in Panama.

In 2023, more than 500,000 people entered Panama through the Darién province. One in three migrants were women and girls. In 2022, more than 570 pregnant women were identified in this area.

Darién is the largest and poorest province in Panama. The rainforest it shares with Colombia is one of the most dangerous in the world.

UNFPA supports the operation of a maternity waiting home in the town of Metetí that serves migrants and the host community. Likewise, at the San Vicente Temporary Migration Reception Station, UNFPA teamed up with HIAS and national authorities to welcome migrant women in a safe space, respond to gender-based violence and provide sexual and reproductive health services.

These efforts have benefited more than 45,000 migrants, women, girls and adolescents in Darién. Also, more than 6,000 women received menstrual hygiene management kits and/or dignity kits.



Jessica, a UNFPA team member, gives motivational talks to women and girls. She shares vital information with them, and also assists with cases of gender-based violence, particularly sexual violence. “I have been touched by the people, their stories and what they have been through. Some girls really went through a lot. We think it’s important to give people a sense of security and make them feel that they are not alone,” says Jessica.

THE ECONOMIC CRISIS

Sexual and reproductive health services for indigenous women and girls in Venezuela.

Disrupted maternal care and family planning services have put lives at high risk. UNFPA supports prioritized health centers so that they can continue operating.

Omaira de Opikuko from Los Ángeles del Tucuco, an indigenous community in Venezuela.

“I almost died the last time I was in labor...I already have 6 children and I don’t want any more. One day, UNFPA shared with us information about the health services they support and the medicine available in the community. That day I told my husband that I wanted to get an intrauterine device.”





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Appeal for 2024

In 2024, UNFPA requires US\$102 million to assist 3.6 million people, mostly women and girls, in 14 countries in Latin America and the Caribbean. They need urgent access to quality, life-saving sexual and reproductive health, and GBV prevention and response services.

Notes on 2024 required funding projections:

People targeted for assistance include women of reproductive age (15 to 49), some of whom are pregnant, as well as adolescents and young people (aged 10 to 24), internally displaced persons, refugees and migrants.

Inter-agency humanitarian needs assessments are prepared, and are subject to change as the year progresses.

Humanitarian response plans – UNFPA requirements⁴

Country	Targeted population by UNFPA in 2024 (T)	Total funding required for 2024 (US\$)
Brazil	43,398	1,233,000
Colombia	102,918	23,422,183
Ecuador	240,324	7,762,500
El Salvador	32,080	839,668
Guatemala	377,850	3,905,700
Guyana	5,000	900,000
Haiti	1,181,500	28,025,000
Honduras	252,000	1,800,000
Panama	11,080	1,049,000
Mexico	490,000	645,000
Costa Rica	80,000	1,050,000
Peru	166,498	5,000,000
Trinidad and Tobago	6,650	470,000
Venezuela	582,399	25,923,000
TOTAL	3,571,697 PEOPLE	US\$ 102,025,051

US\$47,789,601 are required for SRH services.

US\$47,720,650 are required for GBV response and prevention.

US\$6,514,800 are required for other interventions that aim to raise awareness at the community level about SRH and GBV risks and available services, promote bodily autonomy, and address social norms that foster gender-based violence and other harmful practices in humanitarian settings.

⁴ Funding needs are estimated as of October 2023.

Planned approach in 2024

UNFPA requires both political and financial support to ensure the availability of life-saving sexual and reproductive health and gender-based violence services in humanitarian settings, as well as to strengthen leadership and coordination for integrated, multi-sectoral responses. This support will ensure that UNFPA country offices have the humanitarian expertise, funding and supplies for immediate action in crises.



The furthest left behind first: focused on assisting vulnerable women and girls, particularly people on the move, indigenous people, Afrodescendants, LGBTIQ+, and people with disabilities in the most vulnerable communities.



In line with humanitarian principles: humanity, neutrality, impartiality and independence.



Last mile assurance: ensuring full accountability for all commodities procured, throughout the supply chain until supplies reach beneficiaries.



Local partnerships: prioritizing support for local NGOs, specifically women-led organizations, while engaging in the direct implementation of humanitarian programmes where necessary.



Accountability to affected people: developing feedback mechanisms and learning from communities to ensure that they are meaningfully and continuously involved in decisions about the humanitarian assistance being provided.



Coordination: UNFPA GBV and SRH coordination role at the regional, sub-regional, and national levels is critical in stimulating dialogue around the root causes and drivers of GBV affecting women and girls and subsequently positioning the response to their needs as a key component of the humanitarian agenda in Latin America and the Caribbean.



Capacity building: strengthening regional and national SRH and GBV subsectors, working with local authorities and enhancing the capacity of front-line responders to provide quality and timely SRH and GBV services



Scaling up cash and voucher assistance in programming, and **preparedness** and anticipatory action. Incorporating CVA interventions into its existing GBV and SRH programs to address the needs of women and girls in humanitarian settings. This will allow for access to life-saving GBV and SRH services, help GBV survivors, and reduce risks of GBV such as the adoption of harmful coping strategies.



Synergy, complementarity and sustainability: Strengthening the alignment between life-saving actions, capacity building cooperation and the promotion of peace structures.

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