

UNFPA's GBV response in Latin America and the Caribbean in 2020

Fact Sheet

This document illustrates a subset of UNFPA's GBV prevention and response key activities during the COVID-19 pandemic. It does not represent the full scope of UNFPA's GBV programming in the Latin America and the Caribbean region.

REGIONAL OVERVIEW

The onset of the COVID-19 pandemic has exacerbated the risk of Gender Based Violence (GBV), especially among women and girls. With rising numbers of people enduring acts of GBV, UNFPA is working closely with partners to ensure that GBV is integrated in the COVID-19 and other emergency responses. Since March 2020, UNFPA's GBV interventions have focused on preventing and responding to GBV amidst the operational challenges resulting from the COVID-19. UNFPA has thus prioritized the following programmatic objectives:

- **Ensure the continuity of GBV essential services** including the provision of clinical management of rape, case management and psychosocial support services for Gender Based Violence survivors. UNFPA distributes dignity kits as an entry point to reach vulnerable and at risk women and girls and disseminate information about available lifesaving services.
- **Ensure the adaptation of case management and psychosocial support (PSS)** to a remote modality and adapt the women and girls' safe spaces programming to the COVID-19 context.
- **Strengthen government and civil society's capacities in GBV prevention and response** through remote training, development of technical guidance and the provision of technical support to field offices.
- **Ensure that a diversity approach is mainstreamed** and ad-hoc interventions are implemented to reach the most vulnerable groups, including people with disability, indigenous and afro-descendant population, refugee and migrants, adolescent girls and LGTBIQ+ persons.
- **Enhance GBV coordination to support service delivery**, including developing and updating GBV service mappings, referral pathways, SOPs and contingency plans in order to support an efficient, multi-sectoral and coordinated response.



INTERVENTIONS HIGHLIGHTS



21.000
dignity kits distributed in
12 countries



55
shelters for GBV survivors
benefitted from UNFPA's
technical support

In the Latin America and Caribbean region, UNFPA designed a [technical guide on the provision of remote psychosocial support for GBV survivors during COVID-19](#) and rolled out capacity building initiatives targeting GBV remote service providers in the region. UNFPA launched the [GBV Essential Service virtual course](#), within the framework of Spotlight Initiative, which reached 7.000 public servants in 20 countries. Furthermore, the Essential Services Community of Practice was created as a forum to exchange information and stimulate dialogue and reflection on GBV prevention and response programming between governments, civil society, academia and the United Nations System. As the GBV subsector's lead within the Coordination Platform for Refugees and Migrants from Venezuela (R4V), UNFPA also developed [guidance notes](#) on how to adapt the GBV service provision to the COVID-19 operational environment. In the sub region of the Caribbean, UNFPA rolled out a webinar series on GBV in emergencies adapted to the COVID-19 context, and facilitated a virtual Training-of-Trainers for GBV focal points from 8 countries to support the scale up and technical soundness of GBV responses in the Caribbean. UNFPA also conducted a rapid assessment of the comprehensive GBV/SRH/HIV needs among youth to determine the critical gaps that have arisen or been exacerbated by the COVID-19 pandemic in the Caribbean.

AT COUNTRY LEVEL

1

ENSURING THE CONTINUITY OF ESSENTIAL SERVICES

Bolivia

In Bolivia, UNFPA guaranteed the continuity of GBV services in rural municipalities and distributed dignity kits and PPE in and shelters for women survivors of violence.

Colombia

In Colombia, UNFPA ensured access to confidential, quality and survivor centered GBV case management in border villages that host refugees and migrants and provided psychosocial services to support survivors' healing, empowerment and recovery. UNFPA integrated psychosocial support services in the updated referral pathways.

Dominican Republic

In Dominican Republic, UNFPA facilitated the dialogue between government and civil society institutions that implement GBV response and psychosocial support programs and provided technical guidance to the Ministry of Women in adapting protocols to link survivors to specialized services in a timely and ethical manner.

Ecuador

In Ecuador, UNFPA rolled out a [communication campaign to disseminate GBV prevention messages](#), which includes videos in sign language and radio messages in Spanish and kichwa. Additionally, UNFPA delivered 1500 dignity kits to adolescents and women and ensured they know how and where to access services in their area.

Guatemala

In Guatemala, UNFPA strengthened the Public Ministry and Women's ombudsman GBV hotlines and trained the health personnel of the Hospital Network in clinical management of rape, continuity of essential services, self-care and women rights.

Haiti

In Haiti, UNFPA supported health facilities for the provision of clinical management of rape and supported the creation of a free national hotline and the expansion of virtual GBV service provision.

Honduras

In Honduras, UNFPA trained health personnel on the use of rape



treatment kits in the municipality of Intibucá. As a response to the Hurricane ETA and IOTA, UNFPA set up GBV response services in the affected areas, including PSS support, case management and Safe Spaces for women and girls.

Venezuela

In Venezuela, UNFPA created seven Safe Spaces for Women and Girls (WGSS). The WGSS offered an empowering environment for women and girls who acquired new skills, accessed multi-sectorial GBV services and received social support and lifesaving information on issues relating to women's rights, health, and services.

Saint Vincent and the Grenadines

In Saint Vincent and the Grenadines, UNFPA collaborated with national governments and key stakeholders to develop and launch GBV referral pathways updated to the COVID-19 context.

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REMOTE SERVICE PROVISION AND SERVICE ADAPTATION

Aruba, Curaçao & St Maarten

In Aruba, Curaçao & St Maarten, UNFPA supported national authorities in the dissemination of GBV key messages and assessed capacity building needs.

Belize

In Belize, UNFPA supported the expansion of a GBV hotline in the country and supported shelters for GBV survivors ensuring the functioning and service provision through coordination with the government.

Cuba

In Cuba, UNFPA supported the remote response to GBV during the pandemic and in collaboration with the Federation of Cuban Women, developed a guidance document which offers methodological and practical resources for personnel who provide survivor centered care for GBV survivors via telephone.

Guyana

In Guyana, UNFPA supported the provision of GBV emergency services (such as emergency travel, medical, and shelter), and also





strengthened capacities of GBV hotline operators to enhance their skills and knowledge on how to provide an adequate response to survivors seeking help after enduring a GBV incident.

Jamaica

In Jamaica, UNFPA supported the establishment and operationalization of three state-run shelters and a toll-free hotline number. In addition, UNFPA supported the adaptation of GBV referral pathways to the new operational context and supported initiatives to build the capacity of GBV service providers.

Suriname

In Suriname, UNFPA advocated for the expansion of GBV hotlines and tele-counseling services to respond to the increase of violence resulting from the pandemic. UNFPA also developed and launched GBV referral pathways updated to the COVID-19 context.

Trinidad and Tobago

In Trinidad and Tobago, UNFPA supported the implementation of tele-counseling and GBV case management services to ensure GBV survivors can access services despite the state imposed confinement measures.

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CAPACITY BUILDING, TECHNICAL SUPPORT AND DESIGN OF GBV SPECIFIC GUIDELINES

Argentina

In Argentina, UNFPA supported the development of a virtual postgraduate course carried out by the Ministry of Women of Córdoba, to train telephone operators that provide remote psychosocial services to men perpetrators of GBV.

Brazil

In Brazil, UNFPA mapped essential services for GBV survivors available during the quarantine period and conducted remote training for professionals from the public and humanitarian

network involved in GBV. This included training on clinical management of rape for health professionals in the states of Roraima and Amazonas.

Chile

In Chile, UNFPA supported the revision of protocols for the delivery of the dignity kits drafted by IOM. Moreover, UNFPA worked with other agencies to incorporate a gender and GBV prevention and response lens in the Shelter Administration Manual.

El Salvador

In El Salvador, UNFPA designed a survey to analyze trends of violence perpetrated on the grounds of sexual orientation and a survey on the prevalence of GBV during confinement.

Panama

In Panama, UNFPA provided the national government technical support to generate awareness on GBV prevention and response among public and migration officials who interact with migrant and refugee populations in the border area of Darien.

Paraguay

In Paraguay, UNFPA mentored and provided on the job training to the Ministry of Women and Child Protection's GBV case management teams, and provided technical assistance to support the adaptation of case management protocols to the COVID-19 operational environment as per international standards.

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DIVERSITY AND INCLUSION

Barbados and the Eastern Caribbean States

In Barbados and the Eastern Caribbean States, UNFPA supported the development of key communication messages about GBV, SRH and family planning for persons with disabilities, as well as for persons living with HIV and LGBTQI persons.



Mexico

In Mexico, UNFPA translated the communication materials on GBV, SRH and maternal health into indigenous languages, supported seven Justice Centers for Women and provided training on clinical management of rape to health facilities.

Nicaragua

In Nicaragua, UNFPA prepared and launched a GBV communication campaign aimed at Afro-Latin American, Afro-Caribbean and Diaspora Women, young people living with disabilities and the LGTBQI+ population. UNFPA also supported shelter La Esperanza, which serves the indigenous, mestizo and Afro-descendant populations.

Peru

In Peru, UNFPA promoted the adaptation of two awareness campaigns to the context of the Amazon region to reach women living in one of the most affected areas. Moreover, UNFPA adapted the technical guide on GBV remote service provision to the local context.

Uruguay

In Uruguay, UNFPA supported an emergency response to ensure access to shelter to persons at risk of GBV including LGBTI people, migrants and people living with HIV and women at risk of being homeless.

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GBV COORDINATION IN HUMANITARIAN SETTINGS

Bahamas

In the Bahamas, the sub sector updated the GBV referral pathways and supported the implementation of a GBV response strategy in line with the response plan to Hurricane Dorian and the COVID-19 emergency response plan.

Colombia

In Colombia, the GBV sub sector produced ad-hoc operational documents including a guidance document on prevention and response to GBV in the context of COVID-19 pandemic.

Ecuador

In Ecuador, the GBV sub sector in partnership with the Human Rights Secretary and Technological University Indoamerica, rolled out a professionalization course on GBV and Child Protection in emergency settings.

Guyana

In Guyana, the GBV sub sector finalized the GBV service mapping, referral pathways and delivered training to key actors and partners on how to use the referral mechanisms to meet survivor's needs.

Honduras

In Honduras, the GBV sub sector developed three guidance documents on how to prevent GBV and how to set up a GBV focal point system in the temporary shelters for the hurricane affected population.

Venezuela

In Venezuela, UNFPA developed a guidance note to incorporate GBV prevention and mitigation measures and sexual and reproductive health essential services in temporary shelters for the returnee population.

