



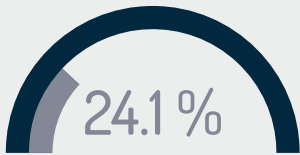
GENDER-BASED VIOLENCE (GVB)



PEOPLE IN NEED
1.82 M

PEOPLE TARGETED
510.2 K

PEOPLE REACHED
71.9 K



TOTAL REQUIREMENTS
\$ 44.11 M

BUDGET RECEIVED*
\$ 10.61 M

UNMET*
\$ 33.49 M

REPORTING PARTNERS
32

IMPLEMENTING PARTNERS**
70

DONORS
7

POPULATION TARGETED AND REACHED, FINANCIAL REQUIREMENT AND FUNDING



BRAZIL

19.4 K PEOPLE TARGETED, \$ 1.86 M TOTAL REQUIREMENTS

14.0 K PEOPLE REACHED, \$ 76.1 K BUDGET RECEIVED



CHILE

0 PEOPLE TARGETED, \$ 280.0 K TOTAL REQUIREMENTS

374 PEOPLE REACHED, \$ 0 BUDGET RECEIVED



COLOMBIA

303.5 K PEOPLE TARGETED, \$ 15.69 M TOTAL REQUIREMENTS

26.7 K PEOPLE REACHED, \$ 5.70 M BUDGET RECEIVED



ECUADOR

138.3 K PEOPLE TARGETED, \$ 7.00 M TOTAL REQUIREMENTS

14.6 K PEOPLE REACHED, \$ 1.95 M BUDGET RECEIVED



PERU

62.6 K PEOPLE TARGETED, \$ 12.83 M TOTAL REQUIREMENTS

17.0 K PEOPLE REACHED, \$ 631.1 K BUDGET RECEIVED



CARIBBEAN

10.5 K PEOPLE TARGETED, \$ 3.51 M TOTAL REQUIREMENTS

4.8 K PEOPLE REACHED, \$ 1.54 M BUDGET RECEIVED



CENTRAL AMERICA & MEXICO

1.1 K PEOPLE TARGETED, \$ 656.4 K TOTAL REQUIREMENTS

26 PEOPLE REACHED, \$ 639.1 K BUDGET RECEIVED



SOUTHERN CONE

1.2 K PEOPLE TARGETED, \$ 812.9 K TOTAL REQUIREMENTS

1.2 K PEOPLE REACHED, \$ 7.6 K BUDGET RECEIVED



* Funding information as reported to the Financial Tracking Service (FTS). This may not accurately represent all funds actually attributed to each sector or country of the RMRP response, as unarmarked funds from donors may not be reported to FTS with a sector or country designation at the time of receipt by RMRP partners. More information about the RMRP 2022 funding [here](#).

** This includes RMRP appealing partners that are also implementing activities, as well as implementing partners that are not appealing partners. For this reason, it is recommended to quote partner figures separately and not sum the number of partners, as this would double-count implementing partners that are also reporting activities.

SITUATION

Population movements and economic crises in host countries aggravated gender-based violence (GBV) risks and led to additional acts of violence against refugees and migrants from Venezuela, particularly women and girls, as well as sexual violence against LGBTQI+ persons. Some of the main mixed movement trends in 2022 saw an exponential rise in the number of refugees and migrants transiting from Peru to Chile via Bolivia, and to the U.S. via the Darien Gap in Panama. The latter is strategic for illicit economies and a stronghold of irregular armed groups that [subject women and girls to sexual violence and trafficking](#). Refugees and migrants trying to reach Chile, meanwhile, used irregular routes which posed health risks due to high altitudes and extreme climates, as well as safety risks relating to trafficking networks. Both locations are remote and volatile and owing to political, operational and funding challenges, have limited presence of protection actors and humanitarian GBV service providers.

Additionally, deteriorating socio-economic conditions in the region in 2022 resulted in the loss of livelihoods, increased evictions and homelessness of refugees and migrants. Coupled with increasing incidents of xenophobia, this contributed to greater insecurity in public spaces, where refugee and migrant women reported being sexually harassed and propositioned for sex in exchange for work or access to goods and services.

RESPONSE

In 2022, GBV Sub-sector partners across the region reached 71,886 refugees, migrants and affected host community members with lifesaving information and specialized services, including health, MHPSS, safety advisory sessions, case management and cash and voucher assistance (CVA). GBV prevention, mitigation and response activities at national levels included community awareness sessions about GBV risks and lifesaving services available to GBV survivors; the operation of safe spaces for women, girls and LGBTQI+ persons; and the delivery of case management services for survivors. Partners updated referral pathways and local standard operating procedures to support service delivery for GBV survivors. Sub-sector partners also strengthened GBV first responders' capacities to provide quality services through training on GBV case management, psychosocial support models, clinical management of rape for health practitioners, and GBV Minimum Standards.

In addition to these achievements at the country level, the Regional GBV Sub-sector supported the revision of GBV

SOPs for refugees and migrants in Peru and Guyana. The Sub-sector also conducted trainings with 42 national GBV specialists from Peru and Colombia, and 12 national GBV coordinators on the Inter-agency Minimum Standards for GBV Programming in Emergencies.

To strengthen lifesaving GBV responses at the local and national levels, the Sub-sector delivered regional workshops on psychosocial support service provision for GBV survivors for caseworkers as well as child protection and GBV specialists across the region. Additionally, the Sub-sector trained 28 staff from the National Emergency Services, Police, and Ministry of Women in the Dominican Republic as well as personnel from 24 support spaces in Argentina, Brazil, Colombia, Ecuador, Panama, and Peru on GBV core concepts and safe referral.

Regional advocacy initiatives included the production of a [factsheet](#) on GBV trends; facilitating a dialogue between the UN's Special Rapporteur on Violence Against Women and grassroots indigenous women's organizations; and the co-organization of three webinars (including one on good practices working with refugee and migrant men to prevent GBV, and one on gendered threats faced by Venezuelan refugees and migrants in Ecuador, Brazil and Peru).

Finally, the Regional Sub-sector coordinated with the CVA Working Group on a webinar for national GBV and cash coordinators presenting tools and good practices on risk mitigation in cash initiatives, and worked with the Humanitarian Transportation Sector to produce and roll out regional guidelines for transportation providers in border regions to [identify at-risk groups and safely refer GBV survivors to specialized services](#).

LESSONS LEARNED

Ensuring adequate lifesaving service coverage to meet the needs of GBV survivors and for those at risk has been a major challenge given the low funding levels for GBV prevention and response (24.1 per cent) in the RMRP. Undertaking GBV assessments to analyze trends, strengthen advocacy and seek opportunities for resource mobilization is therefore critical in 2023.

Additionally, many barriers to accessing GBV services persist, particularly in the Chile-Bolivia border area; illegal mining areas (such as in Colombia, Brazil, Chile and Guyana) and in the Darien Gap. Close collaboration and partnership with local women's rights organizations in isolated and dangerous areas has been identified as an important best practice to circumvent access barriers, facilitate community buy-in and contribute to sustainability.