

INTER-AGENCY RAPID GENDER-BASED VIOLENCE ASSESSMENT REPORT IN GUYANA

25 – 30 MARCH 2019



Temporary shelter at the dock in Mabaruma, Region 1/Credits Larroche, 2019

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I. Executive Summary

As conditions continue to deteriorate in Venezuela, more than 3.7 million persons have left the country and the outflows continue unabated. Countries bordering Venezuela remain the first ports of entry for multiple types of population movements, including persons seeking asylum or regular stay, people in transit, as well as back-and-forth (pendular) movements to address their basic needs and some others returning to their countries of origin. In March 2019, an interagency rapid gender-based violence (GBV) assessment supported by the GBV Working Group of the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela was conducted in Guyana. The overall objective of the assessment was to have an understanding of the GBV risks and vulnerabilities faced by Venezuelan and returning Guyanese women and girls in particular, root causes, gaps in GBV service provision and factors limiting their access to available services. During the interagency rapid GBV assessment, information was collected on serious GBV risks such as survival sex, human trafficking, harassment and sexual violence, domestic violence, sexual exploitation and abuse, labor exploitation and discrimination. The language barrier as well as the lack of a legal status in the country are circumstances that particularly put Venezuelan women and girls in a situation of vulnerability. Efforts by authorities in Guyana to combat and prevent different forms of GBV long pre-date the influx of Venezuelans and returning Guyanese, however, national capacities and resources are limited. This interagency mission report contains information on GBV root causes and contributing factors with a particular focus on the influx of Venezuelans and returning Guyanese, as well as recommendations for the Government of Guyana, UN agencies and civil society organizations with a presence in the country on an effective implementation of GBV prevention, mitigation, and response programmes.

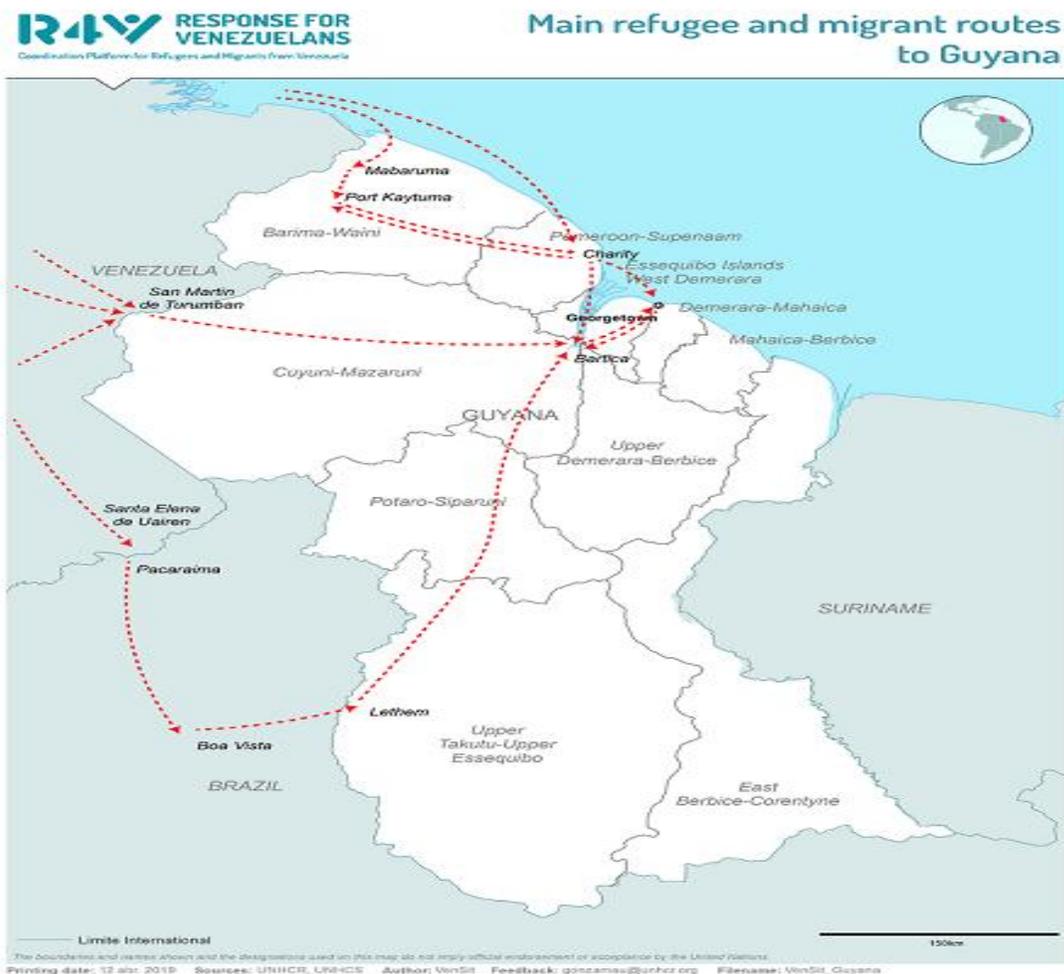
II. Context and background

Due to the deteriorating situation in Venezuela, Guyana has been experiencing an increasing number of Venezuelan arrivals as well as Guyanese returnees, displaced from Venezuela due to the ongoing crisis. The most common reported reasons for leaving Venezuela include: deteriorating political and human rights situation, difficulties to cope with the hyper-inflation; lack of access to basic goods and services (particularly food and health care); insecurity and violence, among others. Exact numbers of Venezuelans in Guyana are not available, however an estimate¹ suggests that **approximately 36,400 Venezuelans and returning Guyanese** have temporarily settled in Guyana and are in need of assistance and protection. A significant number of Venezuelans and returning Guyanese have their families still in Venezuela, therefore many of them regularly travel back and forth between the two countries (pendular movement) or send medicines, food and other supplies with acquaintances or friends. Among the Venezuelans entering Guyana, members of the Warao indigenous community have been identified, some of which have been forced to leave their country and are settling with their families in Guyana seeking protection.

Guyana and Venezuela share a border approximately 743 kilometers in length with a limited number of official immigration posts. Venezuelans and returning Guyanese are using various routes to enter into Guyana: the most common of which include by boat to Charity in Region 2, then to Bartica and

¹ Information provided by the Regional Coordination Platform for Refugees and Migrants from Venezuela, March 2019, <https://r4v.info/es/documents/download/68961>.

the mining area in Region 7 and Georgetown in Region 4. Others will travel by boat to Port Kaituma and Mabaruma in Region 1 or by car to San Martín de Turumbán to reach Bartica and the mining area in Region 7. A reduced number of Venezuelans cross into Guyana by road or plane from Brazil. The latter is reportedly the safest route but one of the most expensive. Warao indigenous community members travel with their families by canoe to Region 1, particularly to Mabaruma area where some of them are hosted by members of the same community in Guyana. The Department of Immigration under the Ministry of Citizenship is registering and processing arrivals at official ports of entry, however, their capacity to respond to the influx of Venezuelans and returning Guyanese is challenged by limited resources. As a result, official statistics do not reflect the actual number of Venezuelans and returning Guyanese. Guyana has an open-door policy to Venezuelans giving a 90-day legal stay permit upon registering with the Department of Immigration, with the possibility of extension for a similar period of time. Most of the Venezuelans use their passports, identity cards or birth certificates to enter in Guyana and to apply for the temporary legal stay permit.



Over the years, Guyana has been battling gender- based violence (GBV), smuggling and trafficking in persons. According to a 2018 report by the US State Department²: “Guyana is a source and a destination country for men, women, and children subjected to sex trafficking and forced labor.” The report mentions that women and children from various countries in the region, including Venezuela, are subjected to sex trafficking in mining communities in the interior and urban areas. In addition to this, the report mentions that “limited government presence in the country`s interior renders the full extent of trafficking unknown”.³ This preexisted the situation in Venezuela; however the growing numbers of Venezuelans leaving their country and trying to find an income to provide for their families is **dramatically feeding smuggling and trafficking in persons networks, labor and sexual exploitation and violence mainly against women and girls.**

From focus group discussions (FGD) conducted in November 2018 by UNFPA and UNHCR with Venezuelan women in Georgetown, serious security risks, GBV incidents and barriers to access to services were identified. **Trafficking in persons, sexual violence, exploitation, harassment, and domestic violence are the most common types of violence faced by Venezuelan women in Guyana, and GBV incidents usually go unreported.** Guyana possesses limited capacities to absorb a large influx of Venezuelans and returning Guyanese and provide adequate services, including for GBV prevention, mitigation and response. A request from the Inter-Agency Coordination Group and the Government of Guyana for a GBV assessment was therefore sent to the GBV Working Group of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela.

III. Overall objective and methodology

An inter-agency rapid GBV assessment was conducted by UNFPA, UNHCR, IOM, UN Women and Guyana Responsive Parenthood Association (GRPA) from 25 to 29 March 2019.

The overall objective of the assessment was to have an understanding of the GBV risks and vulnerabilities faced by Venezuelans and returning Guyanese, in particular women and girls, as well as to identify root causes, gaps in GBV service provision and factors limiting access to available services.

The methodology adopted for the assessment was a qualitative research focusing on direct interaction with Venezuelan and returning Guyanese women and men through FGD and key informant interviews, meetings with relevant stakeholders in the country and direct observation. The areas targeted for the assessment were **Bartica in Region 7, Port Kaituma and Mabaruma in Region 1, and Georgetown in Region 4.**

IV. Participants and profiles

A total of 8 FGDs with Venezuelan women (47) and men (11) were conducted as part of the rapid GBV assessment. Among the participants were also 1 Brazilian man and 3 Guyanese women returnees

² 2018 Trafficking in Persons Report, Office to Monitor and Combat Trafficking in Persons, U.S Department of State, <https://www.state.gov/j/tip/rls/tiprpt/countries/2018/282666.htm>

³ Ibid

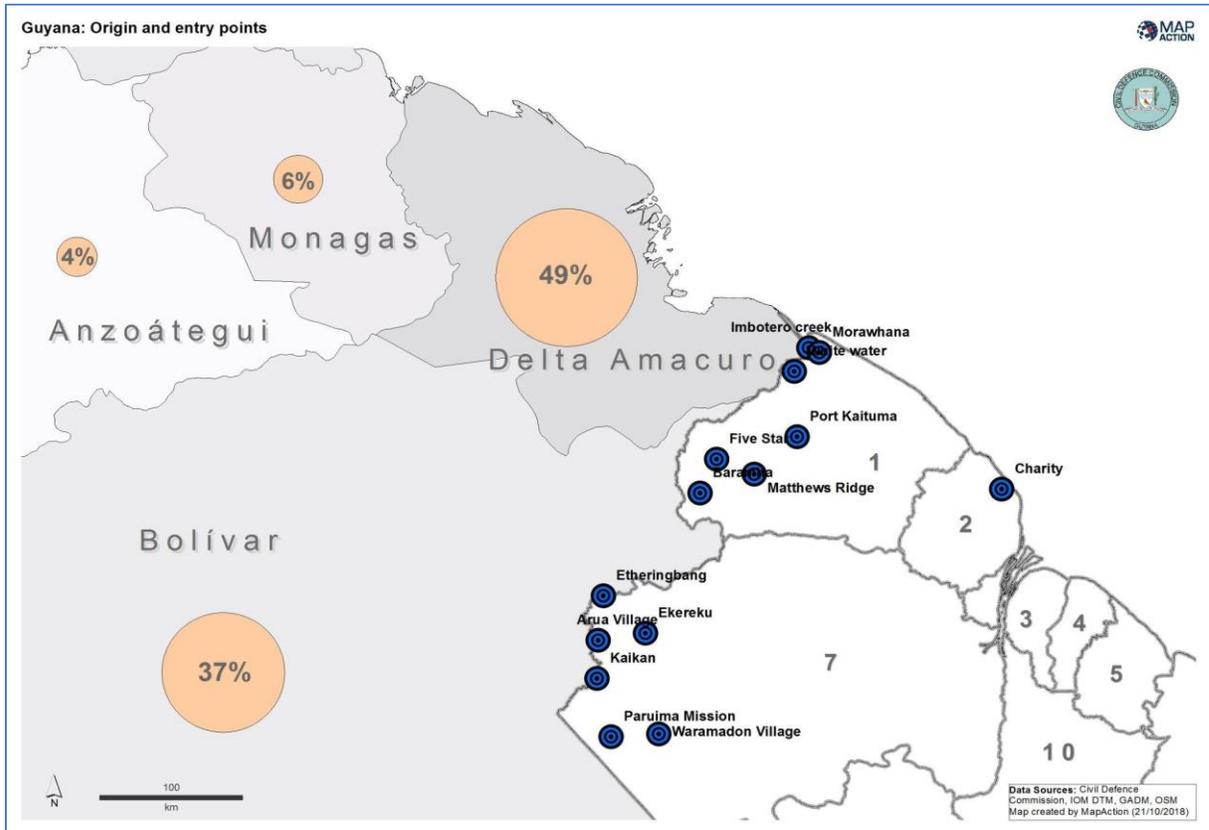
from Venezuela. 5 Key informant interviews, various meetings with relevant stakeholders and field observation visits were conducted in the three regions.

The age of men who participated in the FGDs was between 18 to 40 years old and most of the women between 18 and 30 years old. Participants came from different parts of Venezuela, mainly from Bolivar and Monagas States, as well as locations in other States such as Caracas, Valencia, Puerto La Cruz, Maracaibo, and Tucupita. Most of them had recently arrived or had been in the country for the past 6 months. Some of the men brought their families with them or had family members in Guyana already. Most of the women, came alone or with female friends or relatives while others had either a friend or a relative in Guyana. A significant number of the women participating in the FGDs still have dependent children or other family members in Venezuela and thus travel regularly between the two countries (pendular movement). Some of them are single mothers.

Participants, both Venezuelans and Guyanese, mentioned that the main reasons to leave Venezuela were the economic crisis in the country, the scarcity of food and medicines, the limited accessibility and availability of medical treatments for chronic diseases, insecurity, corruption, individual threats, kidnapping, extortion, robberies, among others. A significant pull factor to come to Guyana was the comparative ease of entry into the country in terms of immigration requirements, and the proximity to their places of origin so transportation costs are usually lower than to other countries in the region, such as Brazil or Colombia. Some of them chose Guyana due to the proximity to Venezuela to send goods or medicines to their families.

Most participants had travelled by boat from Venezuela to Charity town, received vaccinations, were taken to the immigration office to obtain a 90-day stay permit and later travelled to Georgetown. Others travelled from Charity to Parika where some of them submitted their passports or identity cards to Immigration authorities to obtain the same stay permit and later moved to Georgetown. Some others entered through San Martin de Turumbán which is the riskiest route due to the presence of armed groups on Venezuelan side and, reported irregularities at the immigration post on Guyana side. Some travelled by boat to Port Kaituma or Mabaruma in Region 1, and some took the boats transporting gasoline to Region 1 as this was free of charge; however, the route is dangerous due to the presence of pirates on both sides of the border. The safest route, but most expensive, according to the participants in the FGDs is the one through Brazil and arriving in Lethem in Guyana. Warao indigenous community members from Venezuela usually travel by canoe with their families and arrive particularly in Mabaruma and other surrounding areas in Region 1.

MAP 1: PLACES OF ORIGIN IN VENEZUELA AND ENTRY POINTS IN GUYANA



Information provided by Map Action, November 2018

V. Relevant legal framework

Guyana is a State Party to the International Covenant on Civil and Political Rights 1976, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 1990, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women 1994, and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, known as the Convention of Belém do Pará, 1994 and the Convention against Transnational Organized Crime 2000 and its Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, 2003.

Additionally, Guyana has enacted national laws addressing GBV such as the Domestic Violence Act 1996; the Sexual Offences Act 2010; Prevention of Discrimination Act 1997; Criminal Law (Offences) Act; Criminal Law (Procedure) Act and the Constitution, Acts of Parliament and rules from the common law. The Sexual Offences Act 2010 recognizes as offences rape, sexual assault, sex trafficking, sexual offences in relation to children, sexual offences in relation to children, and sexual offences in relation to persons with mental impairment. The Combating of Trafficking in Persons Act was adopted on 7 April 2005 and remains Guyana's primary legislation to combat trafficking in persons. According to the Act, par. 2 (k), trafficking in persons is defined as "the recruitment, transportation, transfer, harbouring or receipt of a person by means of the threat or use of force or other means of coercion or by abduction,

fraud, deception, abuse of power or position of vulnerability, or by the giving or receiving payments or benefits to achieve the consent of a person having control over another person for the purposes of exploitation”. This Act was enacted in line with the requirements set by the United Nations Convention against Transnational Organized Crime (UNTOC) 2000 and its Additional Protocol.

With regards to sex work, Section 356 of the Criminal Law (Offences) Act No. 18 of 1893, typifies certain acts as a “common nuisance”. Section 356 states that “Everyone who commits any common nuisance which endangers the lives, safety or health of the public, or which injures the person of any individual, shall be guilty of a misdemeanor and liable to imprisonment for two years.” This Section is used to justify the detention of sex workers in Guyana. Section 357 of the Act mentions that it is illegal to keep or manage a “common bawdy house”, and those who are found guilty, are liable to imprisonment for two years. Homosexuality is criminalized in Sections 352 to 255 of the Criminal Law (Offences) Act of Guyana.⁴

VI. Main findings

a) Survival sex

As per the accounts shared by participants and key informants, the main concentration of Venezuelan women in the country is around the mining areas. In these locations, Venezuelan women are working in shops, cleaning services, bars, hotels, and nightclubs. In Georgetown, Venezuelan women mentioned on several occasions that some of the main barriers for them to have access to formal economic opportunities were the language and lack of professional references in Guyana. Therefore, most of the Venezuelan women and even the Guyanese returnees end up working in places where they are most likely to be exploited, verbally and physically abused by either their employers or co-workers. Some Venezuelan women end up working in bars and having sex with clients in exchange for money. This situation extends to region 7 and 1, where many women resort to survival sex, not because they want to, but because there is no other option to help their families in Venezuela. As one participant stated: “No woman wants to do sex work, we do it because we are forced to and we have no other option”. In Port Kaituma, women shared that they started working in sex work after arriving to this town and facing difficulties communicating in Spanish and finding a well paid job that could allow them to cover their living expenses and to send money or goods to their families in Venezuela who depend on them. Many stated that they were professionals in their country and had a decent life in Venezuela and that their families do not know what they are doing in Guyana.

⁴ Criminal Law (Offences) Act, Guyana, No.18 of 1893 https://www.oas.org/juridico/spanish/mesicic2_guy_criminal_law_act.pdf

b) Human trafficking for the purpose of sexual exploitation

During the GBV rapid assessment, some of the Venezuelans shared their experiences being smuggled into Guyana and trafficked. Some of them mentioned that they heard from other friends and relatives about opportunities to make money in Guyana by working in bars, hotels and nightclubs. Some of these women are coming by their own means, knowing that they will work in sex work ("shopping"), but are not fully aware of the work conditions. Some of them were working in the mines in Venezuela, for example in San Martín, known as a mining and commercial area in Venezuela. Others are brought by friends or tourist companies with the promise to work in other types of work such as in cleaning, cooking in the mines, etc. Reportedly, transportation costs, accommodation and meals are paid by the person bringing them to Guyana. Once they arrive in the country, they are secretly transported to Georgetown or Bartica, locked in a house and instructed to pay a high amount of money (between 200 to 700 USD) for their transportation, food and accommodation. Once the debt is paid, the person is supposed to be let go. Some reported being regularly robbed when they were trying to save money to pay the debt. Those who work in bars face a lot of risks such as aggressive clients, sexual violence, and abuse. Since 2018, more and more survivors of GBV and victims of trafficking have been identified in Guyana. For survivors of GBV and trafficking, access to assistance and support from relevant UN agencies and government authorities is not systematic or guaranteed.

In a meeting with the Head of the Counter-Trafficking in Persons Unit in the Government, various challenges that victims of trafficking in persons have to be granted a legal immigration status in Guyana were highlighted. Despite the fact that victims of trafficking cooperate with the judiciary to have the perpetrators prosecuted, they are not granted a legal immigration status in Guyana and have to either be repatriated to their countries of origin or follow all the requirements from the Immigration Unit to regularize their immigration status in the country as any other foreigners in the country. The Counter-Trafficking Unit, in collaboration with IOM, has been working on sensitizing communities in key locations through the use of information, education and communication (IEC) materials. These materials contain information on the laws in Guyana in relation to trafficking in persons, the rights of victims of trafficking, procedures to report any incident of trafficking, and relevant contact numbers. These materials are available in English and Spanish. The Head of the Counter-Trafficking Unit highlighted the fact that sex work in Venezuela is legal while in Guyana it is illegal so Venezuelans need to be made aware of this, particularly since there are organizations bringing Venezuelan women to the country to engage in sex work.

With regards to shelters for victims of trafficking in persons, it was mentioned at the meeting that the Ministry of Social Protection has shelters and transitional spaces, and depending on the status of the case of a victim of trafficking, the person may be placed in one or the other. Venezuelans who have been victims of trafficking in persons have access to these shelters and transitional spaces according to the Head of the Counter-Trafficking Unit. However, some of them prefer to be placed in apartments, which are provided by the Counter-Trafficking Unit with the support from IOM. Food and financial assistance are also provided to the victims of trafficking. If the victim is a Guyanese then assistance with livelihood activities will be considered and provided, As for the Venezuelans, it is challenging if they don't speak the language and don't have the residency or work permit required to open their own business in Guyana. The success rate of the initiative of finding livelihood activities for victims of

trafficking has been low. The Unit has been able to offer limited psychosocial support in Georgetown area through a bilingual individual.

With regards to minors being trafficked, the Head of the Counter-Trafficking Unit mentioned that cases of minors have been identified and assistance is being provided. No specific data was provided, however, it was mentioned that boys are usually trafficked for labor exploitation unlike girls that are usually trafficked for sexual exploitation.

c) Harassment and sexual violence

During the GBV rapid assessment, information on some incidents of harassment and sexual violence against Venezuelan women allegedly committed by Guyanese taxi drivers were also shared, however these incidents have not been reported to the police for fear of retaliation.

In terms of security on the streets, Venezuelan women in various locations complained about insecurity, offensive words, harassment, and in some cases sexual violence. Some mentioned that they feel unsafe walking by themselves at night, particularly in places like Mabaruma where the electricity is shut down daily at 23:00. As a protective measure, Venezuelan women walk with relatives or friends. It was also mentioned in various FGDs that it is very common in Guyanese bars for drinks to be “spiked”.

In a FGD in Bartica with Venezuelan men, it was mentioned that they have not experienced any form of GBV, nor have their female family members. However, Venezuelan men are aware that many Venezuelan women and girls are engaged in sex work and are often taken to the mines for long periods. From stories they have heard, many believe that adult women are more at risk when asking for directions or acquiring information, which often lead to sexual violence. In a FGD with Venezuelan women in the same location, it was mentioned that some Venezuelan women who go to the mines to engage in survival sex have been sexually exploited, beaten up and/or raped by their clients and some have disappeared or been killed. The majority of the women agreed that working in the mines was highly dangerous; however, they can make a good amount of money. Incidents that happen in the mines go usually unreported. As a safety measure, most of the Venezuelan women providing sexual services try to protect and support each other by being in regular communication with each other, particularly when they go to work in the mining area.

d) Domestic violence

In the FGDs, some Venezuelan women mentioned that they are engaged in romantic relationships with their clients or other Guyanese men, some have children with them. Cases of domestic violence were reported, including emotional and physical abuse by Guyanese partners who at times perceive sex work as some form of infidelity. Those with children are much more likely to receive threats from their partners, such as they will take away their children and prohibit them from going back to Venezuela.

During the rapid GBV assessment, some women shared information on the challenges faced by domestic violence survivors, whose husbands and fathers of their children are Guyanese, and who are unable to seek assistance from the authorities due to fear of retaliation. Some of them want to find protection for themselves and their children, either in Venezuela or any other country. However, the requirement of the exit permit signed by the father of the children is a big challenge for Venezuelan women to obtain.

e) Sexual exploitation and abuse

Incidents of sexual exploitation and abuse allegedly were reported during the FGDs as well as the barriers to reporting these cases. An urgent need for strengthening complaint and feedback mechanisms in the country as well as training sessions on protection against sexual exploitation and abuse for front line workers, including police, military and immigration officials was identified.

f) Labor exploitation

Economic activity in the country is limited and the influx of Venezuelans is adding stress to the system. Venezuelan women and men are looking for work and are willing to work for much less than the Guyanese. They are constantly exposed to labor exploitation such as long working hours, low or unpaid wages, unpaid overtime, no rest or holiday, verbal or physical abuse and sexual harassment. The lack of formal economic opportunities is forcing the Venezuelans, particularly women, to turn to sex work. Many of them go to Port Kaituma, Bartica, some even to the mining areas, as there is more opportunity to earn more money. In regard to Venezuelan men, most of them continue to seek regular employment but are usually limited to unstable and exploitative options. No information was shared on Venezuelan men turning to sex work in exchange for money.

g) Other at-risk groups

i. Indigenous (Warao)

During the GBV rapid assessment, information was shared on the movement of members, particularly families, of the Warao Indigenous Group from Venezuela to Guyana. Some of these families are being hosted by the Warao community in Mabaruma. Some other Warao families are staying in temporary shelters; like the one at the dock in Mabaruma were some Warao families were identified. The Warao has been known as “the boat people” in view of their lifelong and intimate connection to the water.

The Warao continue to arrive in Marabuma and other territories in Guyana. Approximately 1,000 Warao indigenous community members have arrived in Mabaruma as Venezuela's crisis deepened. They use canoes as their way of transportation from Venezuela to Guyana. Some of them still travel regularly between the two countries (pendular movement) while others arrived in Guyana with their families seeking mainly food and protection. Some Warao speak Spanish but the majority can only communicate in the Warao language. Regardless of Spanish-language skills, language remains a significant barrier in Guyana as they are unable to communicate in English. According to the local government in Mabaruma, Warao indigenous group members who have arrived in Guyana have been

provided with food, clothing and farming tools. Although some have been offered parcels of land for settlement, many are still living in poor conditions, while others have not been vaccinated since their arrival (over 4 months ago).

It was reported that the Warao are highly exposed to labor exploitation in Guyana as well as to survival sex and human trafficking.

ii. LGBTI community members

During the rapid GBV assessment, a number of Guyanese organizations working on the protection of the rights of LGBTI community members were contacted, however, none of them is currently providing any support to Venezuelan or returning Guyanese LGBTI. During the FGDs and KII, questions on possible risks faced by Venezuelan or returning Guyanese who identify as LGBTI as well as barriers in accessing services were asked; however, the participants in the FGD and KII were unable to provide answers.

iii. Children

In FGDs in Bartica and Port Kaituma, it was shared that Venezuelan children have on occasion been bullied in schools based on their nationality. They are also discriminated by Guyanese children when they do not have the resources to pay for the school uniforms, shoes, etc. Authorities in Port Kaituma expressed their concerns about an increasing number of children that are not enrolled in schools. The local authorities in Bartica mentioned that a total of 15 students of secondary school age have been assisted by the Government of Guyana with uniforms, school meals, books and transportation. Efforts are being made to conduct an assessment to obtain statistical data on the number of children not currently enrolled in school and to ensure that they too are assisted. Authorities are also in the process of constructing a new facility in Itaren Bam to house these new students and to reduce the cost of rent.

According to information provided by the Senior School Welfare Officer from the Ministry of Education in Mabaruma, there are currently 108 Venezuelan children enrolled in schools in the Mabaruma area: 46 at Mabaruma Primary School; 36 at Wauna Primary School; and 26 at Whitewater Primary School. Of these numbers 45 are males enrolled and 63 are females enrolled. The language barrier has created a challenge in responding to any psycho-social support needs of Venezuelan students. Identified potential cases requiring support are being referred to the Welfare Officer. The education sector in this area has had no reported cases of GBV involving Venezuelan students. However, cases of GBV involving children of the host community are known to be occurring but are not being reported. If the incident is reported such cases are very difficult to prosecute due to challenges in locating GBV survivors and perpetrators. Cases of pregnancies among girls as young as 12 years have been reported.

There were reports shared at the FGDs of Venezuelan adolescent girls between 16 and 17 years old being victims of trafficking in persons in bars and brothels in Guyana, particularly in the mining areas. These adolescents usually travel alone and use fake identification cards to enter Guyana. Some children have been seen begging and involved in child labor in the towns and also in the mines.

Incidents of parents mistreating their children and forcing them to work were shared in the FGD in Port Kaituma. However, no formal reports have been made to the Child Care Protection Officer in this location. There were reports also of incidents of sexual violence against Venezuelan girls and the various challenges faced by the parents in reporting these incidents to the police and having the alleged perpetrators brought to justice.

VI. GBV root causes and contributing factors

a) Access to documentation and regularization

Venezuelan and returning Guyanese women are generally traveling with their identification card (ID). Very few Venezuelans possess passports and some arrive with only a copy of their ID or birth certificate. According to immigration officials in Bartica town, Venezuelan parents of children born in Guyana are assisted by immigration authorities with the birth registration act or the issuance of birth certificates and passports for the children once requested. However, there were some reports of Venezuelan couples who could not register the birth of their newborn due to lack of civil documentation, exposing the newborn to become de facto stateless.

Most of the participants in the FGDs indicated that they did not face any problems at the immigration office nor were they asked to pay any money for the 90-day stay permit. However, some of them reported communication challenges with immigration authorities due to the fact that they did not speak English and had to rely on someone to translate for them. Currently, immigration officers are being taught Spanish to improve their ability to communicate with the Venezuelans.

The immigration office mentioned that approximately 52 Venezuelans have been assisted this year with 90-day temporary stay permits one of which was granted for a period of 1 year (not verified). Currently stay permit request forms are being processed in Bartica and not taken by the immigration authorities to Georgetown for processing. This is a new measure introduced by the Government in 2019 which helps Venezuelans to have their permits renewed, considering that not all of them have the means to travel to Georgetown every three months to do the process. It is important to highlight that the stay permit does not entitle Venezuelans to legally work in the country; a work permit is still required by the national law. Those that do not possess a work permit are most likely to end up in situations of sexual and labor exploitation.

Some Warao indigenous community members possess identification cards and were able to apply for a 90-day stay permit with the immigration authorities in Guyana. However, some of them do not have any identification cards and have not applied for a temporary stay permit.

b) Security

In some of the FGDs, participants reported the presence of armed groups and criminal gangs on both sides of the border between Venezuela and Guyana. Reportedly, these groups and gangs are involved in black markets related to contraband fuel and illegal mining. Some Venezuelans also mentioned that they are robbed when leaving Venezuela and also when entering Guyana.

In Port Kaituma, concerns about the rise of the number of Venezuelans committing criminal activities, and Venezuelan women engaging in sex work were shared by the local authorities. They also indicated that the number of Venezuelan women arriving in the town was higher than the number of men, due to the already existing sex work business in the town and the mining area. In terms of general crime, the police station in Port Kaituma stated that they mostly receive reports from Guyanese nationals regarding cellphone thefts allegedly committed by Venezuelan nationals.

In Mabaruma, authorities report the presence of smuggling, including drugs and small arms, as well as piracy. Local authorities believe some Venezuelan women are crossing into Guyana at night to avoid being detected by immigration authorities. In a meeting with the police, it was highlighted that there are not enough human resources to adequately patrol the border between the two countries. As a result there is a fear on the part of the security forces that anyone, even those with serious criminal records, can slip in.

There is a great deal of concern about the inadequate capacity to screen the Venezuelans that are coming into the country. In one illustrative example recently, 140 Venezuelans were able to purchase tickets at G\$3,000 each (14.38USD), to take the ferry to Georgetown. This incident served to increase tensions since locals were unable to secure spots on the ferry and also because the police were not comfortable with the Venezuelans going to Georgetown, as they were not properly screened. Hence a report was made to the concerned authorities resulting in the ferry being met upon docking in Georgetown and the group being held. The Government has taken measures to control the movement of Venezuelans in the country by not allowing them to travel from other areas in the country to Georgetown unless they have family members in the capital who can provide support to them mainly with food, shelter, and livelihoods. The practical implementation of these measures still needs to be clarified.

c) Perceptions, discrimination and xenophobia

Some of the local authorities in some of the visited locations mentioned during individual interviews that the rate of sexually transmitted infections is increasing due to Venezuelan women arriving in the country. Moreover, they mentioned that some host community members were complaining about the Venezuelans coming into town with a totally different culture, language and traditions and Venezuelan women dressing provocatively. There is a general perception that Venezuelan women are engaged in sex work because “they like it and want to do that”. Some other authorities expressed concerns about the exacerbation of tensions and discrimination towards Venezuelans, particularly in border areas as a consequence of a longstanding territorial dispute between the two countries.

Service providers in Bartica mentioned that some host community members believe that “Venezuelans live like celebrities”, they do not interact with the community like the Brazilians used to do. This is resented by the community, as they believe Venezuelans prefer to stay in groups. Venezuelans do not feel welcomed by Guyanese; they resent them and believe that when Guyanese arrived to their country they welcomed them but now they are not well received.

Venezuelan women expressed that they are harassed and touched when walking on the streets by Guyanese men. Also, Guyanese women allegedly insult them on the streets saying that they will return them in coffins and accusing them of stealing their husbands and breaking up families. They spray them with air freshener saying “Venezuelans out”. One Venezuelan woman, shared her testimony that a Guyanese woman called the police because she was bathing at the same beach. Venezuelan men are accused of being rapists. All of this is negatively affecting Venezuelans, especially women and girls, who do not feel safe and are emotionally affected by the stigma as well as the discrimination and xenophobic sentiments directed towards them by the host community.

VII. Availability and access to services

a) Access to health care

Health care is free of charge in hospitals in Guyana, regardless of the migratory status that the person has and is accessible to everyone without discrimination or prejudice. If Venezuelan women go to a clinic or a private doctor then services are provided for a fee. Medicines are also provided for free in hospitals; however, if the medicines are not available in the hospitals, patients must buy them from pharmacies. Services are also available to Warao indigenous community members whenever they need to. Data collection of persons accessing health care services is not disaggregated by nationality, but only by age and gender. No information campaigns in Spanish on available health services, health care and sexual and reproductive health (SRH) have taken place. Most of the participants in the FGDs expressed interest in receiving information on SRH, including prevention and treatment of HIV and other sexually transmitted infections (STI). Similarly, the Ministry of Indigenous People’s Affairs in Marabuma expressed the need for information dissemination and community sensitization programmes with the members of the Warao indigenous community on the same topics.

Some authorities in the locations visited as part of the rapid GBV assessment, believe that the healthcare system is overburdened due to the influx of Venezuelans and returning Guyanese. Authorities in Mabaruma believe that the presence of Venezuelans brings health and security risks, especially those engaged in survival sex and those temporarily staying at the dock without proper shelter, cooking and WASH facilities. They are using the same dark waters for drinking, cooking and bathing. Lack of potable water is a major problem for residents.

According to information collected throughout the rapid GBV assessment, pregnant women are not accessing medical services on a regular basis, mainly due to lack of information that services are free of charge and fear of detention when they do not have their temporary resident permit. Other Venezuelan women mentioned that they do not approach the services because social workers in health facilities treat them as criminals and discriminate against those engaged in survival sex.

In Port Kaituma, there is one hospital and the two doctors mentioned an increase in the Venezuelan presence about one and a half years ago. There, Venezuelans access free of cost health services and one female doctor is able to communicate with them in Spanish. An average of 15 Venezuelan women present themselves to the health centers weekly. The services that are usually accessed include vaccinations upon arrival to Port Kaituma, labor and delivery, and malaria treatment. Incidence of

diarrhea and tuberculosis is rising. Currently the health facility knows of two confirmed cases of multidrug resistant tuberculosis. They facility has received requests for STI testing and they have noticed an increase in demand for condoms. They also reported a number of cases of vaginal infection. Birth control is available but currently they do not have implants. In Port Kaituma, the hospital does not offer surgical or pediatric services. It was also mentioned that information campaigns on available health services and sexual and reproductive health (SRH) in Spanish have not taken place in the location. IEC materials at the hospital are not available in Spanish.

Insufficient medical supplies to meet the needs of the host community and the Venezuelans is an ongoing challenge. The hospital has seen cases of GBV, including among Venezuelans. According to the local authorities, counselling sessions were previously conducted and condoms previously distributed under an IOM HIV-AIDS project that targeted high risk segments of the population. Such initiatives are no longer operational at Port Kaituma.

b) Access to psychosocial support

In terms of mental health and psychosocial support, there are limited options available to Venezuelans arriving in Guyana. The Mental Health Department of the Ministry of Health in Georgetown was established three years ago. According to the Head of the Department, services are being provided to mainly Guyanese, including those returning from Venezuela. The main types of cases identified in adults in the regions are depression, psychosis, dementia, epilepsy, substance abuse, stress related disorders while children/adolescents present with mild disorders. One of the challenges is that most of the staff working in the health facilities speak only English. However, some Guyanese doctors that studied in Cuba or Cuban doctors working in Guyana are able to assist some of the Venezuelans in Georgetown. In terms of psychologists and psychiatrists, there are also limitations in the language with very few psychologists in Georgetown that speak Spanish. In 2018, in collaboration with World Health Organization (WHO), training on psychosocial support was provided to more than 300 staff, doctors, nurses and social workers. Some of them were from Mabaruma in Region 1 and speak English and Amerindian languages fluently; however, none of them are fluent in Spanish. As for Region 7, there is no personnel trained on psychosocial support. In Port Kaituma, the hospital does not provide any kind of mental health and psychosocial support services.

c) Coping mechanisms

During the FGDs, both Venezuelan women and men mentioned that it is difficult to cope with the situation of being away from their countries and families, and being jobless or being exploited or having to perform sexual services to have an income to provide for themselves and their families. Some of them accepted consuming drugs (marijuana and ecstasy) and alcohol, in particular young women who are working in bars and are engaged in survival sex. According to them, consuming drugs helps cope with the situation they are in and with the difficulties they regularly face when providing sexual services. In some cases, the owners of the bars give them drugs to consume. Some others have regular conversations with close friends in Guyana and their families in Venezuela.

d) Access to justice

In FGD sessions, both Venezuelan and Guyanese women indicated not reporting incidents of violence and criminality to the police for a variety of reasons. These include a lack of trust in the police in Guyana, language barriers, and the perception that police will request payment of approximately 20,000 Guyanese dollars (96USD) per incident. When asked about submitting reports on GBV incidents, Venezuelan women mentioned that these are not reported to the police as, allegedly, the police fails to conduct impartial criminal investigations against Venezuelans. They added that they also fear to be questioned, detained and deported, or to be subjected to retaliation by perpetrators of GBV. Additionally, information was shared in some of the FGD on serious criminal incidents allegedly committed by Guyanese policemen against Venezuelan women.

In Port Kaituma, the police reported receiving no reports of incidents of sexual violence, but mostly reports on cell phone theft by Venezuelans. The police station currently has two (2) female police officers to assist in addressing any reports made by Venezuelan women. According to the police officer in charge, there are some officers in the station who are able to understand Spanish. He added that it is not required to have an identity card or a temporary stay permit to report GBV incidents. He said that once the report is done, the survivor is escorted to the hospital to have a physical examination and receive proper treatment. The doctor has the obligation to report to the police if an incident of sexual violence has occurred. He could not confirm if Post Exposure Preventive (PEP) kits and psychosocial support are available at the hospital. Probation officers stationed within the region provide some limited amount of psycho-social support; however, there are no psychologist or psycho-social services available in Port Kaituma. He mentioned that hospitals in Georgetown have better capacity to respond to incidents of sexual violence.

In Mabaruma, there are perceptions within the police that Venezuelans have started to create a negative impact on Mabaruma and its neighboring communities. Concerns were expressed about Venezuelans not blending into the host community, involvement in a small number of petty larcenies and sex work. The number of assaults has increased as well as the number of Venezuelans arriving on a daily basis, according to the police inspector. The language barrier and the constant flow of Venezuelans coming and going are a challenge for the police in adequately taking reports of GBV. The police inspector noted that no reports of GBV involving Venezuelans have been received.

e) Access to safe shelter and WASH facilities

In Georgetown, some Venezuelans are able to rent a house or apartment which they share with other family members, relatives, or friends. Others face a lot of challenges finding a place to spend the night. While efforts have been made by the Government for Venezuelans to have access to existing shelters, this is still limited.

In Bartica, Port Kaituma and Mabaruma, Venezuelans rent rooms in guest houses when they have the financial means. Otherwise, they live in abandoned buildings without electricity or running water, with no privacy for women and girls. A similar situation happens at the dock in Mabaruma where men, women and children are sharing a common and limited space and have no privacy at all. Women and girls are very much at risk in these improvised shelters. Hygiene and sanitation at the improvised

shelter at the dock is problematic as many are using the water from the river for bathing, cooking, washing and disposal of human excreta. There were reports of water borne diseases such as diarrhea as well as cases of malaria and dengue fever.

f) Access to livelihoods

Venezuelans reported in the FGDs and KII that they work more hours and receive less salaries than the Guyanese. Some returning Guyanese complained about the labor conditions they have encountered since their return from Venezuela. According to them, they work more than 8 hours, are not allowed to take any breaks, and are paid G\$1,050 (5USD) per day. In Port Kaituma and Mabaruma some Venezuelan women are living with their families and work in shops or were looking for a job. Some women have experienced sexual harassment in the workplace by their employers. They touch them, say obscene things to them and ask for sexual favors. Some try to find another job elsewhere. One of the Venezuelan participants working in a shop mentioned that she asked her employer to increase the daily wages, instead, the employer asked for sexual favors. She then had to find another job. The fact that most Venezuelans speak only Spanish and lack professional references in Guyana combined with the fact that their qualifications may not be recognized has been a barrier for them to finding decent work and reporting any incidents to the local police. Therefore, many Venezuelans and even Guyanese returnees end up working in places where they are more likely to be exploited or verbally and physically abused by employers or co-workers. In general, participants in the FGD mentioned that the cost of living in Guyana is very high compared to the minimum wage, for example the minimum wage is G\$42,022 (200 US dollars) and the cost of rent/month is around G\$63,033 (300 US dollars).

At least 3 out of 5 men in Bartica were self-employed or worked at a restaurant or in a mine. Many are underpaid or work minimum hours per week so their salaries are insufficient to maintain themselves while in Bartica, thus making it impossible to maintain their families in Venezuela. In Mabaruma, Venezuelan men are also taken to the mines to work there; however, they said that they are being exploited; working many hours and getting paid less than the offer received or sometimes they are not even paid for their hard work. They are also told that they need to stay one month and half in the mines before they can leave. According to them, Venezuelans are not aware of their labor rights and do not know where to seek assistance. This is causing a lot of distress to the Venezuelans.

Another issue mentioned was not being allowed to have access to bank accounts from local banks. As a result, instead of saving towards a better future, men are forced to spend more with the intention of future resale or save in unsecure locations. Venezuelan men expressed their interest in obtaining residence permits in order to be able to access formal economic activities and avoid being exploited at work. They would also like to obtain certification in desired courses.

VIII. GBV prevention, mitigation and response capacity in the country

Throughout the assessment, the need was identified to enhance the capacity at the national and local levels to efficiently implement mechanisms for GBV prevention, mitigation and response. There is a limited number of national and international GBV experts in Guyana who are involved in the response

to the influx of Venezuelans and returning Guyanese. This situation leads to serious challenges in the development of tools for the collection of sex and age disaggregated data, provision of GBV lifesaving information, safe identification, referral pathways, standard operating procedures (SOPs), case management systems, provision of services, safety audits and mechanisms for complaints and feedback. Therefore, efforts need to be made to support the Government in ensuring the presence of more GBV experts in the response.

IX. Communication

Throughout the assessment, the need was identified to have a strategy on information, education and communication (IEC) and strengthen the various mechanisms in place for dissemination of life-saving GBV messages. Venezuelans who participated in the FGDs mentioned the need to have information about GBV and the services available to them in Spanish. It is equally important to work on mechanisms for the dissemination of life-saving GBV information to the Warao indigenous community.

From the assessment, target groups identified word-of-mouth, social media platforms, such as Facebook (is also used to access or circulate information, for example most visited pages are “Support for Displaced Persons”, “Venezolanos en Guyana” and “Venezolanos Luchadores”) as the most frequently-used method of information-sharing among the Venezuelan community. WhatsApp is another commonly used tool for sharing and receiving information, including searches for employment opportunities.

X. Recommendations

Given the scale of GBV-related risks and the degree to which programming and capacities need to be scaled up, a phased approach is recommended for the purposes of prioritization and planning. However, it must be noted that GBV risks in Guyana are sufficiently complex that the impact of recommended actions will depend on strong coordination among all relevant stakeholders. Safety and security for both target beneficiaries, and even humanitarian staff, will be affected by the degree to which GBV response, mitigation and prevention is implemented in a coordinated manner.

The Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela offers technical support to the Government, UN agencies and civil society organizations with the development of a workplan for the implementation of the recommendations below.

Recommendations for the Government of Guyana, UN agencies and civil society organizations in the country

- Continue working towards preserving the rights, safety and dignity of all Venezuelans and returning Guyanese, particularly, the Government, to ensure that they are free from all forms of exploitation, discrimination and abuse.

- Continue strengthening leadership and coordination among government bodies and humanitarian actors to ensure a coordinated response to address the needs and GBV risks faced by Venezuelans and returning Guyanese.
- Ensure emergency plans that are developed to respond to the influx of Venezuelans and returning Guyanese integrate a gender perspective.
- Advocate with the Central Emergency Response Fund (CERF) and other relevant donors for resource mobilization to promptly address the key findings highlighted in this report and ensure mechanisms for GBV prevention, mitigation and response are strengthened.

Phase One (within 3 months to 6 months):

With the support from UN agencies and civil society organizations, relevant government bodies should ensure the following:

Data Collection

- Collection of quality, disaggregated, gender and age sensitive data on the nature and scope of risks of GBV, mainly survival sex, sexual violence, domestic violence and trafficking affecting Venezuelans and returning Guyanese; as well as availability and accessibility of GBV prevention, mitigation and response services.

Safe identification, referral and emergency GBV case management

- Carry out a mapping exercise to identify active local and international actors on the ground that provide services in Spanish and Warao to GBV survivors in Guyana, and have the capacity to provide such services in all regions in the country.
- Develop Inter-agency Standard Operating Procedures (SOPs) for GBV and provide training to relevant stakeholders on the content of the SOPs.
- Develop safe identification and referral pathways in Spanish and Warao for GBV incidents and with entry points fitted to the different needs of the GBV survivors (adults, adolescents, children, survivors with disabilities, elderly, members of Warao indigenous community, LGBTI). Safe spaces for women and adolescents must be available and accessible at transit and destination places.
- Enhance the capacity of service providers on GBV referral and case management services and ensure these services are provided in Spanish and Warao and take into account the informed consent, confidentiality, respect for the survivor's wishes and provision of services and support without discrimination based on gender, age, race, or ethnicity.
- Support the Government on the implementation of strategies that safeguard persons at risk of GBV during the processes of documentation, profiling and registration. The participation of women, girls and other at-risk groups in the processes should be ensured.
- Support the Government on combating GBV and trafficking in persons and improving the availability and conditions of safe shelters for GBV survivors and victims of trafficking in Georgetown and the regions. Implement safety audits in the shelters.

Health Services

- Strengthen the capacity of the Ministry of Health and relevant stakeholders in Georgetown and other regions to improve health service response to GBV, including through presence of female and male health workers and GBV focal points in health facilities who speak Spanish and Warao and who are trained in GBV guiding principles for supporting a survivor and providing safe referrals, clinical management of rape and provision of medicines and supplies. Health facilities in Georgetown and in the regions should have rooms that offer privacy and safety to GBV survivors.
- Ensure the availability of comprehensive sexual and reproductive health services in local health centers both in Georgetown and in the regions and the implementation of the Minimal Initial Services Package (MISP).
- Strengthen access to HIV treatment and prevention for refugees and migrants, including indigenous communities, and ensure that sex workers have access to an integrated package of targeted HIV and STI treatment and prevention services. It is recommended to involve UNAIDS in developing a plan to take forward these recommendations.
- Strengthen the capacity of the Ministry of Health and relevant stakeholders to conduct information and community awareness raising activities in Spanish and Warao, on primary health care, sexual and reproductive health care, HIV prevention and treatment, sexual violence and post-rape care.

Psychosocial services

- Strengthen the capacity of the Mental Health Unit in the Ministry of Health to identify safe spaces in the regions through which GBV survivors can have access to basic emotional support in Spanish and Warao, and increase the deployment of trained psychosocial staff and/or partners to the regions.
- Identify women and adolescent girls' groups or networks in Georgetown and the regions that can communicate in Spanish and Warao and can be trained and mentored on basic psychosocial support for GBV survivors.

Assistance

- Strengthen the capacity of Government offices in mainstreaming GBV throughout the process of provision of assistance to Venezuelan and returning Guyanese in need.
- Establish safe, accessible and responsive reception centers for Venezuelans and returning Guyanese.
- Provide food, non-food items and dignity kits to Venezuelans and returning Guyanese in need, and examine the types of assistance for the host community to prevent tensions or frictions.
- Allocation of temporary sex-segregated shelters, toilets and bathing facilities for Venezuelans and returning Guyanese.
- Ensure meaningful participation of women and girl adolescents' groups/networks in beneficiary registration and verification, developing criteria for targeting, carrying out distributions and post-distribution monitoring.

- Set up inter-agency community based complaints and feedback mechanisms to address, track and report incidents of sexual exploitation and abuse (SEA).

Legal Assistance

- Ensure legal assistance is available and accessible to Venezuelan and returning Guyanese to address GBV risks and incidents as well as labor exploitation and discrimination.
- Strengthen the capacity of the police and judiciary to effectively investigate and prosecute cases of GBV, particularly as related to trafficking and sexual exploitation, ensuring the safety and well-being of the survivors.

Livelihoods

- In consultation with women, girls, boys and men, design and implement livelihood programmes accessible to GBV survivors and those at risk of GBV.
- Promote economic and professional empowerment of women and men and adolescents through business development, vocational skills training, capacity building and education, including English language courses for Venezuelans and returning Guyanese who are not fluent in English. In this sense, they will be able to have an income to support themselves and their families and to integrate into the local communities.

Community-based Mechanisms

- Engage the Venezuelan community, particularly Venezuelan women and girls and other groups at risk, in programs and activities related to GBV prevention, mitigation, response and promotion of survivors' access to services. The participation of marginalized groups such as LGBTI populations, persons with disabilities, elderly, and indigenous communities such as the Warao should be ensured.
- Set up and strengthen community-based mechanisms for GBV prevention, mitigation, and response and resilience by conducting an in-depth gap analysis and developing and implementing a capacity building plan that includes GBV prevention, mitigation, and response. Ensure the inclusion of community-based mechanisms to provide psychosocial support.

Capacity building

- Trainings for INGO, NNGOs, and government staff on Gender and GBV in emergencies including operational guidance and tools (IASC revised gender handbook, GBV guidelines, Gender Marker, among other relevant topics), GBV mainstreaming, counter-trafficking.
- Trainings on GBV survivor safe identification and referral procedures for stakeholders and service providers, making particular emphasis on the core principles (respect, safety, confidentiality and non-discrimination).
- Trainings on protection against sexual exploitation and abuse (PSEA) for the military, police and immigration department, prioritizing those who are first responders to the influx of Venezuelans. Also, UN, civil society organizations and community groups should receive PSEA trainings.

Support Spaces

- In coordination with national platform and national/local authorities, establish the Support Spaces initiative in key locations (Charity, Port Kaituma, Mabaruma, Bartica and Georgetown), development of mapping of services and information materials.

Phase Two (within 6 to 12 months):

Data Collection

- Support the relevant government offices and/national stakeholders and civil society on the improvement of GBV data management and standardized systems for data collection and analysis during mixed migration flows.

Safe Identification and referrals

- Enhance the capacity of military and police personnel to prevent and respond to GBV, and in particular, the employment of women in these institutions; secure environments to report GBV incidents and the implementation of codes of conduct.

- Strengthen the capacity of the police and the judiciary, and traditional justice actors, in Guyana so access to justice for GBV survivors is promoted. Trainings on relevant legislation on GBV prevention, mitigation, and response; free and accessible legal aid in Spanish; presence of female police officers who are fluent in Spanish; and protection of survivors and witnesses during the prosecution and court proceedings are key priorities for action to ensure access to justice by GBV survivors.

Livelihoods

- GBV prevention and mitigation strategies should be incorporated into the policies, standards and guidelines of livelihood programmes.

Social cohesion

- Develop inter-agency and cross sectoral consensus on advocacy messages and strategies around the enhancement of national and local laws, policies and systems to respond to, mitigate, and prevent GBV, in particular, laws and policies that allow Venezuelan women and other groups at risk to have access to safe job opportunities and economic empowerment.

- Develop inter-agency and cross sectoral consensus on advocacy messages and strategies around combating xenophobia, forced labour, labor exploitation and discrimination against Venezuelans.

- Design and implement activities that promote social cohesion between Venezuelan and returning Guyanese and the host community to mitigate tensions and disputes over assistance, resources available and job opportunities.

Information and Communications Mechanisms

- Develop information materials in Spanish, Warao and English on available GBV prevention and mitigation and response services and ensure these materials are widely disseminated to Venezuelans and returning Guyanese particularly in arrival and transit areas.
- Develop and disseminate clear, simple key messages about health care and psychosocial support services available in Spanish and Warao through various means such as info boards, info session, radio, among others.