

A DOUBLE-EDGED SWORD



**Protection Risks Facing Venezuelan Children
During the COVID-19 Pandemic**



This report was produced by Natalia Korobkova on behalf of the Venezuela Response Team at World Vision International in collaboration with World Vision field offices.

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Editing: Liliana Mesias and Natalia Korobkova

Design: Fernando Otarola

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CHILD AND ADULT SAFEGUARDING CONSIDERATIONS World Vision ensured safe and ethical participation of children when they shared their stories, adhering to World Vision’s safeguarding protocols. Names of children have been anonymised and changed to ensure confidentiality. All photos were taken and used with informed consent.

Cover photo: ©2020 World Vision/Edward Scholtz

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Foreword

Two decades have passed since Venezuela embarked on the path that led to the collapse of its institutional structures, the chronic impoverishment of its population, and the tragic loss of human capital. It is perhaps, in these terms, that we can measure how an entire generation has grown up in the margins—with limited or no access to education, health and effective protection networks—in one of the most violent and unstable countries on the planet.

This situation has forced more than 5.5 million people to flee the country seeking better living conditions, and left more than a million children separated from their parents in Venezuela itself. Growing up immersed in poverty and without parental protection or robust safety nets opens a deep wound in the identity, self-esteem and opportunities of a generation.

World Vision's study, *A Double-Edged Sword*, reveals a human face to a profound and painful social fracture that is leaving serious marks on Venezuelan children and adolescents: their exposure to abuse, abandonment, child labor and in many cases, hopelessness.

Faced with this reality, standing idly by is not an option. As a child-focused humanitarian organization, we have made multiple calls to collaboratively undertake an unprecedented effort to restore a sense of future, hope and opportunities of Venezuelan children. We come alongside the children who remain in the country, as well as those who live in precarious conditions throughout the region.

The international community's response is still painfully limited and the contextual and financial challenges are immense. Still, we remain committed to speaking up for the most vulnerable and call on others to do the same. Committing our technical, financial and human resources, we called on faith-based and community-based organizations to partner in our work to reach thousands of children and their families at risk in Venezuela. This has allowed us to broaden our reach and deepen our impact.

We have begun to see a sliver of light shine in the darkness. But there is so much more left to do to illuminate the situation. It is up to all of us - governments, donors, the international community, the private sector and the media - to heal and restore hope to millions of children who deserve to live into the full potential for which they were created.

I hope in reading this report you will be moved to join this great movement we call Hope Without Borders.

Our mission is to help write new stories of transformation for the children of Venezuela. Please join us!

Joao H. Diniz

Regional Leader, World Vision
Latin America and the Caribbean



“WHEN THE PANDEMIC ENDS I WILL BE THE BEST STUDENT. ALTHOUGH I STILL DON'T HAVE THE UNIFORM, OR NOTEBOOKS, OR SHOES, OR ANYTHING, IT DOESN'T MATTER.”

Marcos, 11, Miranda state, Venezuela



Reishell's Resilience

Reishell (7) lives in the north center of Quito with her mother Amalia (26), her father Elio (29) and her brother Aiden (3), since arriving from Venezuela two years ago. Reishell attended the second grade through June 2020, but schooling has been sporadic since then because her family lacks what she needs to attend school during the COVID-19 pandemic: Internet service to their home or at the least, reliable cell coverage to receive lesson plans through WhatsApp. During this time of confinement, what she misses the most is her friend Isabelita and teacher Lucía.

Lucía is very good and pretty, plus she has a nice name, Reishell says. "I need them," she says.

Reishell radiates energy and positivity. Her eyes are bright and she has an uncommon ease of speech for her age. During the pandemic, she has dedicated herself to writing, reading books and practicing math, which is her favorite subject. She organizes and takes good care of all her notebooks because she likes order.

Although her family's journey from Venezuela to Ecuador was difficult and sometimes scary, Reishell considered it mostly an adventure.

"It was something unique, all the way I saw landscapes that I really liked," she says. "I saw horses of many colors: white, black, gray and brown. We got into some very large cars that were taking us at full speed. In addition, I ate many delicious things that people gave us on the way. What I liked the most was the change, from a jungle with many trees I came to live in a big city."



Elio says his daughter experienced the trip as a true adventure and that she was happy.

"For adults it is a journey that you never want to repeat," Elio says. "We walked and hitchhiked for 7 days, we slept on the street and we had no money. That's why people gave us food, because they saw us with small children... But what could we do, other than tell our daughter that it was a special trip because we were going to our new home."



The resilience that Reishell has developed, thanks to her parents' teaching and guidance, is what has allowed her to be creative and not feel the weight of confinement during the pandemic. The family does not have any fixed income because they depend on wages from day labor. Since the pandemic hit, they have not been able to work regularly. They can't afford Internet service, and food is often scarce.

"We put the children to bed very late at night so that they get up almost at lunchtime, so we save a little because we have to prepare two meals," says Reishell's mom, Amalia.

This young couple has not lost hope for better days. They continue planning and looking for opportunities to create stability for their family. They hope that this time of instability will soon end and Reishell can meet Isabelita and Lucía again.

“**THE PANDEMIC HAS WORSENERD OUR SITUATION. ALL OF US FEEL DEPRESSED. WE ARE OBSERVING THE QUARANTINE IMPOSED, BUT IT IS HARD. KIDS HAVE LOST WEIGHT SINCE THEY DO NOT ATTEND SCHOOL BECAUSE THEY ARE NOT HAVING ONE OF THEIR MEALS FOR THE DAY.**”
Oly, a Venezuelan grandmother.

Introduction

Venezuela is currently facing an unprecedented humanitarian crisis driven by ongoing political instability, a deteriorating socio-economic situation and growing insecurity and violence.

The country's economy contracted an estimated 50% between 2013 and 2018.¹ Oil exports, the main source of income, reduced by 62% between 2015 and 2018. The great majority of Venezuelans have been affected by hyperinflation, the collapse of salaries and the health system, scarcity of food and medicine, lack of health and education services, and the deterioration of basic infrastructure, including water and sanitation, electricity, and public transportation. This combination of issues has given rise to the greatest exodus in Latin America's recent history. Nearly 5.5 million Venezuelans have fled to other countries.²

World Vision is responding to the Venezuelan crisis by implementing programmes in Venezuela and the six countries receiving the most refugees. In 2019, the organisation launched the Crisis Response Plan for Venezuela called "Hope without Borders." As of September 2020, World Vision's response has reached more than 411,000 people in Brazil, Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela. World Vision has provided food and multipurpose cash assistance, clean water, housing, health services and hygiene items to the most vulnerable populations. Much of our response has focused on providing protection services as well, which include psychosocial support for vulnerable children and adults.

When Venezuela registered its first official COVID-19 case in March of 2020, World Vision had already begun a country-wide needs assessment for its programming purposes. As expected, beyond the visual picture of deteriorated infrastructure, a more sobering, statistical portrayal of the country's issues has emerged. It supplemented the findings of the 2019 Global Health Security Index findings that Venezuela was among the top 20 countries in the world least prepared to face the pandemic.³

As the wave of Coronavirus spread throughout Latin America in 2020, forcing the governments to apply strict quarantine measures, another World Vision survey found that by June more than 80% of Venezuelan refugees in host countries had lost their source of income. Faced with evictions, thousands of Venezuelans were once again on the move, walking back to their home country.⁴ For some, this journey became a nightmare once they reached the border to Venezuela. Venezuelan authorities would not allow in more than 900 returnees per week. This quickly caused informal settlements to crop up at border crossings. Many of those who managed to return faced severe challenges in Venezuela with limited electricity, gasoline or water service, as well as risks to child protection. Soon many were forced to try to seek refuge again back in neighboring countries.⁵ In August World Vision again surveyed program participants and their communities inside Venezuela to determine to what degree the pandemic was increasing child protection risks.

This report, *A Double-Edged Sword*, examines the two-sided dilemma for Venezuelan children: 1) the dire economic situation they faced prior to the declaration of the Coronavirus pandemic and 2) the exacerbating factors that have deepened their vulnerability since the pandemic began. World Vision's intent is to equip leaders and decision makers with insights and recommendations for actions that will comprehensively prevent and address children's protection concerns.

WHAT TO EXPECT:

The **first section** of the report presents a short summary of key findings of a multi-sector rapid assessment World Vision conducted in March 2020 in Caracas, Lara, Miranda, Táchira, and Zulia, in Venezuela, just as the first COVID-19 cases were reported in the country to give a situational overview of the context in the country. The **second section** examines the results of World Vision's follow up survey of 420 households in August in Caracas and Miranda following the COVID-19 pandemic and its worsening effects on children already made vulnerable by the dire context documented in March. The **third section** focuses on Venezuelan children outside of Venezuela. It summarises the findings of a World Vision survey of 392 Venezuelan children living in Brazil, Bolivia, Chile, Colombia, Ecuador, and Peru conducted in April. This report **concludes** with a set of recommendations for action.

World Vision Venezuela Assessment, March 2020*

Top 5 most frequent problems identified by the surveyed population in Caracas, Lara, Miranda, Tachira, and Zulia, Venezuela.

Water



59% irregular service of water

25% do not have access to a permanent water source**

Food



88% report that food is too expensive for them



116 times the average daily wage is required for a family to purchase a basic food basket

Health



69.7% report lack of access to medicine



59.8% report an increase in illnesses



52.5% report insufficient numbers of qualified medical staff

Roads and Infrastructure



78.2% report that roads are damaged, flooded or destroyed



42.7% report a lack of electricity



40% report telephone lines and other communications have been cut off

Protection and Insecurity



90% report increased frequency of robberies



33% report the risk of home invasion as a concern



32% report existence of community conflicts

Livelihoods

Half of the population have partial or no access to food



8 in 10 households are poor

61% of household are in extreme poverty***

Communications and Connectivity



50% cannot afford a mobile phone



46% cannot afford internet connectivity



44% do not have internet coverage

* Venezuela Rapid Assessment, World Vision, March 2020: <https://www.wvi.org/publications/report/venezuela-crisis/venezuela-multisector-rapid-assessment-september-2020>

** WFP 2020

*** National Survey on Living Conditions (ENCOVI), 2017

A country ill-prepared to face COVID-19

In March 2020, when the country registered its first COVID-19 cases, World Vision conducted a multi-sector rapid assessment that included 1,388 household surveys and 35 key informant interviews in 12 municipalities and 12 communities across five Venezuelan states: Caracas, Lara, Miranda, Táchira, and Zulia. The results were stark and provided a clear warning of heightened vulnerabilities among Venezuelan children. Households most commonly experience problems associated with lack of access to enough food and safe water, surrounded by collapsed infrastructure, making them highly vulnerable and unprepared for the pandemic. The infographic summarizes the survey's key findings.

Protection and insecurity: Respondents indicated they feel insecure in their communities. Children were affected in many ways, including the general absence of safe spaces and functional government systems working to protect them. Another variable that continues to threaten protection of Venezuelan children is a lack of access to proper identification. According to data from 2016-2018, 81% of children under 5 had a birth certificate, but this percentage continues to decline.⁶ This diminishes children's opportunities to access services, like education and health, makes it harder for them to leave the country legally, and if they do manage to leave, it continues to hinder their access to services opportunities once they are abroad.

Education: Recent estimates suggest that 1.1 million children run the risk of dropping out of school, with a greater percentage of boys not in school.⁷ The education sector is in critical condition in Venezuela. Due to migration during the school year 2018-2019, the education system lost 30% of its teachers nationwide. It is estimated that during the school year 2019-2020 another 50% of educators will leave Venezuela.⁸

Health: Prior to the pandemic, Venezuelan health services were already facing a deterioration of quality. Women have limited access to sexual and reproductive health services. In 2019, the fertility rate among adolescents aged 15 to 19 reached 85 births for every 1,000, almost double the regional rate of 48.3.⁹ In 2016 official public figures showed an increase of 30% and 65% in infant and maternal mortality respectively, over the previous year. Due to the interruption of the national immunization program since 2010, outbreaks of vaccine-preventable diseases such as polio and measles have occurred.¹⁰

Food security and Livelihoods: Due to the ongoing rise in food prices and precarious employment conditions, the risk of food insecurity in March was high. Although there was a food supply, some items were scarce and hyperinflation made it extremely difficult for many to buy even basic food items. The National Consumer Price Index shown that the price of food and other basic products rose more than 1,000% between December 2018 and April 2019.¹¹

According to the World Food Programme, 30% of Venezuelans have experienced food insecurity and need immediate assistance. An estimated 7.9% of the population (2.3 million) is experiencing severe food insecurity and 25% (7 million) live with moderate levels of food insecurity.¹² The precarious condition of roads and infrastructure limits access to markets and hinders service delivery. This situation has forced 74% of households to reduce their food intake, work in exchange for food, and even sell their assets to be able to buy food.¹³ 2,300,000 children only eat twice a day or less.¹⁴ Lack of access to livelihoods opportunities makes it difficult for households to meet their basic needs. According to the National Survey on Living Conditions, an estimated eight in 10 households in Venezuela are poor, with 61% being pushed into extreme poverty.¹⁵

Water, sanitation and hygiene: There was evidence that households have limited access to water due to lack of infrastructure and the high cost and poor quality of service. The communities' main water sources are pipelines, the use of pumps, tanks and bottles, and water bags purchased in stores. The context is aggravated by the fact that seven out of 10 households reported that their access from tanks or other containers for water storage is nonexistent (45% of survey respondents) or partial (30% of respondents). World Vision's survey results suggest that half of respondents had partial or no access to basic hygiene or household items. In the first 6 months of 2019, Venezuela recorded 714,536 cases of water-borne diseases with 171 deaths, with children younger than 1 being the most affected.

Communications and connectivity: Some 66% of households reported that the main challenge to using mobile phone technology was rising cellular plan costs. Only half of respondents were still able to afford a mobile phone. In addition, taking into account that the most convenient way for households to receive money is through bank deposits, the data revealed that 85% of households have a credit/debit card and nine in 10 households have a bank account—meaning they are part of the financial system. Nevertheless, the lack of internet connectivity (46%) and network coverage (44%) posed challenges for using mobile-money accounts, as does lack of electricity. In communities such as Lara, Táchira, and Zulia, for example, electricity supply was reported as sporadic.



Results of **420 household** surveys in Capital District and Miranda, Venezuela

Situation at home



7 out of 10 households do not have enough food



1 in 3 households perceive income loss

Children separated from parents since march



21% report new family separations



55% report that more parents **have left to another community or country**



Child Labour

20% report that child labour has increased since March

28% report children begging

26% report children working as domestic helpers

19% report children selling on streets (water, cigarettes, etc.)



Sexual or Gender Based Violence

19% report increases in GBV since March



Child Marriages

49% report that **child marriages have increased since March**

The consequences of COVID-19 on protecting children in Venezuela:

To understand the additional impact of the pandemic on child protection, in August 2020 World Vision conducted a survey in the states of the Capital District and Miranda (Carrizal, Guacaipuro and Libertador), Venezuela. A total of 420 households responded to the survey, which included questions focused on child protection risks following the outbreak of the pandemic. Survey respondents were older than 30 years of age, with 71% being women, and 50% of these being female-heads of households.

The findings revealed that the problems that place children at greater risk during the pandemic are associated with the scarcity of food, an increase in child labour, child marriage, domestic violence and abandonment. A worrying picture emerges when combined with the insights from World Vision's March survey. World Vision's conclusion is that donors and decision-makers should urgently consider further and more prioritized investment in child protection strategies.

The infographic summarizes the key findings from the August 2020 survey of 420 families in Venezuela.

The survey results show that children are going hungry in at least 73% of households. According to the Worker Documentation and Analysis Center, in April 2020, the monthly minimum wage enabled a family to obtain just 0.9% of the food basket—the amount of nutritional intake considered adequate to sustain the needs of a family of five for a month. This means that, on average, a family needs at least 116 times the average daily wage to cover the basic food basket. The minimum monthly wage as of May 2020 was equivalent to 400,000 sovereign Bolivars or US \$2.33.¹⁶ In June 2020, World Vision reported in its report, "Venezuelan Children Between a Rock and a Hard Place," that many children lost weight since they stopped going to school and therefore missed one of the daily meals they once relied on.¹⁷

World Vision's main question to the respondents was "What has changed in your family situation during the COVID-19 pandemic?" The most telling insights include:

- **38% of respondents shared that they experienced a decrease in their income level;**
- **35% have experienced food shortages;**
- **7% mentioned violence at home;**
- **7% mentioned departure of adults from the home in search of work or services.**

When analysing family stability for children, it is important to note that 3.3% of survey respondents stated that they intended to move in the next six months to another community or outside the country.



"THERE IS A LOT OF NEED HERE, A LOT OF MISERY, WE JUST SURVIVE. SINCE THE QUARANTINE ARRIVED, I HAVE NOT BEEN ABLE TO WORK WELL, BECAUSE THERE IS NO TRANSPORT AND THEY DO NOT CALL ME FROM THE HOUSES TO WORK."

Maria, 45, mother of two, Miranda state, Venezuela

Likewise, the survey reveals a fundamental piece of information revolving around children's right to be protected by their parents or responsible adults. Twenty-one percent of survey respondents acknowledged that they knew about children who had been separated from their parents in the last six months, coinciding with the beginning of the pandemic. Reasons cited for the separation included parents moving to a different community or country (51%) and parents voluntarily sending their children to live with relatives or friends (13%). Prior to the beginning of the pandemic in Venezuela, a Caracas-based aid organization Cecodap and polling firm Datanálisis, estimated that Venezuelan parents migrating to other countries left behind 1 million children.¹⁸ Following our August survey results, we can say that this number kept growing during the pandemic.

About 12% of survey respondents said they were aware of children involved in work that is considered to be difficult or hazardous, and 20% believe that the number of children working increased due to the pandemic. Examples of labour involving children included begging (28%), domestic work (26%) and street vending (19%). A worrisome 15% mentioned children being forced to sell illegal drugs. A report by UNICEF and the International Labour Organization (ILO), "COVID-19 and child labour: A time of crisis, a time to act," estimates that following the quarantine measures, child labour would increase between 1% and 3%.¹⁹ Based on World Vision's findings, the increase for Venezuelan children may be much worse. "In times of crisis, child labour becomes a coping mechanism for many families," says UNICEF Executive Director Henrietta Fore. "As poverty rises, schools close and the availability of social services decreases, more children are pushed into the workforce."²⁰

An additional area surveyed was the impact of the pandemic on children's rights to development of personality and a life free of violence. The survey respondents were asked whether they were aware of any cases of children living in a consensual union or in matrimony with adults. Unfortunately, 12% responded affirmatively. When asked whether the pandemic has led to an increase in child marriage, 49% responded "yes".

Furthermore, 19% of respondents admitted that the number of incidents of sexual or gender-based violence has increased during the pandemic. Victims of gender-based violence, specifically young girls and adolescents, are particularly vulnerable in Venezuela, if we consider the findings from the March assessment. Those findings showed that access to social services in Venezuela is limited, and internet, which can provide access to support groups, counseling or health information, especially during lock downs, does not have reliable coverage in the country.

As the situation worsens because of the pandemic, Venezuelans are forced to flee once again and travel to other countries, seeking opportunities to provide for their families back home. In September 2020, Colombian authorities estimated that around 200,000 Venezuelans would enter the country in the coming months.²¹ However, what awaits them is a tough journey and life-threatening experiences. Following the protection monitoring interview with Venezuelan migrants in South America, the UN High Commissioner for Refugees (UNHCR) found that half (50.2%) of families were at risk of harm (either by others or while in transit) or resorted to survival behaviours.²² In the next section of the report World Vision uncovers some of the situations that Venezuelan refugee children are experiencing in the host countries during the pandemic.



"(MY SON) WORRIES ME BECAUSE HE WAS BORN WITH HEART PROBLEMS. THE MEDICAL SPECIALISTS WHO TREATED HIM LEFT THE COUNTRY. HE ALSO HAS PROBLEMS WITH HIS LIVER. I AM VERY DISTRESSED BECAUSE MY CHILD ENTERS THE POPULATION AT RISK. SOMETIMES I THINK I CAN'T TAKE IT ANYMORE."

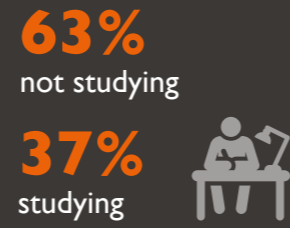
Maria, 45, mother of two, Miranda state, Venezuela



When the housing situation **got worse**



Continuing **education**



Family Separation



children are separated from both of their parents during the pandemic

Every third child goes **hungry to bed**



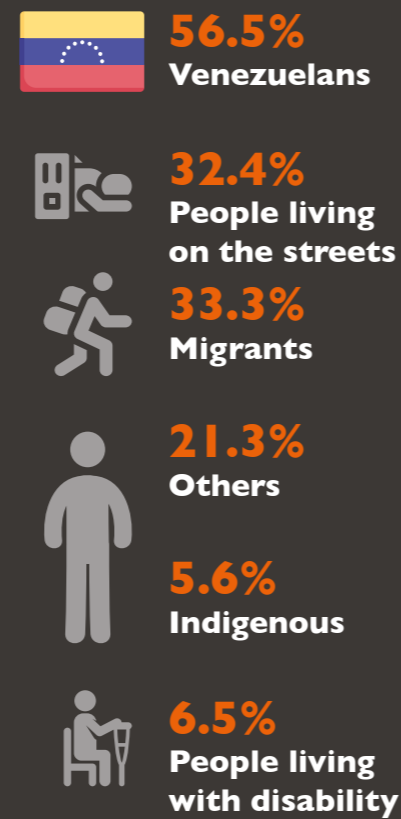
Access to **healthcare services**

34% do not have access to healthcare services

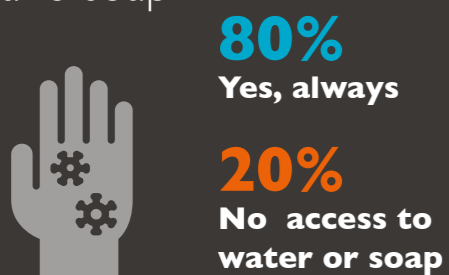


60% have access to health services

Discriminated groups



During quarantine do you have enough water and soap?



Families perceive their situation **worsening in regards to:**



The voices of Venezuelan refugee children in other Latin American countries

In April 2020, World Vision investigated children's emotional and physical well-being state and their material conditions in the middle of the pandemic, seeking the voices of children and adolescents themselves. The purpose was to better understand their realities and identify solutions to mitigate and respond to the impacts of migration and the health crisis. Our survey sampled 392 children and youth who currently live in Venezuela and six surrounding countries in Latin America: Brazil, Bolivia, Chile, Colombia, Ecuador, and Peru. Of that sample, 57.6% of the children were under 11, 32.8% were between 11 and 15, and 9.6% were 16 to 18. More than 20% lived in Colombia and Brazil, respectively, while Venezuela had the smallest sample (3.58%). Almost 90% of respondents lived in cities and more than half were girls.

According to the research report, the main COVID-19-related effects produced or intensified for refugee children and families coming from Venezuela were: the loss of income, eviction due to nonpayment, family separation and, based on those factors, the forced return to Venezuela. Added to these were the difficulties with handling bio-security protocols in the middle of often irregular forced migration processes.

The infographic summarizes the key findings from World Vision's April 2020 survey of 392 children in Venezuela and six surrounding countries.

The reasons people return to Venezuela are complicated. The UN reported that Venezuela began a mandatory quarantine on April 6, 2020. Between then and June, approximately 105,000 Venezuelans from Colombia and 6000 Venezuelans from Brazil returned to their home country.²³ Independent German news source, Deutsche Welle, summarised the difficulties Venezuelan returnees face, as echoed by the Commissioner of the Organization of American States and Venezuelans themselves - namely that the return situation has been degrading and that returnees are stigmatised. The piece cites the Venezuelan government's cruel treatment and humiliation of adult refugees, and its impact on the children that accompany them.²⁴ It also reports that, children and youth are at increased vulnerability, as the Venezuelan-Colombian border is the main port of return, and crime on the border increases the likelihood that minor children will be recruited by non-state armed groups.²⁵ If you add to the situation the political tension between the two countries, it becomes even more unsustainable.²⁶

Based on this general context, we summarise below surveyed children's and adolescents' feelings and experiences in relation to the main results of our research.



I'M GOING CRAZY BECAUSE I WANT (MY GRANDSON) TO SEE A NEUROLOGIST TO FIND OUT THE REASON FOR THE SEIZURES," JOHANA SAYS, DESPERATELY THROUGH TEARS.

Johana 35, Miranda state, Venezuela, mother with 6 children and 1 grandchild

The aggregate findings for the countries in the sample altogether find that although 36% of children stay home during the quarantine, more than 40% do so in temporary or rented housing. They are at risk of eviction. One in four have been separated from their parents during the pandemic. And one in three has been living with only one parent.

In addition, most perceive that their family situation has deteriorated with respect to income, the provision of food, and hygiene products. One-third of survey respondents said they go to bed without eating; 20% do not have sufficient soap and water to meet their hygiene needs during the pandemic; 34% do not have access to health services; and 63% are out of school. This paints a clear picture of the humanitarian crisis in which these children are living.

In addition, Venezuelan children are the victims of elevated discrimination in the middle of the pandemic because of their ethnicity and migratory status. This is one of the circumstances that most affects them. It has grim consequences for their psychological and emotional development. This adverse economic and psychosocial situation explains why 55% admit they are bored and one-third are very concerned about what is happening around them.

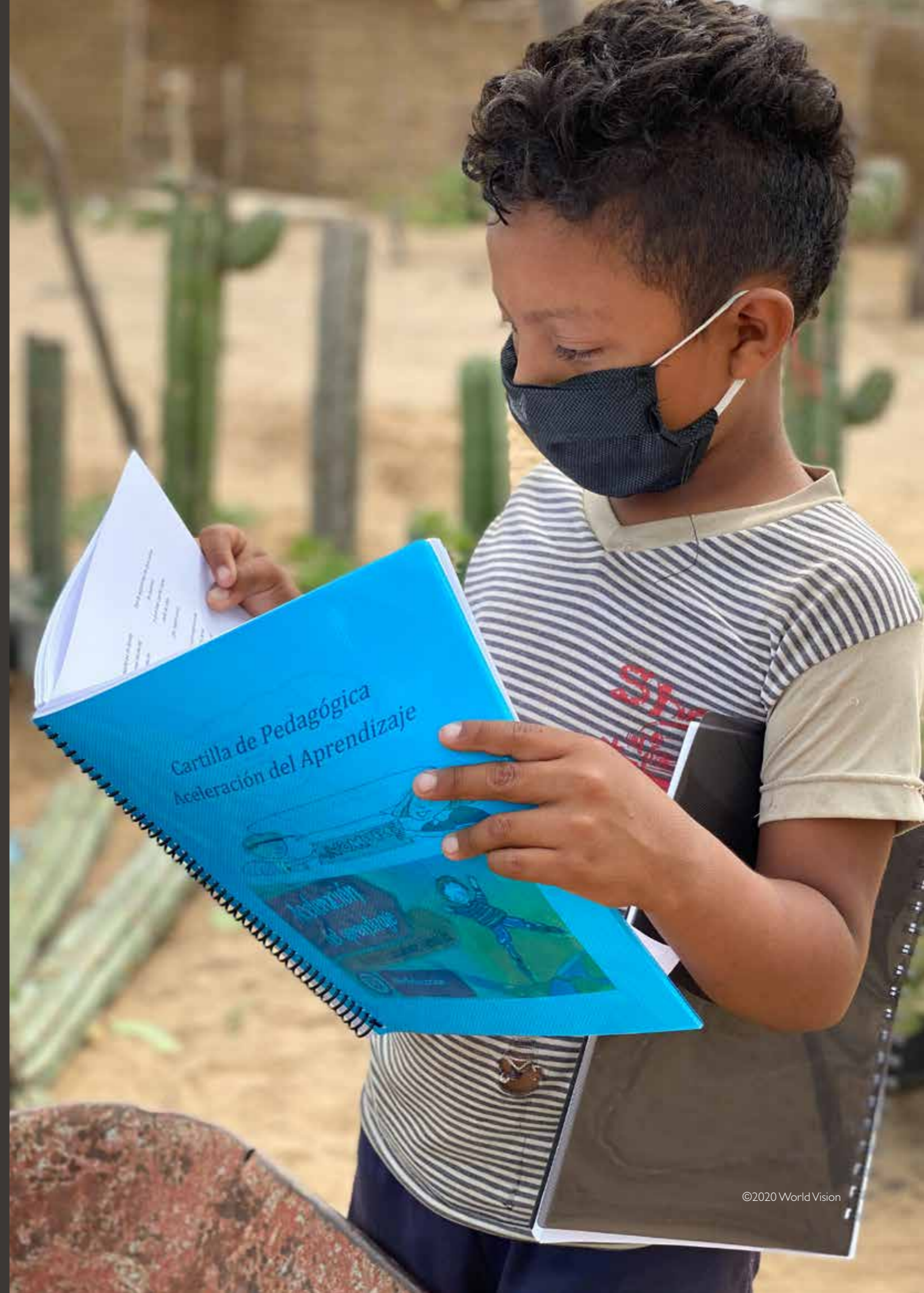
In the middle of the health crisis, the studied variables come into sharper focus in some countries more than in others. For instance, three out of four respondents in Brazil reported that they live in an informal occupancy and 77% do not attend classes. While in Ecuador, an even greater number (85%) have had all classes suspended without any other way to continue their studies. The remaining 15% of children living in Ecuador are not even registered in any school. In Colombia, the country with the largest refugee population, 70% of respondents said they do not have access to medical services and nine out of 10 claimed that they have greater difficulty in obtaining food. In Peru, the country hosting the second-largest number of refugees, the greatest percentage (16%) of children reported having their parents leave them with a caregiver due to the pandemic. A significant percentage of children in Peru (50%) also reported experiencing discrimination due to their status as refugees and 91% believed that the discrimination has increased due to the pandemic.

Conditions in Chile are somewhat better. It is the country that stands out with the greatest percentage of children and adolescents (93%) reporting they have been informed about where to go in case of risks or having suffered some harm. But it is also where the most children report that their greatest problem during the pandemic is growing family conflict. In Bolivia, access to soap and water is low and even though it is the country with the lowest acceptance rate of refugees, it is where six in 10 children live in housing provided by the government.



THIS HAS AFFECTED ME A GREAT DEAL EMOTIONALLY AND I GET DEPRESSED. I ASK GOD TO OVERCOME THIS MALNUTRITION PROBLEM. THE CHRISTIAN CHURCH HAS BEEN A GREAT SUPPORT.”

Oly, 69, grandmother caring two of her grandchildren, Miranda state, Venezuela



A big family with big challenges

Johana Medina, a 35-year-old single mother, lives in Miranda state, Venezuela. Three of her young daughters help her carry water for the household while she cares for her youngest children. She is the head of the family with 6 children and 1 grandson.

Johana supports her family through income she obtains from sporadic house cleaning and the modest allowance she receives from the father of her youngest daughter. It's not enough to make ends meet.

Johana is stuck between the need to care for her large family and provide an income so they can survive. The quarantine makes it impossible for her to work, and her job is not in high demand. The situation is complicated by having to deal with the anxiety of the children having to stay together in a small space that measures approximately 5x8 metres.

The lack of water in the sector is another problem to overcome. Due to her health condition, Johana cannot carry water. It is her young children who have to walk back and forth each day to gather water in plastic containers from a local water source.

“THEY GO TO A NEIGHBOR’S HOUSE THAT IS CLOSE BY WHERE THE WATER COMES,” SAYS JOHANA.

DESPITE ADVERSITY, THIS MOTHER TRIES TO DO THINGS RIGHT. SHE ALSO HELPS HER KIDS WITH HOMEWORK, WHICH IS SENT VIA TEXT MESSAGE.

“IT IS DEFICIENT BECAUSE OF THE LACK OF INTERNET SERVICE,” SAYS JOHANA.



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Teen pregnancy and malnutrition

Rosneibe Rodríguez, 1, is the son of Iroska, 16, Johana's second daughter. He was diagnosed with severe malnutrition during a medical health check-up in May at her local church, Centro Cristiano de los Teques. Johana was pleased by the attention he received.

“I really liked that the doctor checked all over the place, things pediatricians did before, but not anymore,” says Johana.

Later, Rosneibe was referred to the only hospital in the city. But he could not get an appointment because COVID-19 cases are the only ones being treated. After waiting in uncertainty, Johana felt



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desperate when her grandson did not receive the necessary care. The little boy had eight strong seizures. It remains to be known if his malnutrition condition is related to neurological episodes. However, the lack of equipment in hospitals and of money to pay for the different examinations that are required has not made it possible to reach a definitive diagnosis.

“I’m going crazy because I want that child to see a neurologist to find out the reason for the seizures,” Johana says, desperately through tears.

The double-crisis of the economic collapse and Coronavirus pandemic is reducing the quality of life for Johana, her family, and millions of Venezuelans.

Her grandson's situation is not the only health problem the family is facing. Johana also suffers ailments related to her kidneys. She hasn't received a diagnosis because she can't afford medical tests.

A little help brings health and hope

The three monthly \$30 cash transfers she received through World Vision and partner church Centro Cristiano de Los Teques have helped her invest in food, diapers and medicine. Rosneibe has begun to recover from his severe malnutrition. This gives a little hope to the family.

Johana has gratitude and sadness. Gratitude for having received help from World Vision and the church. Sadness because she is not sure what the future holds. But she remains expectant about the medical diagnosis, the future of her children and the end of the quarantine.

“I HAVE TO GO FORWARD AND TRUST GOD,” SHE SAYS. “I DO NOT HAVE ANY OTHER OPTION.”

Conclusion and Recommendations

The data presented in this report demonstrates how COVID-19 has exacerbated the vulnerabilities of Venezuelan refugee children as well as those that remain in the country. Based on the findings of these surveys and experience responding to the needs of children and families in Venezuela and displaced in the region, World Vision calls on donors, leaders and key stakeholders and decision-makers to act now.

Governments should:

- Implement UN Security Council Resolution 2532 and UN policy directives to increase access for health and humanitarian workers to meet priority needs for all affected populations. Additionally, consider services necessary to monitor and ensure children's protection 'essential' and life-saving, and allow unimpeded movement for frontline child protection personnel.
- Ensure critical food-assistance and nutrition programmes (e.g., community management of acute malnutrition) are safely adapted and functioning throughout the COVID-19 response, and regularly assess the food security and nutritional status of highly vulnerable populations, in particular refugees and migrants.²⁷
- Prioritise strengthening health systems, not only building capacity of health services and frontline workers in COVID-19 response, but ensuring continuity of essential maternal, newborn and child health, sexual and reproductive health, and nutrition services to mitigate risk of mortality and morbidity. Services should be available to refugees and migrants, regardless of status.
- Implement a COVID-19 education response that reaches and supports the most vulnerable children, in particular refugees and migrants, girls, children with disabilities and those in urban slums/informal settlements.²⁸
- Ensure existing social protection systems/mechanisms and national economic recovery plans are inclusive of refugees and migrants.
- Prioritise faith actors as essential partners to help prepare and protect individuals, families and the public's health during the response, in line with the WHO's COVID-19 Preparedness and Response guidance.²⁹

Governments, donors, UN agencies, International Financial Institutions and NGOs should:

- Ensure macro, national and community-based mechanisms to enhance social protection and other essential public services for families are fit-for-purpose, resourced and implemented. This should include the use of cash and voucher assistance in line with Grand Bargain commitments, and integration of child-sensitive social protection schemes in national government COVID-19 response and recovery plan.³⁰
- Scale up response efforts to address acute hunger, including by rapidly scaling social protection and safety net transfers and support to livelihood recovery for the poorest to mitigate the risk of the most severe hunger crisis the world has seen in decades. This must include policy actions to lift trade restrictions and other bureaucratic impediments that impact critical agricultural input supplies as well as the functioning of local and national food markets.

Donors should:

- Urgently scale up funding to meet the immediate needs of children by fully funding the Venezuela HRP, in particular expanding budgets and investments aimed at protecting children from violence and supporting vulnerable populations, in particular female-headed households, with emergency nutrition, food assistance, livelihoods and cash-voucher programmes throughout the pandemic.
- Ensure 4% of total humanitarian assistance is dedicated to child protection, in alignment with the Alliance for Child Protection in Humanitarian Action's 2019 to 2020 standing recommendation.³¹
- Adequately resource access working groups and ensure Resident Coordinators and Humanitarian Country Teams prioritise collective engagement with governments, including local authorities and non-state actors, to address access constraints and bureaucratic impediments.

UN agencies and NGOs should:

- Prioritise and mainstream child protection in all response plans and efforts at national level, inclusive of initiatives to end all forms of violence against children, and ensuring continuity of child protection systems and services particularly for refugees and migrants, in alignment with the Minimum Standards for Child Protection in Humanitarian Action.³²
- Fill critical gaps in national social protection systems. In collaboration with national and local authorities, conduct outreach to vulnerable children and families and facilitate humanitarian multipurpose cash assistance, vouchers and in-kind transfers to those excluded from national social protection systems due to capacity limitations, location, political, legal or other reasons, but also ensure coordination and effective referral into national systems, where possible.



“I DREAM OF THE PANDEMIC ENDING SO I CAN PLAY BASEBALL, STUDY AND LEARN TO READ,” HE SAYS. ALTHOUGH HE ATTENDS A PUBLIC SCHOOL, HE STILL CAN’T READ. AND IT IS SURPRISING HOW HE RECOGNIZES THAT, BECAUSE HE IS A BOY, AT SOME POINT HE MUST HELP HIS MOTHER AND SISTERS. “I WANT TO STUDY AND BE ABLE TO WORK TO HELP MY MOTHER AND THE GIRLS.”

Jhony, 12, Miranda state, Venezuela, Johana's only son. He recently broke his arm playing ball.

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to end violence against children

For more information, please contact:

Natalia Korobkova

World Vision Advocacy and Humanitarian Protection Manager, Venezuela Migrant Crisis Response

natalia_korobkova@wvi.org