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INTERNATIONAL

ADOLESCENT GIRLS IN CRISIS

VOICES FROM THE VENEZUELAN MIGRATION
IN COLOMBIA, ECUADOR AND PERU

Regional report

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Please note that none of the girls pictured in this report are research participants. All pictures used in this piece depict girls and/or adolescent beneficiaries of Plan International projects. Plan international has permission for their use and none of the girls and adolescents should not be taken as victims of violence and/or abuse.

EXECUTIVE SUMMARY

This document presents the experiences, voices, challenges and opportunities of Venezuelan refugee and migrant girls and adolescent girls¹ in Colombia, Ecuador and Peru, from a feminist, intersectional and human rights perspective. Its purpose is to amplify their voices and make visible the risks to the protection of their rights, safety and integrity, as well as their experiences. The report highlights their main needs, opportunities, desires, projects and dreams, with the aim of contributing to the guarantee of their rights in the context of the humanitarian crisis confronting these three countries, as part of Plan International's 'Girls in Crisis' global research series.

To meet this objective, quantitative and qualitative data collection techniques were combined. First, 452 surveys were conducted with Venezuelan refugee and migrant girls and adolescents between 10 and 19 years of age in Colombia, Ecuador and Peru. Then, semi-structured and in-depth interviews were conducted with 134 adolescent women over the age of 15 as well as 46 caregivers (93% women and 7% men). The entire process of collecting information was carried out through telephone calls due to the social isolation measures taken in response to the COVID-19 pandemic.

CONTEXT OF VENEZUELAN MIGRATION IN THE REGION AND ITS IMPACT ON COLOMBIA, ECUADOR AND PERU

The socio-economic and political situation facing Venezuela, which has been considered a complex humanitarian crisis since 2014, has generated a high flow of refugees and migrants that has led to a serious human mobility crisis, which has never been seen before in the region. As of April 2021, 5,642,960 migrants, refugees and asylum seekers from Venezuela have been registered,² of which 4.5 million are in Latin America and the Caribbean, mainly in Colombia (1,742,927³), Peru (1,049,970), Chile (457,300), Ecuador (431,207) and Brazil (261,441).⁴ Around 2,651,050 Venezuelans have obtained residence and stay permits under other modalities (not including tourist visas) in various host countries.⁵

This recent migratory wave has been driven by the deep economic recession in the country; shortages of food,



Ecuador.
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“ We are in a Plan International group here in Cuzco, which happens to work with youths. They give us talks on issues regarding our acceptance as adolescents (...) and we have always dealt with the issue of integration and just as we were going to secondary school that was what we were going to talk about, about integration ”

16 YEAR-OLD ADOLESCENT, CUZCO, PERU

¹ This report involved the participation of girls and female adolescents between the ages of 10 and 19. For clarity, throughout the document we will refer to them as girls and adolescents, implying only female adolescents unless otherwise noted.

Visit www.plan-international.org/publications/adolescent-girls-crisis-venezuelan-migration for the complete report



Ecuador.
©Plan International

“ Once when I went out to the committee, which is four blocks away, I was verbally harassed eight times! (...) I feel safe being at home with my family, with my grandmother and my aunt. Being on the street is not safe ”

ADOLESCENT, 15 TO 19 YEARS OLD, QUITO, ECUADOR

medicine and basic supplies; lack of access to basic services such as electricity and water; the decrease in livelihoods; and the deterioration of security in Venezuela⁶. It has been characterized by: a) family units forced to split up to make the journey; b) including a large number of women, boys, girls, adolescents and young people; c) facing the gradual closing of borders and the establishment of migratory restrictions in the region; and d) suffering an increase in situations of vulnerability, mainly amongst women, girls, boys, adolescents, young people and the elderly. All of this is exacerbated by irregular migration and protection risks such as gender-based violence (GBV), human trafficking, poor sanitary and nutritional conditions, as well as strenuous journeys on foot through transit and destination countries.

MAIN FINDINGS

By analysing the migration experience, we identified different risks, needs and challenges faced by Venezuelan refugee and migrant girls and adolescents in Colombia, Ecuador and Peru in relation to their rights to a life free of violence and to quality education and health, including sexual and reproductive health, as well as their right to food and decent work, on the migratory route and in the host countries mentioned.

The study also explores the impact of the COVID-19 pandemic and its effects on the lives of participating girls and adolescents. In addition, the research report includes a section on the girls' support networks, including families, and INGOs. It also focuses on their participation in community, political and social activities, and their hopes for the future.

² R4V. Regional Interagency Coordination Platform for Refugees and Migrants of Venezuela. Recovered on 20 April at: www.r4v.info/en

³ Migración Colombia, migration website of the Colombian Ministry of Foreign Affairs. [Radiografía Venezolanos en Colombia corte a 30 de Octubre de 2020 - Migración Colombia \(migracioncolombia.gov.co\)](https://radiografia.venezolanos.en.colombia.corte.a.30.de.Octubre.de.2020). Assessment of Venezuelans in Colombia as of 30 October 2020.

⁴ Document - R4V Latin America and the Caribbean. [Venezuelan refugees and migrants in the region - April 2021 \[EN\]](https://www.r4v.info/en)

⁵ R4V. Regional Interagency Coordination Platform for Refugees and Migrants of Venezuela. Recovered on 20 April at: www.r4v.info/en

⁶ [Venezuela: Humanitarian Response Plan with Humanitarian Needs Overview 2020 \(HRP\)](https://www.r4v.info/en)

PROTECTION RISKS AND EXPERIENCES OF INSECURITY

Gender-based violence against girls and adolescents

Gender-based violence (GBV) is the most recurrent form of violence that affects Venezuelan refugee and migrant girls and adolescents in Colombia, Ecuador and Peru. The study participants refer in particular, to sexual violence, physical violence and psychological violence, as well as xenophobia both in public and private spaces.

Half of girls identify the streets of Colombia, Ecuador and Peru as unsafe, compared to the 9 out of 10 who report feeling safe at home. This feeling of insecurity in public spaces seems to lessen somewhat the longer they stay in the host countries.

ON MOST DAYS, HOW SAFE DO YOU FEEL WHEN YOU ARE AWAY FROM HOME?

INSECURE + VERY INSECURE

48%

How safe do you feel when you are away from home?

VERY SAFE + SAFE

93%

How safe do you feel at home/in your house?

On the other hand, girls and adolescents state that going out on the streets in the company of known people, in commercial premises and places where they can take refuge, at least temporarily, is useful to mitigate the risks of sexual violence and GBV they usually face on the street.

“I feel that if I was a man, they wouldn't say certain things to me. They would not make certain insinuations. I go out and they comment “Ah, since that girl is veneca [derogatory term for Venezuelan], she'll surely give herself away”

15-YEAR-OLD ADOLESCENT, CÚCUTA, COLOMBIA

Venezuelan girls and adolescents choose not to go out on the streets, or to do so as little as possible, as their main strategy to avoid these forms of violence.

Despite the fact that in the surveys only 3% reported having witnessed some form of harassment, interviews with the girls revealed a high risk of sexual harassment and fear of facing sexual exploitation.

“Here [men] disrespect you so much (...) the man next door has a carpentry shop and (...) one of the workers offered my mother money to go out with me. They thought I was a, I don't know, like a prepaid [a sex worker], something like that, so my mother told him that she was going to report him and he begged her not to because the man had already been reported for rape”

16-YEAR-OLD TEENAGER, TUMBES, PERU



Plan de la alegría, Perú. ©Plan International

“At school, in my class, I have a high level of knowledge, a high intellect. But every time I contribute something to the class, they don't take it into consideration. Instead they will always listen to a male classmate who'll say anything, which seems unfair to me. You can see that at work, where there are many women who are not taken seriously just because they are women, because they are “the weaker sex” and it's the same job as a man's. It's somewhat ironic, and, it's unfortunate”

ADOLESCENT, 15 TO 17 YEARS OLD, CUSCO, PERU

IN THE LAST MONTH, HAVE YOU WITNESSED VIOLENCE OR ABUSE THAT HAPPENED TO OTHER PEOPLE?

NO

79%

YES

21%

Despite the fact that the vast majority of girls and adolescents surveyed identify their home as a safe place, the interviews show that the neighbourhoods around their homes are spaces in which they face recurrent sexual violence and GBV. 21% of participants said they had witnessed situations of violence or abuse. 13% had witnessed verbal attacks against other girls and adolescents. Having to share a home with other families also generates a greater risk of facing physical and psychological violence.

“ I went to clean the bathroom because my room did not have a private bathroom, it had an outside bathroom that was shared with two other apartments. Well, when I went, they started talking and said, “Oh, look at the daughter of the clean-it-all” (...) And one said, “No, well, she looks very good in bed, but what shall we do to the girl?” I knew they were talking about me; I was paralyzed, I did not want to move at all because I was afraid that they would kidnap me, rape me or whatever

ADOLESCENT 15 TO 17 YEARS OLD, QUITO, ECUADOR

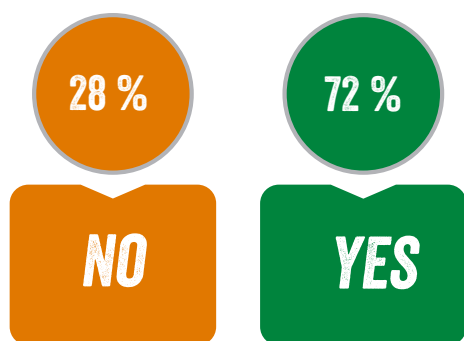
As a result of this experience, the adolescent and her family member were forced to move, without filing a complaint or seeking support from social networks or from the authorities. Fear and anxiety add to the conditions of vulnerability that revictimize girls and force them to flee all over again. Being a woman can also exacerbate the impact of xenophobia in public spaces, such as at school and on social networks. The consequences of xenophobia can leave girls and adolescents struggling to live free from violence or to access housing and education, resulting in them not fully integrating in the host country or participating in social and institutional networks.



EDUCATION

Education is a fundamental and universal right that must be guaranteed to all girls, boys and adolescents, without discrimination of any kind. However, the interviewees said they had encountered different barriers to getting a full education, from access, to permanent attendance, completion of exams and effective transition to higher education. Overall, 28% of girls and adolescents said they are not studying.

ARE YOU CURRENTLY REGISTERED/ ENROLLED IN SCHOOL?



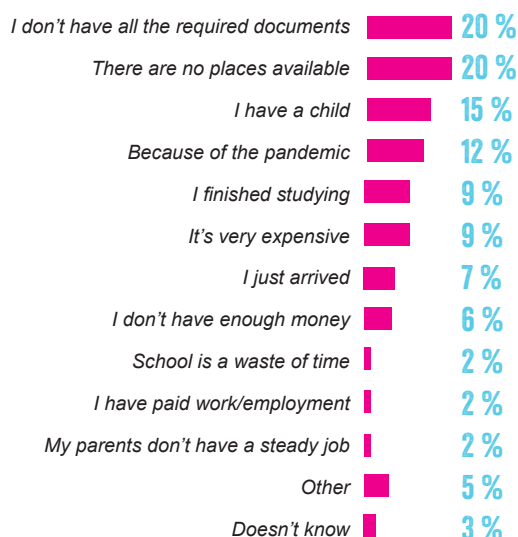
One of the barriers to accessing education, is the lack of available class places (20%). Another is the need for documentation to formalize registration or enrolment (20%). Those who manage to overcome these access barriers encounter others that affect their permanence in the educational system, including xenophobia, school violence, child labour, early unions, early pregnancy and/or motherhood.

“ When I first entered [school] they called me veneca [derogatory term for Venezuelan], they bullied me. They said that I was veneca, that I was a muerta de hambre [someone starving, i.e. dirt poor] ”

15-YEAR-OLD ADOLESCENT, SOLEDAD, COLOMBIA

In addition, measures adopted by different Latin American countries to confront the COVID-19 pandemic have caused school closures, mainly affecting populations in greater

WHY AREN'T YOU ATTENDING SCHOOL REGULARLY?

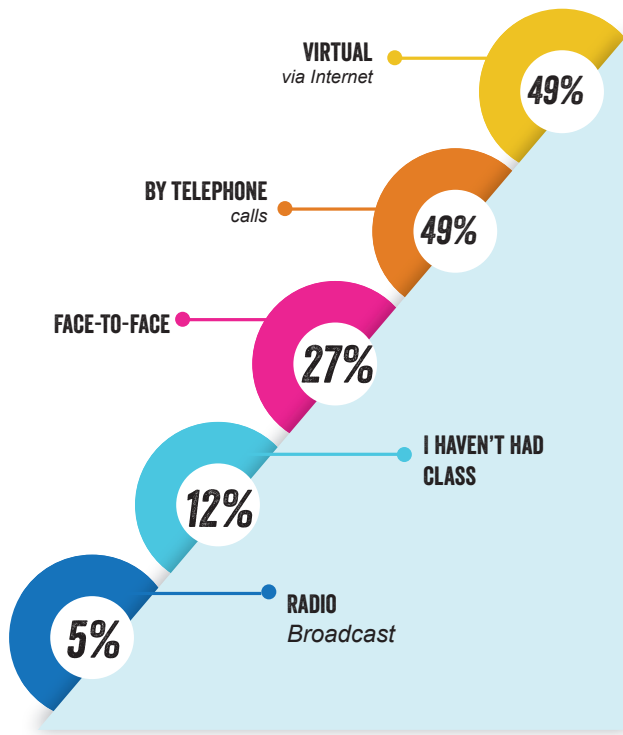


conditions of vulnerability (among these refugee and migrant girls and adolescents) who, for the most part, do not have access to digital devices or connection to the internet to continue their educational processes virtually. In addition, the pandemic introduced new fears. 43% of those surveyed report that isolation due to COVID-19 has heightened their sense of insecurity. All these barriers affect both the quality of the education girls and adolescents receive, and the probability of them effectively completing their educational processes. This widens the inequality gap they face in terms of access to

“ I get very stressed because during in-person classes I had the possibility of approaching a teacher and ask questions. Now, on the contrary, in virtual classes this is more difficult ”

16-YEAR-OLD ADOLESCENT, SOLEDAD, COLOMBIA

CLASSES OR CONTACT WITH THE SCHOOL IS?



quality education, shutting opportunities for them to pursue higher education and, consequently obtaining better employment.

“I was going to dedicate myself to studying, but (...) the rent, the food. My mum can't do it on her own. I have to drop out of school to help my sister as well as my mum”

ADOLESCENT AGED BETWEEN 15 AND 17, QUITO, ECUADOR

Participants recognize that the educational environment functions as protector and guarantor of their rights. It is a space that allows them to interact, strengthen their social bonds, build networks of support, and better interact with host communities. Generally, all of the girls and adolescents expressed their interest and desire to continue their learning processes at different levels, recognising that education offers an opportunity to gain vital qualifications but also to achieve better working conditions later on, which will help their families.

“Every day [at school] you go around learning something new, right? And , you relax there, you also have friends, at break you can be with them. Regarding education, I have the desire to learn, and the truth is, I was doing quite well”

ADOLESCENT AGED BETWEEN 15 AND 17, SOACHA, COLOMBIA

HEALTH

PHYSICAL AND MENTAL HEALTH

The study identified that 40% of participants do not have accessibility to health services. The services that are available are limited and their quality and acceptability are sub-standard. Although 33% reported not needing medical services, the other girls and adolescents indicated that, when they did, they faced many difficulties in receiving medical attention in a timely manner.

The barriers to accessing health services are primarily related to documentation requirements (29%), not being covered by national health systems (19%) and the costs of medical services (8%). Some girls and adolescents have also cited discrimination as a factor.

“ [Interviewer: “Do you know that there are health centres in Ecuador that provide free care?”]. “Yes, but there are some that don't treat all of us, there are some that discriminate against us”

17-YEAR-OLD ADOLESCENT, TULCÁN, ECUADOR

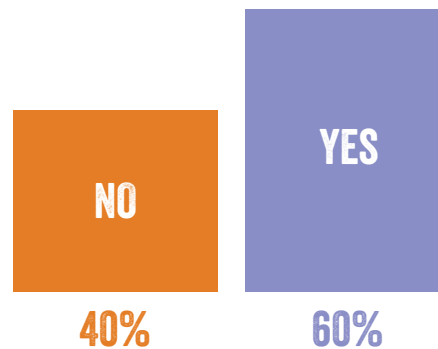
THE COUNTRIES WITH THE GREATEST BARRIERS TO HEALTH CARE ARE COLOMBIA AND PERU, WITH 47% OF GIRLS AND ADOLESCENTS IN EACH MENTIONING ISSUES THAT STOP THEM ACCESSING MEDICAL SERVICES. THIS COMPARES TO 25% FOR ECUADOR. THE MAIN REASONS CITED WERE A LACK OF REGULARISATION OF THEIR MIGRATORY STATUS AND A LACK OF COVERAGE BY HEALTH SYSTEMS AND COSTS.

The precariousness of the girls' homes increases their likelihood of developing various diseases.

“Well, my shack is, say, two tiny rooms, and it's all covered in corrugated metal sheets. The day before yesterday, on Monday, my brother finally built a septic tank and installed the poceta [toilet]. My brother bought himself a water tank. It was a big one and he left a small one for us, and that small one, thank God, is enough. It is not like the water comes every day but every four days we get water. We don't use much water and that tank's enough for both of us”

ADOLESCENT, 18 TO 19 YEARS OLD, CÚCUTA

DO YOU ACCESS HEALTH SERVICES?



72% of girls and adolescents said that, in the last year, their health was affected. Among the most common chronic diseases are respiratory diseases (17%) and gastrointestinal diseases (11%), all of which are preventable.

“My eyesight is suffering, my eyesight's blurred, and sometimes half my face falls asleep. Headaches... I can't hear any noise, I can't see lights, this affects me a lot, you see, I even went to a clinic and they ordered X-rays for [this] (...) but since it's very expensive, I haven't managed. The only thing I take are pills for headaches or migraines, which calm me down a little or I try not to think and go to sleep. When half my face falls asleep, then I go to a chemist and they sort of massage my face”

ADOLESCENT, AGED BETWEEN 15 AND 17, CUSCO, PERU



Ecuador.
©Plan International

Some girls and adolescents also spoke of poor biosafety and sanitation conditions in the locations where they must work, which expose them to accidents, injuries, illnesses and disabilities.

With regard to their mental health, 13% of respondents said that they have symptoms of depression, mainly generated by the fragmentation of their family group, the socioeconomic conditions they face, barriers to their right to education, and their vulnerability to various forms of violence.

SEXUAL AND REPRODUCTIVE HEALTH

ONE OF THE MAIN RISK SITUATIONS, ACCORDING TO THE GIRLS, IS EARLY PREGNANCY AND CHILD, EARLY AND FORCED MARRIAGE (CEFM).

The early pregnancy rate for girls ages 10-19 is 10%. In Peru, it is 13%, compared to 8% of girls and adolescents settled

“ Colombia is not a country where you can progress, is it? So the baby’s [father, my life partner] got a job where he sells lunches and they pay him a thousand pesos⁷ and with that, more or less, we buy the girl’s diapers and more or less survive ”

ADOLESCENT, 18 TO 19 YEARS OLD, SOACHA, COLOMBIA

HAVE YOU EVER BEEN PREGNANT?

NO

90 %

YES

10 %

16,4

Average age.

in Colombia and Ecuador. For 14 to 19 year olds, the rate increases to 19% who say they are facing or have faced early pregnancies.

The average age at which participants become pregnant is 16, which contrasts with the age they consider appropriate to have children: 25. This difference of nine years can be seen to result in the loss of opportunities during adolescence and migration.

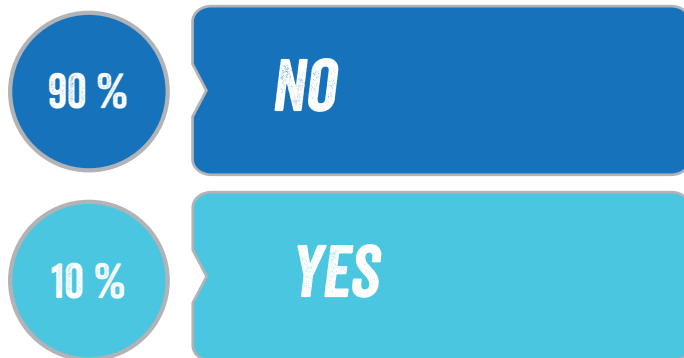
PREGNANCIES AND EARLY MOTHERHOOD CAN INCREASE POVERTY, AFFECT THE CONTINUITY OF EDUCATION, INCREASE SCHOOL DROPOUT RATES, HEIGHTEN VULNERABILITY TO CHILD LABOUR AND INCREASE THE RISK OF SEXUAL VIOLENCE OR HEALTH PROBLEMS.

⁷ GBP 0.18, USD 0.25.

“ I had stopped studying because I was pregnant. I'd already given birth [before] and I couldn't take the girl to school. It's very difficult because, I'm about to give birth, and I have to take care of my other daughter. [I live] with the father, [but] I [spend time] at home taking care of the girls, [who] right now are not doing anything. We sit for a little while on the porch in the afternoons, there on the porch or also watching television ”

ADOLESCENT, AGED 18 TO 19 YEARS OLD, SOACHA, COLOMBIA

ARE YOU LIVING OR HAVE YOU LIVED WITH SOMEONE NOT DIRECTLY RELATED?



The use of contraceptive and protection methods is a responsibility that has been assigned, almost exclusively, to women.

“ I had a boyfriend and he told me that I had to take care of myself with something and that's why I got the implant. I didn't realise it would affect me so much. I already broke up with him and I want to remove the implant to have a normal hormonal life ”

ADOLESCENT, AGED 18 TO 19 YEARS OLD, TULCÁN, ECUADOR

Girls and adolescents often face challenges accessing sexual and reproductive health services through the public and private health systems of the countries in which they settle.

FOOD SECURITY AND NUTRITION

The right to food constitutes a fundamental right, in direct connection with the right to life. Through this research process, we found out that Venezuelan refugee and migrant girls and adolescents experience high food insecurity and nutritional vulnerability. They struggle to access healthy, nutritious, balanced and sufficient food on a permanent basis. About half (44%) of participants said that, at times, they had to go to bed without eating. 52% reported feeling concerned because there was not enough food at home, a situation that has been exacerbated by COVID-19.

Some girls and adolescents said they have been forced to adopt 'emergency' strategies such as asking for help or requesting food donations in food collection places, market places and streets. Many of them lack basic nutritional, sanitary and quality conditions.



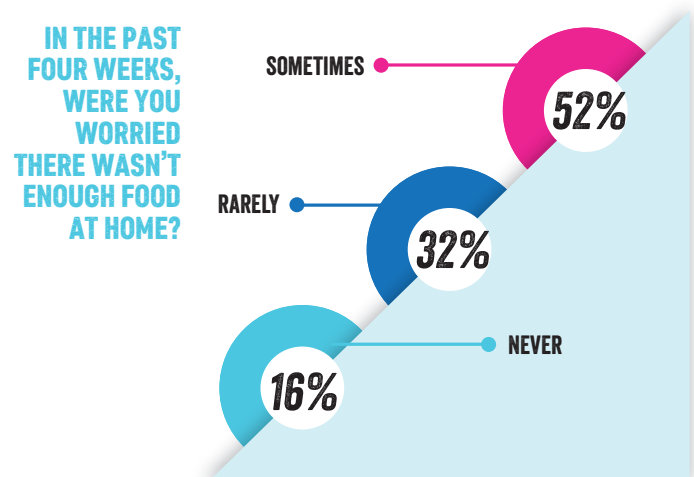
“ Sometimes I have to go to bed hungry [because of the pandemic] ”

15-YEAR-OLD ADOLESCENT, HUAQUILLAS, ECUADOR

“ As I am poorly nourished, I had anaemia and couldn't get treated [at the health centre] because I don't have insurance. Everyone's going hungry, no one wants to help [you]. [People] spend up to five days without eating, then they have to go out and beg on the street). [To stay healthy] all you have to do is eat and take vitamins. But how can you if you don't even have enough to eat and how are we going to buy vitamins? ”

ADOLESCENT, 18 TO 19 YEARS OLD, TUMBES, PERU

However, despite economic barriers to access a healthy diet, the adolescents said that they feel a positive change in the food on offer, both in terms of quality and variety, compared to what they experienced in their country of origin.





Rumbos seguros, Perú.
©Plan International

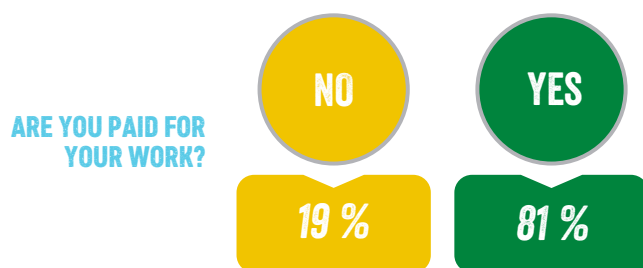
girls and women. It is a highly demanding activity but is often not categorised as labour and is therefore not recognized or remunerated.

“ I worked at a family home as a muchacha [domestic] but was not paid in full. I was told I would get paid the following week and, well, three months went by and she never paid me ”

ADOLESCENT AGED BETWEEN 15 AND 19 YEARS OLD, CUZCO, PERU

Child labour affects the development and protection of Venezuelan refugee and migrant girls and adolescents, as it limits their exercise of fundamental rights such as play, recreation, leisure, rest and education. It also directly affects their right to physical and mental health. In this sense, girls burdened by child labour are in a more vulnerable condition with respect to the guarantee of their fundamental rights.

Despite contributing to the economy of their homes, the report



found that girls and adolescents have little to no autonomy regarding the management of the money they earn. 54% of working girls report that economic decisions about it are taken, most of the time, by their mothers. 9% of working adolescents said that their partners make these decisions.

UNPAID WORK AT HOME AND THE CARE ECONOMY

At home, women, adolescents and girls assume a greater burden of unpaid care work, in line with the global trend of gendered division of labour. To the question, “What do you do at home?”, 98% of girls and adolescents state that they carry out unpaid work in their homes.

Of those who do unpaid work, 98% reported doing cleaning work, 52% said they cook, and 19% said they took care of other people.

“ I help my mum as much as possible. At home, cleaning, washing; I help my sister do her homework and I help my mum with what she does to be able to go out to sell [cook]. My mum is currently selling hallaca [a Venezuelan tamale] ”

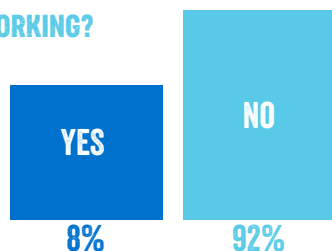
16-YEAR-OLD ADOLESCENT, QUITO, ECUADOR

1.6. CHILD LABOUR

Many of the girls we surveyed spoke about child labour, which is often due to, among other factors, the naturalization of child labour and the financial constraints/ socioeconomic vulnerability of their families. In fact, the three host countries for Venezuelan refugee and migrant girls and adolescents all have high rates of child labour. The country with the highest incidence is Peru, but Colombia is the country where there are more situations of unpaid wages, deceit and fraud against girls and adolescents in child labour conditions.

ARE YOU CURRENTLY WORKING?

8% OF GIRLS SURVEYED STATED THAT THEY WERE CURRENTLY WORKING.



The main work activities are: domestic, customer service, food production and sales. Additionally, girls and adolescents reported work including: informal street vending, home deliveries, and activities associated with illegality and forced labour. These all constitute an infringement of their rights, in addition to exposing them to other forms of violation, including sexual exploitation.

Some girls spoke about being deceived and swindled, and not paid or being paid less than what was agreed. At least 19% of participants report not receiving wages for the work performed. This figure is likely to be higher, since it does not include domestic work, which is traditionally taken on by



The girls are also affected negatively by the measures taken to reduce the spread of the virus, such as lockdowns or quarantines. These have led to economic recessions in the three countries, as well as barriers to accessing educational services and heightened exposure to violence or exploitation.

PLACES OF SUPPORT AND RESILIENCE

The Venezuelan refugee and migrant girls and adolescents surveyed rely on their family as their main protectors against the various risks to which they are exposed, since their home is the place where they feel safest.

Respondents also recognised humanitarian organisations as key actors that have provided them with assistance. They said that these organisations have helped them face difficult situations as well as providing care and advice in situations where their rights have been violated.

“ I volunteer for an organisation. In fact, I was previously a Plan International volunteer when I was in Huaquillas ”

18-YEAR-OLD ADOLESCENT, HUAQUILLAS, ECUADOR

EXPERIENCES RELATED TO THE COVID-19 HEALTH EMERGENCY

The COVID-19 pandemic has affected the lives of Venezuelan refugee and migrant girls and adolescents. The data indicates that 9% have suffered from the virus.

“ You have to protect yourself a lot because you have to wash your hands every five minutes because if you don't, you'll get infected, or someone has to be two metres away. [Therefore, when I work on the street] I take the coin, you see, pour alcohol on it and wash my hands. [Also] I use a mask, use alcohol, antibacterial [gel], sometimes putting on gloves ”

ADOLESCENT, AGED BETWEEN 15 AND 17 YEARS OLD, TULCÁN, ECUADOR

Although 95% of respondents had received information about the COVID-19 pandemic, they had little accurate information about how the virus is transmitted and spread. Some girls and adolescents reported following preventative biosafety practices, especially hand washing and the use of masks. The conditions of some of their homes make it difficult to exercise social distancing or hygiene measures to prevent the spread of COVID-19. Many girls and adolescents share a building with other families, in small and densely populated spaces.

“ [I don't have] a facemask. We keep [social] distancing... I have a worn facemask from washing it so much ”

ADOLESCENT, AGED BETWEEN 15 AND 17 YEARS OLD, TULCÁN, ECUADOR

HOPES FOR THE FUTURE

Venezuelan refugee and migrant girls and adolescents living in Colombia, Ecuador and Peru express that their expectations for the future are related to improving their quality of life and permanently settling in their host communities.

“ I have good food, I have my television set, I have my Wi-Fi, I have a place to sleep, I have a place to share, I don't need anything. Whatever I want, with effort, I can achieve ”

15-year-old adolescent, Lima, Peru

They have great expectations about completing their basic and middle (secondary) education and accessing higher education, which will allow them to build a professional career and improve their possibilities of earning sufficient income to support themselves and their families.

“ I hope to be able to study, to graduate, to be a professional and to be successful in what I do ”

18-year-old, Quito, Ecuador

IN GENERAL, THE GIRLS AND ADOLESCENTS WHO PARTICIPATED IN THIS REPORT INVESTIGATION WITH THEIR VOICES, REFLECTIONS AND TESTIMONIES, EXPRESSED THEIR DREAMS IN TERMS OF THEIR EMPOWERMENT FOR A BETTER FUTURE. WHICH FOR PLAN INTERNATIONAL, TRANSLATES INTO AN INELUCTABLE COMMITMENT TO CONTINUE THE JOURNEY WITH THEM.



Colombia.
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CONCLUSIONS

The humanitarian crisis that the region has been facing for years presents multiple challenges in the lives of girls and adolescents due to their gender, age and migratory status. The social and economic crises in the host countries have been exacerbated by the COVID-19 pandemic, which has increased the gap for comprehensive access to their rights. Girls and adolescents are resilient. They adapt to changes, they see the future with hope and they know that education is the path they want to continue travelling to achieve their dreams. However, there are still many barriers for them to overcome.

After hearing from the girls, it is clear that GBV stands out as one of the main areas of concern. Girls and adolescents report risks regarding human trafficking, commercial sexual exploitation of children, rape, physical and sexual abuse and street harassment, all of these mixed with xenophobia based on gender, since patriarchal stereotypes perceive the body of the refugee or migrant girls and adolescent as sexual plunder to be exchanged for money, border crossings or lodging: 50% of the girls surveyed said they do not feel safe walking through the streets of Colombia, Ecuador and Peru.

The educational environment is clearly fundamental for human development, but also for integration, the creation of support networks, and to enable girls to live prosperous, autonomous and violence-free lives. However, 28% of girls and adolescents surveyed do not attend school. A lack of official residence

documents, the unavailability of places, early motherhood, economic and mobility conditions all hinder girls in achieving the right to a quality education.

The health of girls and adolescents is negatively affected by poor living conditions, lack of nutrients and poor access to drinking water and sanitation in the neighbourhoods where they settle. This is made worse by the fact that 40% of girls do not have access to health services. Consequently, their sexual and reproductive rights are hindered: 19% of the girls and adolescents surveyed are or have been pregnant, which can lead to school dropouts, interrupted schooling or even increased vulnerability to GBV.

The rights of refugee and migrant girls and adolescents are seriously threatened and often violated, a situation made much worse by the mere fact that they are girls. States, civil society, family, media and community efforts should focus on guaranteeing access, without barriers, to all protection systems and environments. More focus must be given on raising awareness and training all actors in human rights to prioritise a gender and age-focused approach, ensuring that each girl is able to fully enjoy her rights without violence, without discrimination and without excuses. Being and living as a girl or adolescent must not be a disadvantage. Their voices should be our path and guide for action, stewardship and commitment.

RECOMMENDATIONS

The voices of the girls interviewed provided vital evidence to allow Plan International to present recommendations to key actors and sectors, according to the nature of their work and responsibilities in: **a) Policy and budget frameworks; b) Social and economic resources, and networks of social protection; and c) Changes in norms, behaviours and practices.**

There are overarching recommendations in all areas, which we consider important to highlight and prioritize.

1. POLICY AND BUDGET FRAMEWORKS

Education, health, nutrition, justice and protection laws, public policies, programmes and plans must ensure they are responding to the needs and vulnerabilities of Venezuelan refugee and migrant girls and adolescents in a comprehensive manner. This particularly applies to those who are: exposed to violence—including GBV—, migrant smuggling and trafficking for the purposes of commercial sexual exploitation of children; disabled or abandoned; facing malnutrition; out of school; pregnant and lactating; among others.

Access to rights without barriers

The rights of girls, boys and adolescents are universal, fundamental and interdependent. Therefore, without distinction of race, nationality or migratory status, gender or age, States must guarantee access to their rights, their protection in case of threat and their immediate reinstatement in the event of violations. Not having papers that regularise their stay in host countries has been one of the great barriers faced by Venezuelan refugee and migrant girls and adolescents to study, to be medically treated, and to report and be protected in case of violations. Each State system—education, health, justice and protection—must support and guide girls towards a regularisation route. While this happens, girls must be allowed to fully enjoy their rights, as committed by the signatory countries of the Convention on the Rights of the Child.

Integration of a transformative approach to Gender and Inclusion

At all levels, decision-making, training, action and access routes to rights have to be gender-sensitive to and differentiated for girls. Protection environments—the family, the school, the community and, above all, the State—must ensure their safety from all forms of GBV; their permanence in the school system; and their access to health, justice and the full enjoyment of all their rights.



Participation: include girls' voices in decision-making

Establish, dynamise and amplify public spaces to promote dialogue and build consensus jointly with refugees and migrants, working towards **greater participation of girls and adolescents in all decision-making forums. Recognise their needs, proposals, expectations and requirements**, and identify alternatives for the care and protection of their rights.

SECTOR-SPECIFIC RECOMMENDATIONS

Education



Encourage governments to clearly and timely inform on rules, regulations and legal procedures that enable the fulfilment of the right to inclusive and quality education, paying particular attention to girls, boys, adolescents and youth.

In the context of safe school re-openings, **demand flexibility on the part of school systems in order to guarantee educational quality and relevance** by tackling challenges such as migration, the COVID-19 pandemic and gender norms, so that each girl has the opportunity to participate at different schedules and acquire the necessary competencies expected of her age and course.



authorities, agencies, routes, protocols and justice operators they may have recourse to in their host countries, taking into account girls' needs, and risks due to their age, gender and their particular situation as refugees and migrants.

Create and strengthen communication channels, mechanisms and campaigns to disseminate their rights and access routes to these.

Design and implement capacity building processes for justice operators, with a focus on rights and gender.

Carry out institutional adjustments to set GBV early identification mechanisms that allow prevention and the provision of inclusive and gender-sensitive care, to guarantee the enforceability of rights.



Health



Ensure, without discrimination, comprehensive access to physical and mental health care for each refugee or migrant girl.

This includes sexual and reproductive health and rights, prevention of early pregnancy and reduction of preventable morbidity and mortality.

Control agencies (Watchdogs)



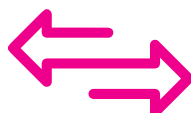
Ensure training on gender and age equality approaches following the principles of universality, equality and non-discrimination, intersectionality, relevance and opportunity.

Provide guidance, advice, and legal and psychological monitoring.

Strengthen and create adapted communication mechanisms. Prioritise girls, adolescents and women in the follow-up and monitoring of the situation of refugees and migrants, ensuring that their rights are guaranteed.

Justice

Guarantee the access of refugee and migrant girls to justice systems by strengthening the



Migration Institutions

Adapt and strengthen legal measures to ensure the regularisation of the migratory status of girls and adolescents and their families.

Ensure capacity-building processes for migration front-line personnel, for the implementation of international and regional recommendations and standards in matters of childhood, gender and human mobility included in various international instruments.

Regional coordination spaces



Prioritize girls and adolescents in the response developed and implemented by R4V partners, by increasing programming, financing, and strengthening efforts for addressing their needs and violations of their rights at national, regional and sub-regional levels. **Mobilise researchers to highlight data and evidence gaps** that limit programmes and **advocate for robust data collection and analysis systems**.

In collaboration with the **Child Protection Subcluster, as well as the GBV Subcluster**, integrate specific and comprehensive measures that respond to the needs of girls and adolescents, particularly in access to sexual and reproductive health; education; protection; GBV; water, sanitation and hygiene (WASH); socio-economic integration; temporary accommodation; humanitarian transport; non-food items; and social protection. Member States and the Group of Friends of the Quito Process must increase efforts to develop **actions aimed at protecting the rights of migrant girls and adolescents**.

International cooperation



UN agencies and donor governments must strengthen the follow-up and articulation processes jointly with local and national governmental entities so that **the impact of implemented plans, programmes and projects is assessed**, to provide refugee and migrant population with timely, permanent and quality care, with special emphasis on girls and adolescents.

Donor governments must contribute to the financing and implementation of programmes to respond to the needs of refugee and migrant girls, adolescents and women, aimed at training in rights and the prevention of GBV.



Colombia.
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2. SOCIAL AND ECONOMIC RESOURCES AND SOCIAL SAFETY NETS

Local governments

Adopt all the necessary measures to guarantee the rights of Venezuelan refugee and migrant girls and adolescents, **providing an adequate, gender-sensitive institutional offer and response** to their specific, differentiated and needs, allowing their access, without barriers, to the policies and programmes of **the national systems for the prevention and protection** of their rights.

Integrate and strengthen strategies aimed at guaranteeing food security, including access to school and community meal programmes.

Develop **prevention and response strategies to child labour** that include actions to identify children working in order to restore their rights.

Include refugee and migrant girls and adolescents and their families in **economic integration and poverty reduction strategies**, as well as in cash transfer programmes, and economic incentives. Create lasting solutions and livelihoods tailored to their needs, interests and capacities.

Strengthen the **capacities of child care** institutions, as well as of immigration authorities and authorities for the protection of women and youth, in matters of child protection within contexts of migration.

Organisations composed of refugees and migrants from Venezuela

Contribute to the **strengthening of the family environment** as a safe space, free from violence and protective of girls and adolescents. Favour the permanence or promote the reunification of the family group in their mobility processes.

Favour, under all circumstances, the **right to education** of girls and adolescents.

Report situations of risk, threat and violation of the rights of girls and adolescents.

Civil society organisations

Connect **community, social and human rights organisations**, and feminist and children and youth organisations which promote **the defence of the rights** of people in conditions of migration and are sensitive to gender, age and diversity.

Promote the application of **minimum standards in the prevention and response** to GBV, through the coordination of existing local programmes and technical support from feminist organisations.

Via social groups and communities disseminate news about the international and national rights of children,



women and migrant and refugee people and access routes to rights.

Encourage **participation and advocacy** in humanitarian aid plans, programmes, strategies and projects.

Consolidate **support, and community networks** to ensure advocacy, and mobilisation actions regarding the fulfilment of the rights of refugee and migrant girls and adolescents from Venezuela.

3. SOCIAL ATTITUDES, BEHAVIOURS AND RELATIONSHIPS

Reinforce and encourage the participation and voices of girls as agents of change so that they express their needs, interests and problems for themselves and are able to connect to raise their collective power.

Address toxic masculinity as a root cause of gender violence, working specifically with boys, male adolescents and men to address violent behaviour and the construction of positive and healthy masculinities.

Promote solidarity between peoples and cultures, and strengthen communities by opening spaces for awareness and dialogue to change social and gender norms, as well as stigmas and discriminatory attitudes against the Venezuelan refugee and migrant population.

Contribute to the strengthening of (community and public) environments which protect and guarantee the rights of girls, adolescents and women. Create and expand safe spaces for Venezuelan girls to connect with each other and interact with peers in host countries, as well as mentors to generate community support networks.

Involve the media to address, counteract and transform the norms that shape xenophobic attitudes against the Venezuelan refugee and migrant population.

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About Plan International

We are a development and humanitarian organisation that advances children's and adolescents' rights and equality for girls. We hold no political, religious or governmental affiliation.

Plan International was founded in 1937 and develops its activities in more than 70 countries throughout the world. In Latin America and the Caribbean we work with children, youth and families in 13 countries, through community programmes and projects for the advancement of children's rights and the promotion of gender equality.

Learn more about our child and young people safeguarding implementation framework.

<https://plan-international.org/publications/global-policy-safeguarding-children-and-young-people>

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