

**Report presented by the Network for the Human Rights of Children and Adolescents
(REDHNNA). Venezuela**

**Report for the Third Cycle of the Universal Periodic Review of
Venezuela for the 40th Period of Sessions 2022, of the United Nations
Human Rights Council**

**Situation of institutionality and public investment to guarantee
the human rights of children in Venezuela
2017-2021 Period**

The Network for the Human Rights of Children and Adolescents (REDHNNA) is a coalition of 14 social, academic and community organizations, research centers and institutes and defenders of the rights of children and adolescents (CHA), founded and operational since 2006 for the defense and enforceability of the rights of children and adolescents, based on democratic participation, aimed at promoting the Best Interest of the Child inclusively and with openness to dialogue with various actors. REDHNNA and its members have issued reports and raised complaints to competent authorities before both the Universal and Inter-American Human Rights Systems, regarding the threats and violations against human rights and guarantees suffered by CHA in the country and their families, based on the information collected while dealing directly with cases as well as on the research carried out to document the various specific situations that arise in the Venezuelan context.

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Executive Briefing

1. This report expounds the situation of the human rights of CHA to an adequate standard of living, health, development, participation and prevention of violence, enshrined in the Convention on the Human Rights of the Child (Convention), the 2030 Agenda for sustainable development, with special emphasis in its SDG 1 to 7, 10 and 16; the Constitution of the Bolivarian Republic of Venezuela and the Framework Law for the Protection of Children and Adolescents (LOPNNA).
2. The data, studies and recommendations presented here are based on the processing of qualitative and quantitative information from primary and secondary sources, collected by REDHNNA and by specialized institutions.
3. Since 2015, Venezuela has been in a situation of all-encompassing, slow onset Complex Humanitarian Emergency (CHE). In this context, various State institutions have stopped releasing public information, some as early as 2007¹. The absence of a disaggregated, reliable and pertinent statistical record prevents the development of public policies, measures and regulations contextualized to reality.
4. Political conflict has increased since before 2019, a year when two parallel governments coincided in Venezuela: the government of Nicolás Maduro, whose mandate was renewed in 2018 through an electoral process questioned by the international community due to serious complaints of electoral fraud²; and a temporary interim government led by the Speaker of the National Assembly elected in 2015, in place until new presidential elections are held. This has caused a politico-economic divergence that violates the Rule of Law. In 2020, the COVID-19 pandemic has further worsened the CHE and there is no visible willingness on the part of authorities to minimize the tremendous suffering of the population.
5. This report deals with the following aspects: institutionality and investment on childhood; right to identity, parental care and separated, unaccompanied children; adequate living standards, right to development of CHA, guarantee of effective participation and prevention of violence against children.

Institutionality and investment on childhood

6. After 21 years since the creation of the LOPNNA³, the National Governing System for the Integral Protection of Children and Adolescents (SIPINNA) has not yet been instituted, and there are no operational bodies and specialized programs with trained personnel and the necessary resources to guarantee the integral protection of the rights of CHA. The Criminal System of Liability of Adolescents (SIPRA) remains headless and its implementation does not fulfill the international standards recognized in the Convention⁴.

¹ <https://www.examenonvenezuela.com/examenes-de-tratados/el-estado-venezolano-ha-generado-un-marco-legal-amplio-que-permite-a-los-funcionarios-publicos-negar-el-acceso-a-la-informacion-publica>

² <https://www.dw.com/es/venezuela-presidenciales-con-crisis-y-rechazo-internacional/a-43858170>

³ <https://siteal.iiep.unesco.org/bdnp/582/ley-organica-proteccion-ninos-ninas-adolescentes-lopnna-go-ndeg-5859-ley-organica>

⁴ For more information on SIPRA, review contribution UPR Venezuela. REDHNNA, IJUCAB (2021) "Obligaciones del Estado para con los y las Adolescentes en conflicto con La Ley Penal en Venezuela. JSTMP5_UPR40_VEN_S_Main" Para. 5

7. The governance regarding Protection has rotated through five different Ministries since 2007⁵ and, in practice, none of them has assumed any of the competences established in the LOPNNA. Decentralized instances such as the SIPINNA, the Municipal Rights Councils (CMDNNA), Protection Councils (CPNNA) and the Offices for the Defense of Children and Adolescents are practically in technical shutdown due to poor or non-existent public investment and important weaknesses in terms of human and material resources. This is coupled with the absence of a National Plan that contemplates an updated structure of bodies, operational services of defense, protection and promotion of the rights of CHA.
8. No official body publishes information or statistics about indicators on the situation of CHA, nor on the fulfillment of their rights. Although the Autonomous Institute National Council of the Rights of Children and Adolescents (IDENNA) is compelled by law to issue a yearly accountability report⁶, since its foundation in 2007, “the details of its operation are unknown⁷.” Official opacity has driven civil society organizations (CSO) and universities to carry out an intense work of documentation and analysis that shows the decline in the living standards of CHA.
9. A study carried out by the SCO CECODAP (2018) in the Metropolitan Area of Caracas shows that, in 4 out of its 5 Municipalities⁸, there was an important deficit of staff that varied between 42% in Sucre and 27% in Chacao. Based on this information, we can infer that similar or worse results can be found nationwide.
10. In 13 out of the 335 municipalities that comprise the country’s politico-territorial division, no CPNNA has been created or is currently operational. The Protection Councils of six states (Anzoátegui, Guárico, Mérida, Monagas, Táchira and Trujillo) are in critical conditions without budgetary resources or availability of materials and essential supplies⁹.
11. Given the precariousness in the operation of these instances of the SIPINNA, some programs of attention for CHA are developed by NGO or CSO with private resources. Most of these programs only have access to temporary financing, so they are often interrupted in coverage and continuity.
12. It is not possible to speak of guarantees for rights if the State ignores its obligation to guarantee timely, sufficient and auditable investment on a infrastructure that guarantees access to public goods and services in health, clean water and sanitation, transport and roads, education and telecommunications, among others.
13. The largest social expenditure in recent years has been through the so-called social missions¹⁰, characterized by the absence of information about planning, goals and

⁵ Starting in 2007, the Ministry of Health and Social Development was the governing institution; then governance was transferred to the Ministry of Participation and Social Development; in 2009, to the Ministry of People’s Power for Communes and in June of that same year, to the Ministry of People’s Power for Communes and Social Protection.

⁶ LOPNNA, Art 136.

⁷ <https://www.redhnaa.org/noticias/reina-una-gran-opacidad-y-desinformacion-en-materia-de-infancia-afirma-trapani>

⁸ Baruta, Chacao, Hatillo and Sucre are traditionally considered Dissident Municipalities. Libertador, which is also the largest and most densely populated Municipality in the country, the only one in the Capital and traditionally controlled by the government, refused to participate in the study due to political reasons.

⁹ CECODAP (2018). “Informe especial sobre muertes violentas y otras formas de violencia contra los niños, niñas y adolescentes en Venezuela. Informe Somos Noticia 2018.” <https://n9.cl/uhjo9>

¹⁰ https://es.wikipedia.org/wiki/Anexo:Misiones_Bolivarianas_de_Venezuela

indicators and with a discretionary allocation of resources and benefits¹¹. Between 2008 and 2019, over half of the financial resources assigned to institutions and programs for the attention and protection of Venezuelan children was instead used for parallel foundations and missions of the official system. Only 26.84% of the budget was used during that period to fulfill the purpose of those institutions: guarantee the integral protection and rights of CHA¹².

14. Although the government does not acknowledge the CHE, in January 2016 the Executive Branch issued Decree N° 2,184 that declared the State of Exception and Economic Emergency nationwide, which has been extended at least 27 times in four years. In March 2020, with the arrival of COVID-19, a State of National Alarm was declared through Decree N° 4,160, meaning the simultaneous occurrence of two different modes of State of Exception.
15. In 2019, there was a massive system failure in the Simón Bolívar Hydroelectric Plant, known as Guri, which caused the worst electrical crisis in the history of Venezuela. The first malfunction took place on March 7th and extended across the country for seven consecutive days, effectively bringing it to a halt¹³. The services of water supply, fixed and mobile telephony and internet were completely or intermittently interrupted; there were failures in buildings housing critical services such as clinics and hospitals. Although the plant is analogical, the government blamed the malfunction on an “imperialist” cyberattack¹⁴. According to the Committee of Citizens Affected by Blackouts, since that collapse there were over 80,000 blackouts between March and December 2019; a little over 157,000 during 2020 and, between 24,323 between January and February 2021¹⁵.
16. The country’s energy crisis is not recent. Chávez’s administration decreed in 2010 the electric emergency and approved the Framework Law of the Electric Service¹⁶ which forbids private involvement in the sector. The government promised works to boost the electric system for more than USD 10 billion which were assigned, but the works were never concluded and the destination of the resources is unknown¹⁷.
17. Regarding water supply, according to the National Plan of Infrastructure (NPI) 2018-2030, out of the 94 reservoirs that exist in Venezuela, 76 were built between 1959 and 1998, in order words, merely 19% of these were built between 1999 and 2017¹⁸. Most of the supply of electricity and water comes from these reservoirs, but over 40% of them are out of order due to stuck systems. Paradoxically, Venezuela has over 90 hydrographic basins with a surface hydric potential of more than one trillion m³/year, which makes it one of the countries with the largest reserves of sweet water in the world.

¹¹ <https://transparencia.org.ve/wp-content/uploads/2018/05/Análisis-de-la-Ley-Organica-de-Misiones.pdf>

¹² <https://epthelinkdos.tk/investigacion/el-clientelismo-politico-se-comio-los-fondos-para-atender-a-ninos-y-adolescentes/>

¹³ https://es.wikipedia.org/wiki/Apagones_el%C3%A9ctricos_de_Venezuela_de_2019

¹⁴ <https://www.telesurtv.net/news/apagon-venezuela-sabotaje-que-paso-20190309-0009.html>

¹⁵ <https://cronica.uno/aixa-lopez-no-se-ha-hecho-un-diagnostico-serio-que-permita-mejorar-el-sistema-electrico/>

¹⁶ <http://virtual.urbe.edu/gacetas/39573.pdf>

¹⁷ The Tacoma Dam (Bolívar), to generate 2,160 MW by 2012, with a budget of USD 9.3 billion. The Ezequiel Zamora Thermoelectric Plant (Guárico), with a budget of USD 200 million, should have been finished in 2012, or the Bachaqueros Thermoelectric Plant (Zulia), to produce 500 MW, announced for 2015, with a budget of USD 1.5 billion.

¹⁸ https://cedice.org.ve/observatoriogp/wp-content/uploads/2019/07/Agua_y_saneamiento_Cordoba_web.pdf

18. Recovering the system of distribution of clean water and the treatment of wastewater, affected by decades of negligence and lack of investment, ranges between USD 40 billion in 10 years, including actions of prior and future maintenance for the whole system¹⁹. A sustainable supply and management of healthy drinking water and sanitation for all, in accordance with SDG 6, are essential for the fulfillment of the 2030 Agenda and the guarantee of human rights.
19. Hospital infrastructure has also suffered serious neglect by the State²⁰. According to the National Survey of Hospitals for 2019, X-ray services are out of order in 58% of hospitals, tomography and MRI machines in 86%, laboratories in 55%, and none of them had the capacity to perform serological tests for hepatitis. A. General shortages: 48%; shortages in wards: 34.5%; medication shortages: 85%. Intensive care services; 10% out of order. 78% showed problems with water and 20% never received water through pipelines. During the national blackout in March, there was no power in hospitals for 507 hours and, during March and May, the shutdown of intensive care services increased to 75%. The number of deaths attributed to electrical failures was 164 patients, 26 of whom died during the March blackout.
20. Lack of investment, opacity in public expenditure, discretionary use of resources and the lack of programs of social assistance that prioritize CHA, have worsened in the last decade. Corruption is a publicly known fact and the Prosecutor General has recently reported indictments against officials and former officials in various entities for corruption. A monitoring across various public and private media outlets compiles a constantly updated list that details unfinished works for more than USD 90 billion, not taking into account adjustments due to inflation, dated as far back as 2005²¹.

Right to Identity. Parental care, separated and unaccompanied children

21. Although the LOPNNA recognizes the right of CHA to identification and their inclusion in Civil Registries (CR) freely and immediately after birth²², historically there have been many hindrances that threaten the guarantee of this right.
22. In April and October 2018, there was a problem with the supply of EV-25 forms for the newborn record (NR) in public healthcare centers. According to estimates, in Caracas alone, 27,000²³ NR had no access to the first document that guarantees filiation. The Vice-Minister of Hospitals of the Ministry of People's Power for Health said at the time that there was no security paper to create these certificates because it was not made in the country. "We are printing the document on bond paper and applying a security seal²⁴."

¹⁹ According to the NPI 2018-2030, for the access to drinking water there must be an investment of about USD 5 billion, for sanitary improvements, USD 11 billion and for the improvement of healthcare conditions, about USD 28 billion.

²⁰ Prepara Familia and Caleidoscopio Humano (20212) "situación del derecho a la salud de niños, niñas y adolescentes en Venezuela. JSTMP28_UPR40_VEN_S_Main". Para. 29 a 46.

²¹ The list of works of various natures: agroindustry and food, hydroelectric and thermoelectric plants, roads (highways, bridges), hydrological (aqueducts, dams and pumping systems); mass transportation (Guarenas-Guatire Railway; Maracaibo Railway,) Hospitals (a total of 14 unbuilt healthcare centers); educational institutions (from schools to universities); the so-called basic industries (mining, paper, iron, aluminum, gas,) touristic companies, refineries and petrochemical plants. <https://thewatchervenezuela.blogspot.com/2020/07/27-obras-que-el-chavismo-prometio-pero.html>

²² LOPNNA, Articles from 17 to 23.

²³ CECODAP (2019) "Violación del derecho a la identidad de las niñas, niños y adolescentes en 2018"

²⁴ <https://cronica.uno/nacidos-sin-derecho-identidad-i/>

23. The National Electoral Council (CNE), as a governing body, also lacks sufficient CR offices across the country. The latest published yearbook (CNE, 2014) indicates that there are 1,183 RC offices or units nationwide, distributed in municipal offices (100%); parish CR units (55%) and public healthcare centers (74%); 28 CR units in private healthcare centers, 2 accidental units and merely 4 units for Native Communities. Amazonas in particular only has municipal CR. Regarding native communities, the 4 available CR, all located in Bolívar to the south of the country, assist at least 34 ethnicities geographically distributed across 8 states, in clear violation of their rights.
24. To enforce compliance with the COVID-19 quarantine, all public offices and services suspended their activities²⁵. Although in contexts of emergency it is key to have clear, uniform and simple guidelines to guarantee the judicial security of citizens, especially CHA, CECODAP found in an assessment of the operation of CR offices in Caracas that, after more than six months of sanitary emergency, the CNE has not published or made available the regulations for CR, thus failing the mandate established in the Law of the Civil Registry that classifies these as essential services that cannot be suspended even in the context of a pandemic²⁶.
25. In 2018, the right to identity of 559,700 children was threatened nationwide²⁷. The justification of the Administrative Service of Identification and Migration (SAIME) was the malfunction of the system for fingerprint verification. In January 2021, the government activated a special cedula campaign for children that should have continued until March. However, the long lines, the arbitrary attitude of officials, lack of information and delays in attention have been common in this process, currently suspended by the governing body²⁸.
26. The processing of the passport, the only document that is valid to travel abroad, has had a greater demand due to the CHE that affects the population. There have been complaints of a corruption network in the processing of this document which is one of the most expensive in the world (between USD 100 and USD 200) to prices that range between USD 250 and USD 2,000 per person^{29 30}.
27. The “carnet de la patria”, a parallel identity document created by the government in 2017, is used as an instrument of political control³¹. It is particularly discriminatory against CHA because, in order to obtain any “benefit”, the CHA is registered as depending on a “head of the family.” This shows inconsistencies, because it does not take into account the case of CHA deprived of parental care, who are left without access and enjoyment of goods and services that should originally be available for all citizens.

²⁵ <https://undocs.org/es/A/HRC/47/55> “In the context of the pandemic imposed due to COVID-19 since March, 2020, operations and services of public administration were suspended and restricted. After over six months of quarantine this reality remains, affecting the capacity of attention and response time in all matters regarding a civil registry.”

²⁶ Report on the operation of the Civil Registry in pandemic <https://cecodap.org/informes/>

²⁷ Based on the projection of population for 2015 of the INE

²⁸ <https://www.acn.com.ve/cedulacion-para-ninos-suspendida/>

²⁹ <https://elestimulo.com/climax/mafias-del-saime-mas-d-y-menos-pasaportes/>

³⁰ Since January 29th, 2015, CECODAP filed a judicial recourse before the Supreme Tribunal of Justice to guarantee the principle of gratuity recognized in the LOPNNA for the issuance of passports. However, the recourse was never processed or a ruling reached.

³¹ <https://www.telesurtv.net/news/Para-que-sirve-el-Carnet-de-la-Patria-Logros-de-la-cedula-revolucionaria-de-Venezuela--20180115-0011.html>

28. The violation of the right to identity, to health, to food, to access to public and social services and the general levels of insecurity, have caused a forced migration of Venezuelans which has increased exponentially since 2018. Even with the restrictions of movement caused by the pandemic, the migration has continued irregularly in most cases, surpassing the figure of 5.6 million by June 2021³². This is one of the most significant mixed migration flows in the western hemisphere, unprecedented in our history or that of South America. Many CHA who migrate with their families and those who are unaccompanied are exposed to the presence of armed groups in border crossings, with an increment in the risk of sexual violence, modern slavery and forced recruitment.
29. Families must confront the migration of close members and deal with its effects, which has resulted in the increase of CHA left behind. Out of the number of reported migrants, 15.4% say they left at least one CHA in Venezuela, meaning that around 862,400 CHA have been directly affected by the migration of their parents. Less than 1% of the families affected by this issue receives any kind of psychosocial support, which constitutes a truly critical situation³³.
30. Although the main motivation of migrants is associated with finding means to provide for their families, 47% of them have not achieved this goal. Their situation, especially after the onset of the pandemic, is truly vulnerable and therefore the capacity of financially supporting their families in Venezuela is restricted. Although 87.5% reports sending remittances, 52.4% sends between USD 10 and 50 per month, which represents less than USD 2 per day, insufficient to cover the needs of its beneficiaries. However, in a country where the minimum wage is below USD 3 a month, this amount is a fragile contribution to family sustenance³⁴.
31. CECODAP and the Center of Grassroots Research (CIP) documented processes of return of Venezuelan migrants, generally due to eviction for lack of payment, job loss and a marked uncertainty about the duration of the pandemic. Returnees were forced to remain in Points of Comprehensive Social Assistance (PCSA). CHA kept at PCSA did not have any access to preferential treatment and just like their parents, they lived in conditions characterized by poor food, overcrowding, insufficient sanitary attention and even the violence of the armed groups that controlled the centers³⁵.
32. Neither the IDENNA nor the National Rights Council have presented reports or official figures about the amount of CHA in alternative modes of public or private care; nor about the causes of family separation. There are no disaggregated figures regarding the number of CHA with disabilities or with psychiatric disorders who are currently deprived of parental care and under alternative modes of care, nor are there official estimates about the average duration of fostering measures or their return to their original families.

³²<https://r4v.info/en/situations/platform>

³³ CECODAP (2020) "Informe especial de peligros y vulneraciones a los derechos humanos de niños, niñas y adolescentes en contextos de movilidad humana y pandemia de 2020". <https://cecodap.org/migracion-forzada-mantiene-a-839-059-ninos-venezolanos-alejados-de-sus-padres-en-2020/>

³⁴ CECODAP (2020). Ibid.

³⁵ CECODAP, Center of Grassroots Research (2020). "Retornar en tiempos de pandemia".

33. According to the investigation *Right to an Adequate Standard of Living and Right to Health in Attention Entities*³⁶, the majority of CHA who require alternative care are assisted in private attention entities (AE). 88% of the budgetary resources for the purchase of food come from donations and contributions of the private sector and only 9% come from some kind of State subsidy. Approximately 20% of AE cannot guarantee nutritious and balanced food and 55% say that the monthly allocation for medical expenses is insufficient and they lack periodic and sustained financial support to cover this need, from the public or private sector.
34. Regarding basic services, 22% of AE do not have access to broadband internet, which limits the exercise of fundamental rights such as education, culture and recreation. The CHA population under alternative care remains obscured, without the possibility to access goods and services of absolute priority.
35. The Courts of Protection of Children and Adolescents that rule over the causes of CHA deprived of parental care, show a serious delay that has been worsened by the pandemic. They are working at a minimum of their time and capacity, which negatively impacts the rights of CHA under their mandate, especially in the access to justice³⁷.

Fulfillment of the obligations to guarantee an adequate standard of living

36. In the Human Development Index, Venezuela ranked 113/189 for 2019, which represents a drop of 21 spots compared to 2017, when it ranked 92/189³⁸.
37. In its chapter about Venezuela, the IACHR highlights in its Yearly Report 2020³⁹ the clear breakdown of the principle of branch autonomy and the lack of independence of the Judicial Branch, the decline of democratic institutionality, the abusive uses of states of exception, the decline in the enjoyment and access to economic, social, cultural and environmental rights (ESCER) and general poverty.
38. The National Survey of Living Conditions (ENCOVI) in its edition 2019/2020, remarks that 96.2% of homes experience poverty, and 79.3% suffer extreme poverty⁴⁰.
39. Regarding the right to health we find that in 2015, healthcare attention began a process of decline related to the shortage of medicines, the loss of trained personnel that decided to migrate and the deterioration of public healthcare services due to lack of supplies, materials and medicines. According to the last epidemiological bulletin of 2016, 11,466 children under a year old⁴¹ died. All of these deaths were preventable, which indicates lack of fulfillment of policies of prevention and promotion of health for CHA.
40. In 2017, an infectious outbreak that could have been avoided⁴² and the lack of antibiotics caused the death of ten CHA in the nephrology service of the J. M. de los Ríos Children's Hospital in Caracas, risking the lives of other CHA who were attending consultations, hospitalized or receiving dialysis in the service. On December 21st, 2017, the CSO Prepara

³⁶ ALPANNA Foundation. Caracas (2017): *Derecho a un Nivel de Vida Adecuado y Derecho a la Salud en Entidades de Atención Venezuela*.

³⁷ <https://supremainjusticia.org/2020/10/06/el-tsj-reabre-parcialmente-los-tribunales-tras-casi-siete-meses-cerrados-por-la-pandemia/>

³⁸ <https://cedice.org.ve/mide/venezuela-en-2020/>

³⁹ <https://www.oas.org/es/cidh/docs/anual/2020/capitulos/IA2020cap.4b-VE-es.pdf>

⁴⁰ <https://www.proyectoencovi.com/informe-interactivo-2019>

⁴¹ <https://www.ovsalud.org/descargas/publicaciones/documentos-oficiales/Boletin-Epidemiologico-2016.pdf>

⁴² <https://efectococuyo.com/salud/cidh-solicita-al-gobierno-investigar-causas-de-brote-infeccioso-en-nefrologia-del-j-m-de-los-rios/>

Familia and CECODAP requested precautionary measures to the IACHR⁴³, which were granted on February 21st, 2018. These measures were later expanded on August 21st, 2019, to cover patients of 13 services in the hospital⁴⁴. Currently, the problems of infrastructure, equipment and supplies have aggravated, surgical shifts are reduced and essential medical services such as Cardiology and Neurosurgery have shut down; there is no official information regarding the public budget destined for the operation of this healthcare center.

41. Access to clean water and sanitation is directly associated with that decline in healthcare quality. Since 2018, the National Survey of Hospitals (NSH) has been warning that 4 out of every 10 CHA admitted in healthcare centers is affected by a pathology caused by water; bacterial outbreaks are present in 3 out of every 12 patients through diarrheas; between 300 and 550 new cases of polio in eastern areas of the country and about 120 cases of pinworm infection nationwide. Water storage also contributes to the proliferation of mosquitoes and, therefore, the emergence of ailments produced by vectors such as dengue, malaria, zika and chikungunya.

Fulfillment of the obligations to guarantee the right to development of CHA

42. There are no policies or plans for integral attention of mental health that also consider the family context, a harmonious articulation between the family and the school, and the training and strengthening of teachers to identify conducts that require attention and that are invisible at home such as school harassment and social pressure or the fear of not belonging (FOMO, or fear of missing out)⁴⁵. It is fundamental to prioritize mental health in the context of CHE as a primary need and therefore, channel the technical, human, financial and logistical resources to offer attention to CHA, their families and schools, to mitigate the effects of the emergency and foster development.
43. The crisis in Venezuelan education has been long in the making due to the systematic lack of investment due to multiple factors, among them: inadequate prioritization in the investment of public resources, tendency to political ideologization, the deprofessionalization of teachers, decline of salary conditions and social security for educational personnel (the salary of Venezuelan teachers is considered the lowest in the world, under USD 2⁴⁶), decline of the educational infrastructure, difficulties in the access of basic services such as water, electricity and internet, lack of updated pensum and educational techniques. The cost of enrolment fees in private institutions is a defining cause for their closure, due to the impoverishment of the population.
44. Demand has declined. According to ENCOVI, in the period 2014/2018 there were 12.7 million students, and by 2019/2020, the population had diminished to 11 million, even though there was no change in the coverage, which has remained stable between 2017 and 2020: there was 70% covered for ages 3-5, 96% for ages 6-11 and 85% for 12-17.

⁴³ Inter-American Commission on Human Rights. Resolution 8/2018 Precautionary Measure N° 1039-17 <https://www.oas.org/es/cidh/decisiones/pdf/2018/8-18mc1039-17-ve.pdf>

⁴⁴ OVV-CECODAP-REDHNNNA (2021). "Muertes Violentas de niños, niñas y adolescentes. Incumplimiento de las obligaciones del Estado para garantizar el Derecho a la Vida y a la Protección integral de niños, niñas y adolescentes. REDHNNNA_UPR40_VEN_S_Main". Para. 20 and 21

⁴⁵ Coalition of Adolescents, CECODAP, REDHNNNA (2021). "Derecho a la educación desde la perspectiva de niños, niñas y adolescentes. Testimonios. JSTMP6_UPR40_VEN_S_Annexe1".

⁴⁶ Coalition of Adolescents, CECODAP, REDHNNNA (2021). "Derecho a la educación desde la perspectiva de niños, niñas y adolescentes. JSTMP6_UPR40_VEN_S_Main". Para. 5

School lag is multiplied by four in 2018/2019, going from 6% to 24% for the light case and 2% to 10% for the severe case for the population aged 7-11 years old. In adolescents, the light and moderate lag doubled in comparison with 2018⁴⁷.

45. Continuous attendance at school has been impossible since 2016. In all regions, school absenteeism has increased considerably. In some cases, CHA must assist their younger siblings while their caretakers work, or were left in charge of providing for the home due to the migration of their parents or caretakers. Additionally, when left without the care of their parents due to migration, they may even move to other cities. According to ENCOVI (2019/2020), 40% of CHA enrolled in school missed classes for one of these reasons: 23% due to lack of water, 17% due to blackouts, 16% due to lack of food at home, 7% due to lack of transport, 18% due to lack of teachers. There are no updated official figures of school enrolment since 2015.
46. Regarding the information and promotion among CHA, their families and teachers, of sexual and reproductive rights, and the right to a life free of violence, particularly sexual, Venezuela has no unified and specific program concerning sexual education in the school curriculum and the contents on this matter are spread across the various programs for each school level. There are also no programs for the training of teachers or campaigns carried out by the Ministry of People's Power for Education (MPPE), nor specific budgetary lines for integral education in sexuality⁴⁸.
47. In the context of the pandemic, we found that there are no clear guidelines by the MPPE to develop processes of especially adapted, quality digital education, so there is no concept of uniformity. Each education center structures its own strategy, without ensuring that it is contextualized to the reality of CHA and their families. Therefore, it is impossible to assess the effectiveness of teaching because there is no unified criteria to measure performance, since it is not a question of imparting traditional content through a different platform, but of making programmatic adjustments that include significant changes to the planning of classes in order to implement pedagogical process that favor significant learning⁴⁹.

Fulfillment of the obligations to guarantee the effective participation of CHA

48. There are few spaces and mechanisms in Venezuela to guarantee the participation of CHA, which is generally circumscribed to the definition of rules and conducts that they must comply with, but not to the design and creation of a formative proposal that informs them about their rights and includes them in the design and implementation of programs or other topics of interest to them. Some specific initiatives foster the participation of CSO, but very few transcend the community boundaries or are sustained over time.
49. In the spirit of fomenting the right to participation of CHA, a hearing was requested before the IACHR on April 21st, 2021, by children and adolescents that attend the services of the J. M. de los Ríos Children's Hospital. The hearing took place on June 30th, allowing CHA

⁴⁷ <https://www.proyectoencovi.com/>

⁴⁸ REDHNNNA-CECAVID-IJUCAB (2021) "Situación de la Violencia Sexual y Basada en Género (VSBG) en Venezuela contra niñas, niños y adolescentes. Período 2017- 2021. REDHNNNAVE_UPR40_VEN_S_Main". Para. 6

⁴⁹ CECODAP (2020) Special Report on Digital Education

to expound the critical situation caused by the suspension of the Organ Procurement System, as well as the serious violation against their rights to health and life⁵⁰.

50. A report was written from these same spaces for the Universal Periodic Report to show the vision of a group of CHA regarding the violations they suffer within the education system⁵¹.

Fulfillment of the obligations to prevent violence against CHA

51. The operation of the SIPINNA and the SIPRA has not been guaranteed. In the past ten years, no policy of public decision has been developed for the creation and operation of the bodies of the System in accordance with the LOPNNA. No administrative guidelines have been implemented to manage the coordinated and articulated performance of the various bodies that must comprise it. Officials have not been trained in the Protection Doctrine and selected in accordance with transparent and lawful processes, which becomes a form of violence against CHA, because it implies institutional unprotection that deprives them of real access to the means to denounce and demand their rights⁵².
52. In the context of the pandemic, the Plenary Chamber of the Supreme Tribunal of Justice (TSJ) ceased operations for 7 months except those that were urgent, in the opinion of the administrators of justice. Similarly, the head judges, the chairs of contentious courts, coordinators of judicial and labor circuits, of protection of CHA, and coordinators of courts with competence on the matter of crimes of violence against women were enabled to take measures to guarantee the access to justice. This situation violated the international standards of access to justice in general and those specifically established in association with the quarantine⁵³. According to CECODAP, since March 2020 the courts have been only partially operational without specifying the situations that warranted the enabling of courts, to the detriment of the protection of CHA. Also, the cases which the TSJ deems “urgent” violate the principle of Absolute Priority⁵⁴.
53. We identified that the most violated right in all municipalities has been the right to Personal Integrity, followed by a high rate of Cruel Treatment and Sexual Abuse, violations that require specialized attention. The same happens with cases that require psychological support due to mourning for the violent death of a relative or as a result of the migration of parents⁵⁵.
54. 39% of the CPNNA in rural areas of the country do not receive complaints for sexual abuse or exploitation, due to institutional weaknesses. Protection Advisors suspect the existence of cases in their municipalities and estimate that people do not resort to CPNNA because they file complaints before other instances (Corps of Scientific and Criminal Investigations and the Prosecutor’s Office); they do not have knowledge of the cases because they are not submitted to them for the due implementation of Protection and Monitoring Measures established by Law. This irregularity indicates the degree of

⁵⁰ IACHR (2021) Situation of the Right to Health of Children and Adolescents in Venezuela <https://www.youtube.com/watch?v=pAjuWaev9pg>

⁵¹ Coalition of Adolescents, CECODAP, REDHNNNA (2021)

⁵² REDHNNNA-IIJUcab (2021). Op. cit. Para. 26

⁵³ <https://www.uladdhh.org.ve/wp-content/uploads/2021/04/Informe-geenal-DDHH-Region-andina-abril-2021.pdf>

⁵⁴ <https://cecodap.org/los-llamados-casos-urgentes-del-tsj-vulneran-la-prioridad-absoluta-de-los-ninos/>

⁵⁵ CECODAP, REDHNNNA (2021) “Vulneraciones a los Derechos de Niños, Niñas y Adolescentes en Contexto de Pandemia – Venezuela. CECODAP-REDHNNNA_UPR40_VEN_S_Main”. Para. 17

ignorance of the population and of the very institutions that receive the complaints, about the functions of the CPNNA in cases of sexual abuse and exploitation, and highlights the lack of articulation of the instances of the SIPINNA⁵⁶. It may also indicate that criminal prosecution is being privileged to the detriment of the integral perspective demanded by the Convention and the LOPNNA.

55. There is no information about the existence and operation of services dedicated to sexual and reproductive health (SRH) for adolescents, or about the availability and sufficient and adequate distribution of information of SRH and about contraceptive methods including emergency contraceptives⁵⁷, which constitutes a clear violation of the sexual and reproductive rights of Venezuelan girls who face severe restrictions for deciding about their sexuality and controlling their reproduction, and with this their right to family planning.
56. In 2017 there were 10,449 cases of violence against CHA, out of which 1,334 were homicides; in 2018, the number of violent deaths increased to 1,484 and in 2019, there were 1,120 homicides of CHA⁵⁸. 22% of these homicides were perpetrated by a member of the family at home⁵⁹. The cases of resistance to authority and stray bullets have also increased.
57. The growing unemployment and the decline of family income constitute risk factors for the increase of child labor, exploitation and other forms of modern slavery⁶⁰. The quarantine and the prolonged confinement increase tensions, anxiety and stress in families and the violence grows, especially the use of physical and humiliating punishment, mistreatment and abuse⁶¹.

Recommendations

58. The National Institute of Statistics, the SIPINNA and the SIPRA must produce and publish information and statistics to reveal and monitor the situation of the rights of CHA, with disaggregated data by federal entity, age group, sex and based on human rights indicators.
59. Approving the National Policy of Integral Protection of CHA to guide the institutional performance of public administration to guarantee the human rights of children, in accordance with the principles of absolute priority, participation and non-discrimination.
60. Guaranteeing the creation and operation of the SIPINNA, with the appropriate budget for the adequate performance of Protection Councils, Municipal Rights Councils and Protection Programs in all municipalities in the country.
61. Ensuring the timely supply of the necessary instruments to guarantee the right to identification in all municipalities in the country, in accordance with the principles of gratuity and absolute priority, which requires sufficient trained personnel and the supply of equipment and materials.

⁵⁶ REDHNNNA-CECAVID-IIJUCAB (2021). Op. cit. Para. 10

⁵⁷ REDHNNNA-CECAVID-IIJUCAB (2021). Ibid. Para. 13

⁵⁸ OVV-CECODAP-REDHNNNA (2021). Op. cit. Para. 5

⁵⁹ REDHNNNA (2020). "Derechos de Papel". <https://www.redhnnna.org/dano-atroz-acto-i>

⁶⁰ Workgroup on Modern Slavery in Venezuela(GTEMV) (2021). "Informe EPU. Prohibición de la esclavitud y trata de personas: Situación en la República Bolivariana de Venezuela". JSTMP44_UPR40_VEN_S_Main.

⁶¹ CECODAP, REDHNNNA (2021). Op. Cit. Para. 19 and 20

62. Implementing a plan for the expansion and improvement of the infrastructure of public goods and services that includes the recovery of the electric and water supply systems, the hospital network and healthcare institutions, and education centers, as well as plans for the remuneration and training of healthcare personnel and teachers in accordance with the particularities of local realities.
63. Demanding that State officials and authorities respect, protect and defend the rights of CHA to participation in the matters that concern them, developing appropriate mechanisms for said participation in accordance with the Convention and the SDG 16.
64. Developing programs and services for guidance, support, assistance, foster care and location, taking into account the particularities and characteristics of CHA without parental care. Avoiding institutionalization through the strengthening of the program of foster families and CHA reintegration to their original families for the reduction of risk factors due to loss of parental care.
65. Facilitating the administrative and judicial procedures related to the measures of protection such as placement in AE, foster and/or adoptive family, performing the individualized monitoring of cases. Creating an efficient system of online consultation of cases in the judicial system, for their management within a reasonable and peremptory period.
66. Gathering information about the installed capacities of attention of mental health focused on CHA: what are the existing centers of attention for mental health, what is their current situation and needs, channeling technical, human, financial and logistical resources to offer a dignified and sufficient attention of mental health for CHA and their families.