



ALDEAS
INFANTILES SOS
ECUADOR



Our commitment to COVID 19



March 2021

SOS Children´s Villages Ecuador



Situation of children in the pandemic



In Ecuador, the declaration of the health emergency by COVID 19 aggravated the situation of children and adolescents. As of December 2020, the country had registered 212,512 positive cases, of which 5.8% correspond to children, adolescents and young people between the ages of 0 and 19.

The pandemic made children invisible because, from an epidemiological point of view, they are less affected by the virus. However, the impact of the current crisis could have devastating consequences for them in the short, medium and long term.

The Ecuadorian Institute of Statistics and Census, INEC, as of June 2020 shows a deterioration in labour market indicators.

Unemployment stands at 13.3% (more than 1 million unemployed).

This implies a reduction in household income and an increase in the rate of underemployment. Families do not generate income that allows access to food and basic services. **4 out of 10 families live in conditions of poverty** and the majority generate income linked to the informal sector; this situation will affect the quality of life of children and adolescents.

17% of 18-29 year olds lost their jobs. Of those who remain in employment, the working day has been reduced by 23%. As of 2019, more than 116,000 young people were looking for work; this figure increased by almost 40% during this pandemic.



According to UNICEF, 150 million children and young people will fall into extreme poverty this year. In Ecuador, this effect would represent a 20-year setback in the eradication of poverty, and a 30-year setback for households with children and young. Their households will be deprived of basic rights and services: education, health, food, housing and social security.

For Ecuador, the estimated figure is 3.1 million children and young people at risk. Of these, 6 out of 10 will live in extreme poverty; this means that they will experience more deprivations of these rights (access to education, health and food).

The highest incidence of poverty is among infants: 35.9% of them are living in poverty, of whom about 13% are extremely poor. **This means that 35% of children who are barely born are already poor.** Lack of access to basic services, unequal parental capacities, poor connectivity and availability of technologies have exacerbated the socio-economic gap in child development.

Some 375,000 children and young people work. With the highest concentration under the age of 14. For many households, child labour will be the strategy to cover their needs. In addition, taking into account the virtual classroom modality, 75% of children will drop out of school due to lack of access to the internet and/or computers.

In the country, **4.6 million children and adolescents were affected** by the total or partial closure of the on-site school system. To date, **more than 120,000 children and adolescents have not enrolled** in the public system of education.

The inability to go out to play and develop in a normal environment makes them more vulnerable to domestic abuse (both physical and emotional). Despite the low clinical

incidence of COVID-19 in the childhood population, an increase in mortality, morbidity and child poverty is expected.

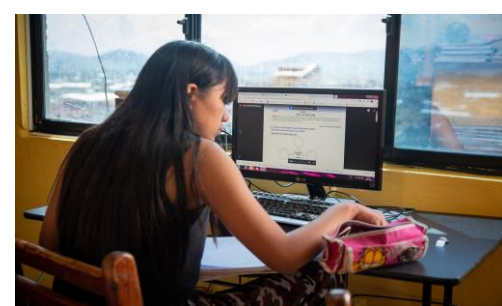
The emotional state and mental health of caregivers (SOS moms and dads) is also affected. These include changes in household dynamics; the unequal division of household and care tasks; the stress of balancing care and work; loss of employment and income; health anxiety; and gaps in the care structure due to lack of access to, or even loss of members of the own kinship. **The stresses on families also exacerbate situations of abuse and violence in the home, directed at both children and their SOS caregivers.**

Child violence in Ecuador worsened by the pandemic **174 cases of child abuse were registered during the health emergency** (17 March to 12 July 2020). The Quito Council for the Protection of Rights registered cases of violent deaths, including 8 boys and 11 girls. These murders were perpetrated by their parents and their intimate partners. In addition, **192 cases of voluntary abandonment of the home were registered**, of which 70% were children and adolescents. Of the registered cases of abuse, 95.2% occurred in the family environment, of which 81% of the perpetrators are the parents.

The pandemic impacted refugees and migrants residing in the country and in transit. Ecuador is the country that has recognised the most refugees in Latin America and the Caribbean. The effects on children and adolescents in a situation of human mobility have more negative impacts. Many have been forced to take to the streets, drop out of the education system, retrace their steps or sleep in the open while awaiting repatriation.



Attention to participants



SOS Family Care

SOS CV Ecuador ensured the care and protection of children and young people who lost the family care. The care protocols have been adapted to the context of the pandemic.

320 Children & young people received an integral attention and accompaniment



6 Programmes: Quito, Guayaquil, Portoviejo, Ibarra, Cuenca & Esmeraldas

773 COVID 19 tests applied from April to date, by means of screening

Health:

- One doctor is assigned to each care programme: Guayaquil, Esmeraldas, Portoviejo, Quito and Ibarra
- Diagnosis of the health of children and young people
- Monitoring and follow-up of children's health
- Psychotherapeutic accompaniment
- Continuous COVID 19 tests

Education:

- Provision of at least 3 computers and tablets to all SOS Houses. **148 Computers and 98 tablets**
- Strengthening of pedagogical capacities and skills of staff in direct care of children and young for better school accompaniment
- "SOS Challenges", raising awareness among children and

caregivers about the use of technologies

- Education campaign on biosecurity protocols

Housing:

- SOS houses with bio-safety material
- Biosecurity protocols
- **Implementation of isolation houses:** All 6 programmes (CV) have an adequate isolation space that meets the sanitary conditions in cases of contagion. These will be assisted by medical personnel.

Recreation:

- Development of play and recreational activities
- Education campaign to raise awareness of the emergency
- Guided accompaniment for outings to open spaces with biosafety protocols.

Young people

- Technical accompaniment and financial support to young people in the process of autonomy.
- Accompaniment and financial support to unaccompanied young in coordination with UNHCR and UNICEF
- Identification of young people unemployed due to the pandemic who will be part of the Youth Employability projec



92 Young people

184 Young refugees and migrants, not accompanied

Accompaniment of families and communities

- Medical campaigns and brigades
- Education campaign on the emergency
- On-site and virtual family accompaniment
- Accompaniment for families in a situation of human mobility
- Virtual community meetings for unloading and emotional support
- Delivery of humanitarian aid, food- and biosecurity kits to families at high risk
- Advocacy and lobbying for state attention to families
- Diagnosis of the current status of children, young people, families and communities in the context of the pandemic



436 Families accompanied and supported

469 Families in situation of human mobility

2.877 Children, young people and leaders of these communities: Isla Roberto Luis Cervantes, Sayausí, Quitumbe, Chillogallo, Lomas de Azaya,

1129 Food- and biosafety-kits



Attention of co-workers

Guarantee the quality care for children and young people through the care of staff, especially direct care staff (SOS moms and dads).

- Health diagnosis and permanent medical care
- Provision of biosecurity material
- Capacity building on emergency issues
- SOS support network: Psychological and crisis care service
- Work protocol at home and in the field

457 Co-workers focussed on special attention

1.822 Testing of co-workers to prevent direct care staff from putting children's health at risk



¿How we invest our funds?



**FOSTER BOYS,
GIRLS,
ADOLESCENTS
AND YOUTHS.**



Care and direct attention.

\$3.099.853,39



Education

\$118.582,79



Health

\$323.235,11



Recreation

\$117.326,54



Food, housing and clothing

\$1.225.962,80



Support for young people in autonomy

\$150.614,11

Total inversion : \$5.035.574,74
Approximate cost child/month:\$1.000



**FAMILIES AND
COMMUNITIES**



Attention and support

\$1.165.647,19



Humanitarian aid, food kits and biosecurity

\$256.366,73



Workshops and logistics

\$90.862,91

Total inversion : \$1.521.876,83



**SUPPORT AND
MANAGEMENT**



Administrative management

\$1.320.850,13



Operationalization

\$187.038,64

Total inversion : \$1.507.888,77



AWARENESS
CAMPAIGNS

\$84.933,90



RESEARCH STRATEGY
AND METHODOLOGIES

\$46.208,80



The support from **sponsors, friends, companies and partners** enabled to fulfil together the **commitment** to **children and young people**

**amigos
SOS**

2.884



Padrinazgo
SOS

595



**Empresas
SOS**

8



Aliados
Nacionales / Locales

17