

## COMPLEX HUMANITARIAN EMERGENCY IN VENEZUELA

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### RIGHT TO FOOD

**National Report 2019/2021**

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Venezuela has been facing a Complex Humanitarian Emergency (CHE) since 2015 that compromises the human right to food of its inhabitants and especially of populations and communities in extreme poverty, due to the effects of hunger and malnutrition. This CHE was installed slowly, to continue in an accelerated progress, generating huge gaps between different population groups, geographical locations of the country, and within the communities themselves. Therefore, the challenge of building a database that contributes to the analysis of the food and nutrition situation of the country in the absence of official data.

Currently, Venezuela is among the countries in the world that require external assistance for food needs due to the high proportion of households living in food insecurity. The right to access, availability and utilization of food, in the quantity and quality necessary for adequate consumption, has become impossible for most Venezuelans, generating an accelerated nutritional deterioration of the population, with greater impact on children, pregnant women, the elderly, people with chronic health conditions and people in confinement or in areas of difficult geographic access.

The deficit of nutrients, calories and proteins between conception and the end of the second year of life represents a threat to the growth and physical, mental and social development of the new generations. Because of this serious compromise of the nutritional status, the right to food must be restored immediately, overcoming the challenges and obstacles that prevent access to a balanced, varied and sufficient diet, regardless of age, gender, political thought or other exclusions. More information on the situation of the right to food can be found in the data and documentation published on the HumVenezuela.com platform.

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**Widespread economic vulnerability of the population, most of whom live in extreme poverty, which places households in a permanent dilemma between spending on food, health, basic services, education or clothing**

1. 97% of households are economically vulnerable to cover essential expenses. Due to the great economic crisis and the inflationary process that the country is experiencing, households have lost their income either because its members have lost their jobs, or because salaries have dropped to extreme levels that do not allow access to basic food, health, hygiene and education supplies. The choice between buying food or medicine and sacrificing clothing, footwear or educational expenses is a daily dilemma<sup>1</sup>.

2. 84% of the population uses survival strategies by exhausting their living means, with priority being given to those aimed at buying less preferred foods, borrowing money to buy food, as well as accepting jobs in exchange for food. These strategies imply for more than 40% of the population some form of food deprivation among household members. Examples include stopping buying high-protein foods, reducing food portions, eliminating one or more meals, or going days without food. Lack of water, electricity, domestic gas, and transportation, increases the difficulty of access to food. With the mobility restriction measures in the Covid-19 pandemic, at least 40% of the population had to walk long distances to reach supply centers or to save the cost of transportation to buy food.

**A large part of the population uses survival strategies, exhausting their living means, to gain access to food, which involve different forms of consumption deprivation, from eating less to starvation**

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3. 80.6% of households (23.1 million people) do not have sufficient budget to buy quality food in sufficient quantities, due to the economic contraction, the loss of 50% of jobs and high inflation. Some 13.4 million people (46.7%) have lost their sources of income and 5 million people (17.7%) have exhausted their livelihoods. A sense of "improvement" that began to be felt at the end of 2021 in food availability is conjunctural and fragile. It is associated with the relaxation of the rigors of confinement during 2020 and the first half of 2021, the forced dollarization of the country and the increase in trade and distribution ("delivery") of some goods, leaving the population in a food insecurity worse than the one experienced before the pandemic, by increasing the economic inaccessibility to food and the collapse of basic services (water, electricity, domestic gas for cooking and transportation). This sort of "improvement" bubble, which only reaches a minimal percentage of the Venezuelan population, has not translated into a better quality of life for the majority, because it does not have a solid foundation in long-term sources of employment and social security. Wide gaps of social disadvantage and hardship continue to be faced as a result of living without food security on a daily basis.<sup>2</sup>

**The level of food insecurity, after confinement due to the Covid-19 pandemic, is higher than that which was experienced before the pandemic, due to the wide gaps in economic inaccessibility to food and lack of basic services**

**Economic inaccessibility to balanced and nutritionally adequate diets has serious effects on the burden of disease, unattended in a health system with a capacity that has fallen by 80%**

4. The population that has reduced the variety and quality of food is 24.9 million people (94.0%). Difficulties for economic access to food that affects most households, generating a diet of calories, poor in nutrients, monotonous and pro-inflammatory type that increases the burden of chronic diseases, such as hypertension and diabetes, without access to continuous and adequate health services in a public health

system with more than 80% of its capacities fallen.

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5. 59% of children under 5 years of age report chronic malnutrition due to stunting, or are at risk of stunting, and 65% of children in the same age group present some degree of nutritional deficit or are at risk of suffering from it, while 14.4% present acute malnutrition. Venezuela's prolonged food crisis has impacted the most vulnerable groups, including children in a critical period of growth and development from 0 to 5 years of age. This group includes children who are still in the phase of the first thousand days of life, a fundamental stage to prevent diseases in the future and that marks the risks that will be suffered in later health conditions. The food and nutritional situation of this age group is particularly important because it will have consequences for the health status in the life cycle of future generations<sup>3</sup>.

**Growing chronic and acute malnutrition in children from 0 to 5 years of age compromises the health of future generations**

6. The number of chronically hungry people reaches 10.2 million, which represents 35.7% of the population. This includes children, pregnant women, the elderly and other groups in conditions of greater vulnerability due to age, gender and diversity. Suffering from chronic hunger implies the permanent loss of some skills. Although adaptation to the permanent deficit of calories, proteins and nutrients may not cause excessive early mortality, it does have medium and long-term effects on people's disability, productivity and autonomy to lead a dignified, prosperous and healthy life<sup>4</sup>.

**Prolonged chronic hunger increases medium and long-term disabling conditions that affect people's productivity and autonomy to a dignified, prosperous and healthy life**

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**Reduced food shortages gave way to the underlying problem of income impoverishment and wide inequality gaps for households in the purchase of food**

7. The significant reduction of the problem of food shortages, with the increase in imports due to the relaxation of government controls on economic activity, exposed the serious problem of the destruction of the purchasing power of income to buy food, which affects 95.6% of the population. The acquisition of food is limited by the wide gap between the cost of food and the income earned, with impoverished salaries or earnings that barely reach

ten dollars a month and pensions for retirees that do not reach five dollars, compared to a basic food basket whose price is around two hundred and forty dollars for a family of five members<sup>5</sup>.

8. The 70% drop in national agricultural and livestock production, which implies a low level of national self-sufficiency and high vulnerability to external economic shocks due to the pandemic and global conflicts, has become one of the main causes of the lack of economic accessibility to food for the majority of the population. Food that is produced locally has lost presence in the markets, even within the subsidized food distribution network of the Local Supply and Production Committees (CLAP), in which imported food is frequently placed due to the lack of food produced in the country. In addition to this, the shortage of fuel does not allow the diminished national food production to reach its final destination of distribution and commercialization, and when it is achieved, it is done at a high cost that is transferred to the consumer's costs. The drastic reduction of production capacities in the different stages of the agri-food chain is one of the great challenges to be overcome in order to recover the country's food system<sup>6</sup>.

**Deep drop in national agricultural production is one of the main causes of the economic inaccessibility of food in Venezuelan homes**

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**Fall of national production capacities and economic inaccessibility have broken the food autonomy of the population, tying it to a state and politicized network of subsidized food, of low quality, irregular frequency and insufficient quantities for the food needs of households**

9. The food assistance programs are lagging behind both in the delivery of inputs and in the efficiency of execution. The food distribution network of CLAP boxes or bags is the largest network of beneficiaries. Nearly 80% of households use this system to buy food. However, the network is highly politicized, has major deficiencies in the products it delivers and instability in the delivery of food. The irregularity of access to CLAP affects 62% of households that receive the bag or box every two months or even irregularly. The Venezuelan Observatory of Food Security and Nutrition (OVSAN), in its 2020-2021 survey reported that 8 out of 10 households surveyed are beneficiaries of CLAP, however, 73% receive the box every 2 months or in longer periods of time, with a quantity of food that lasts less than two weeks. The foods mainly distributed in the CLAP are: rice, flour and pasta, which constitutes an unbalanced, monotonous and insufficient diet and, consequently, unhealthy.

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