## **RIGHT TO FOOD**

#### **National Report** December 2018







Venezuela is immersed in a Complex Humanitarian Emergency since 2015, that severely compromised the human right to food of its 31.8 million inhabitants and especially of populations and communities in extreme poverty due to the effects of hunger and malnutrition. Currently, it is among the countries of the world with severe food insecurity<sup>1</sup>. The human right to access, available foods and its utilization, in quantity and quality necessary for adequate consumption, has become impossible for most Venezuelans and is resulting in an accelerated nutritional deterioration of the population. The most affected are children, pregnant women, the elderly, people in chronic health conditions and people who are confined or in areas of difficult geographic access. The lack of nutrients. calories and proteins between the conception and the end of the 2 years of life, represents a threat to the growth and physical, mental and social development of the new generations.

#### **Emergency in food and nutrition**

- **1.** 94% of the Venezuelan population does not have enough income to pay the prices of a basket of food and basic services due to the extreme conditions of economic deprivation.
- **2.** With a drop in national production of more than 60% and of imports of more than 70%, the Venezuelan population faces a shortage of available foods.
- **3.** 80% of Venezuelan households live in food insecurity due to the closure of establishments, the shortage and costs of food and the difficulties of cooking due to lack of water, gas and electricity.

- **4.** 64% of Venezuelans had lost about 11 **7.** The combination of emergencies in kg of weight between 2016 and 2017, due to the accelerated deterioration of food intake in the quantity and quality needed, with children and women being more affected.
- **5.** The percentage of undernourished population in Venezuela increased between 2016 and 2018. from 5% to 11.5%, and global acute malnutrition reached emergency percentages in children under 5 years old and pregnant women in poor parishes.
- 6. 25,000 pregnant women do not receive prenatal care and 7,500 are checked late in the eighth and ninth months of pregnancy, which puts their lives and those of their children at risk in a food emergency context.



- food and health decreases the chances that younger children and pregnant women suffering from severe malnutrition will have a chance to survive
- 8. 33% of children between 0-2 years of age in poor sectors have growth retardation according to the height / age indicator; exposing them to irreversible disorders of development and increased risk for diseases in the future.
- **9.** Faced with the policies of deprivation and dependency, which include the refusal to recognize the emergency and not publishing official data. families have been forced to adopt survival strategies. including emigration.

What is a Complex Humanitarian Emergency in Food? The United Nations defines a Complex Humanitarian Emergency as "a humanitarian crisis in a country, region or society in which there is a total or considerable breakdown of authority, as a result of internal or external conflict, and which requires an international response that goes beyond the mandate or capacity of a single agency and / or the ongoing United Nations country program "(IASC, 1994). The effects of hunger, food insecurity, malnutrition, vulnerability and risk, are translated by FAO during complex emergencies as "A serious humanitarian crisis that is often the result of a combination of political instability, conflicts and violence, social inequalities and underlying poverty. Complex emergencies are fundamentally political in nature and can make a dent in the cultural, civil, political and economic stability of societies, especially when they are aggravated by natural hazards and diseases such as HIV / AIDS, which undermine livelihoods and accentuate poverty".

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- 1. 94% of the Venezuelan population does not have enough income to pay the prices of a basket of food and basic services due to the extreme conditions of economic deprivation. In 2017, 87% of Venezuelans lived in poverty by the income line method in accordance with the Standard Living Conditions Survey for Venezuelans (ENCOVI 2017). Of this percentage, 61.2% were in extreme poverty, with no possibility of accessing the cost of a basic food basket<sup>2</sup>. In 2018, preliminary data from the ENCOVI 2018 indicated that overall poverty had reached 94% of the population and 63% depended on purchasing a ration of food at subsidized prices from the Local Supply and Production Committees (CLAP by its acronym in Spanish), which are groups conformed by their political allegiance to the government. Access to the "Clap Boxes", as it is called, requires a card that provides an electronic affiliation code. In addition, their costs<sup>3</sup> and frequency are inconsistent, they do not comply with nutritional or food standards and the form of distribution lends itself to discriminatory, coercive and corrupt practices<sup>4</sup> that violate the right to food<sup>5</sup>. Also, the irregular availability of these boxes does not allow families to subsist between one delivery and another; and during 2017, the content of one box barely lasted for 8 days<sup>6</sup>. The generalization of poverty and not having a free and adequate access to food, is the result of extreme economic deprivation in which the national currency no longer has purchasing power due to hyperinflation, currently the highest in the world according to the IMF estimated by 2019 in 10,000,000%, together with the destruction of economic capacities with a fall in GDP of 18% in 2018 and an accumulated economic contraction of 45% since 2013<sup>7</sup>. According to CENDA, until October 2018, the cost of a basic food basket for a family group exceeded the current minimum wage by 92%<sup>8</sup>. The price index estimated by the Finance Committee of the National Assembly, due to the absence of official figures, reported that, between 2016 and November 2018, accumulated inflation was 702,521%, annual inflation of 1,299,724%, the monthly of 144.2% and the daily of 3%<sup>9</sup>.
- 2. With a drop in national production of more than 60% and of imports of more than 70%, the Venezuelan population faces a shortage of available foods. Since 2014, domestic production and food imports have fallen simultaneously in Venezuela. The decrease in agricultural products was offset by high levels of imports, equivalent to 65% of caloric intake, but imports also plummeted, falling 70% between 2014 and 2016<sup>10</sup>, which continued to happen in 2017<sup>11</sup> and 2018<sup>12</sup>. The erosion of productive capacities has been due to State policies that disarticulated the agrifood system, from production to consumption. According to Fedeagro (The National Association of Farmers), the national agricultural production has been reduced for 11 years in a sustained manner. Currently, it can only cover 25% of national consumption and many of the producers have gone bankrupt<sup>13</sup> as a result of expropriations of companies, farms and land, which add up to 5.8 million productive hectares<sup>14</sup>, price control<sup>15</sup>, state monopoly of inputs (seeds, fertilizers and others)<sup>16</sup> and the obligation to sell part of the crops to government companies under military administration<sup>17</sup>. Fedeagro figures indicate that, between 2008 and 2018, production decreased: 65% in corn, 68% in rice, 95% in sorghum, 62% in sugarcane, 70% in coffee, 88% in potatoes, 53 % in tomato, 77% in onion, 69% in paprika and 41% in oranges. In addition, for seeding in 2018, only 50% of corn seeds, 30% of rice seeds and 5% of vegetables were counted<sup>18</sup>. Similarly, cattle production according to Fedenaga (The National Cattle farmers association) fell to less than 40%<sup>19</sup> and, in November 2018, the government announced that it would take control of the production and distribution of beef<sup>20</sup>. The Food Ministry reported in June 2018 that 84% of the 50 products of the basic basket were not in supermarkets, including: coffee, sugar, rice, pasta, beans, meat, liquid and powdered milk, white cheese, ham, mayonnaise, white and yellow corn, chicken, fish, wheat flour, oil, as well as hygiene and personal hygiene products<sup>21</sup>.

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- 3. 80% of Venezuelan households live in food insecurity due to the closure of establishments, the shortage and costs of food and the difficulties of cooking due to lack of water, gas and electricity. Up to the year 2017, 80% of households in Venezuela lived in conditions of food insecurity<sup>22</sup>, affecting in proportions similar to poor and non-poor by the Unsatisfied Basic Needs (UBN) method and independently of the educational level and socio-economic stratum<sup>23</sup>, according to the ENCOVI 2017. This percentage groups the families who do not have the resources to satisfy their food needs because of serious obstacles and limitations of accessibility, among them, the closing of establishments for the sale of food, estimated by Consecomercio in 50 % since 2012<sup>24</sup>; the dismantling of the public food distribution network in poor urban sectors, becoming inactive since 2014 between 50% and 70% of stores; the disappearance of essential products due to the regulation of prices<sup>25</sup> or their mandatory sale up to 70% to the distribution network of the CLAP<sup>26</sup>; the long daily queues for periods of 8 to 14 hours, made mostly by women, which lasted almost all of 2018, without knowing if the existing amount of food could be enough for all people queuing<sup>27</sup>. In addition, the insufficiency of the incomes in relation to the high costs of foods, that varied daily above the average of the general prices<sup>28</sup>, arriving in 2016 to 253% according to the Panorama of Food Security for Latin America and the Caribbean of FAO<sup>29 30</sup>, being the only country with inflation figures of three figures, affect the poorest population in a hard way, because they spend a greater proportion of their income buying food. Together with the impossibility of cooking, due to frequent failures of electricity, water and gas services in most states of the country complete the scenario of a food insecure household.
- 4. 64% of Venezuelans had lost about 11 kg of weight between 2016 and 2017, due to the accelerated deterioration of food intake in the quantity and quality needed, with children and women being more affected. According to ENCOVI 2017, 63% of adults had cut the frequency of meals, 20% did not eat breakfast and more than 25% did not eat three meals a day. In addition, 80% of people had eaten less food, 78% for not being able to buy enough; 61% said they went to bed hungry and 64% had lost 11 kg of weight, hunger sharpening in relation to 2016, year in which an average loss of 8 kg was recorded<sup>31</sup>. In February 2018, 4 Special Rapporteurs and Independent Experts of the United Nations on poverty and rights to housing, food and health, indicated that "... thousands of people in Venezuela suffer from hunger, do not have access to essential medicines and are trying to survive in a spiral that seems to have no end (...) " calling for the urgent measures to face the crisis in Venezuela and avoid a tragedy of great proportions<sup>32</sup>. Between August and September of 2018, the Survey on Food Security in the Maracaibo municipality of Zulia state conducted by CODHEZ, based on the Latin American and Caribbean Scale of Food Security, showed that 75.8% of households had run out of food in the last three months due to lack of economic resources, 54% of adults ate once a day and 6.9% stopped eating for a whole day. Likewise, 29.6% of households reported the situation of children who could only eat once a day. In 7.5% of households, children did not eat for a whole day<sup>33</sup>. The quality of the diet also worsened significantly, according to the data released by the ENCOVI between 2014 and 2017<sup>34 35</sup>, with an unchanged diet of tubers, fats and flours, at best, to the detriment of foods such as fish, meat, eggs, dairy, fruits and vegetables and even grains, high protein intake and iron, zinc, vitamin A and complex B. This diet indicates the worst situation of availability of calories and proteins since they have statistics at the beginning from the decade of the 50s; This is reflected in the increase in deaths from chronic conditions associated with nutrition, such as diabetes and hypertension, in the latest mortality yearbooks available from the Ministry of Health for the years 2013 and 2014<sup>36</sup>.

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- 5. The percentage of undernourished population in Venezuela increased between 2016 and 2018, from 5% to 11.5%, and global acute malnutrition reached emergency percentages in children under 5 years old and pregnant women in poor parishes. The severe food insecurity has generated an accelerated increase in malnutrition in children and pregnant women who are in poverty. The FAO Regional Office for Latin America and the Caribbean highlighted that between the years 2014-2016 Venezuela had an increase of 1.3 million undernourished people, which represented more than 50% of the total of people in the region with hunger in that period<sup>37</sup>. The Food Security Panorama report for Latin America and the Caribbean, shows 3.7 million undernourished people<sup>38</sup> equivalent to 86% of all people with Hunger in the region<sup>39</sup>. The IV Bulletin of the Alert, Monitoring and Nutritional Assistance System (SAMAN)<sup>40</sup> of Caritas Venezuela from the April-August 2017 period<sup>41</sup> in poor parishes of the Miranda, Vargas, Zulia and Capital District states, showed an emergency situation in which 68 % of children under 5 had some degree of nutritional deficit and 14.5% suffered from acute global malnutrition (AGM) due to the increase in severe undernutrition, both moderate and severe. The children of Zulia state exceeded the general average of DAG with 16%. The VII Bulletin of April-July 2018, extended to 3 other states of the country<sup>42</sup>, showed a nonsignificant reduction in the number of children under 5 years of age with a nutritional deficit to 65% and of children with AGM to 13.5%. However, Vargas and Distrito Capital reached high proportions of AGM in 19.7% and 16.7% of children respectively. The same bulletin reported that 48% of pregnant women had moderate or severe acute malnutrition, of those 21% showed severe malnutrition<sup>43</sup>. In the state of Lara during 2018, of 190 children under 5 years of age served by Mapani Venezuela, 45% had some degree of malnutrition; in Caritas Diocesana and the Pediatric Hospital Agustín Zubillaga, the percentage of nutritional deficit was 70% of children under 5 years of age, of which 14% had severe acute malnutrition.
- 6. 25,000 pregnant women do not receive prenatal care and 7,500 are checked late in the eighth and ninth months of pregnancy, which puts their lives and those of their children at risk in a food emergency context. In Venezuela, the lack of services for maternal and child health care is relevant. The ENCOVI 2017 reported that 25,000 pregnant women did not receive prenatal care and 7,500 were late<sup>44</sup>. As a result, there is very little monitoring of the nutritional health of the mother and the child, the control of pregnancy and the provision of both nutritional supplements and infant formulas that complement the diet, after six months, with and without breastfeeding. . Between 2013 and 2014, 6 out of 10 pregnant women who attended control of the ambulatory network of the Sucre municipality in the city of Caracas had malnutrition, either due to excess or deficit, and both the deficit and the excess were associated with food insecurity at household level<sup>45</sup>. Between 6 and 12 months of age, 41.8% of children from disadvantaged sectors in 2018 had stopped breastfeeding. This represents a risk to the health of newborns because at a critical time like the one in the country, the reinforcement and promotion of breastfeeding would be fundamental to cover the nutritional and immunological needs of the smallest<sup>46</sup>. The organization CAMIA (House of Attention of Indigenous Amazonian Women) reported that 1 out of 4 pregnant women attended had iron deficiency and began to attend to pregnancy control around the fourth month, when the prevention of neural tube defects is not possible<sup>47</sup>. In January 2018, Christophe Boulierac, spokesperson for UNICEF, warned of the rapid decline in the nutritional well-being of children in Venezuela due to the prevalence of malnutrition as a result of the country's economic crisis and the limitations of access to health services, medicines and quality food. Given that official figures were not available, UNICEF called for the strengthening of nutritional surveillance in the short term and the provision of nutritional recovery services through its partners<sup>48</sup>.

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- 7. The combination of emergencies in food and health decreases the chances that younger children and pregnant women suffering from severe malnutrition will have a chance to survive. The increase in maternal mortality by 66% and infant mortality by 30% between 2015 and 2016, according to the latest Bulletin published by the Ministry of Health<sup>49</sup>, is the product of concurrent emergencies in the food system and in the public health healthcare system that combined reduce the chances of survival of pregnant women and newborns by introducing malnutrition in a situation of collapse of maternal and child services for lack of inputs, medicines, staff, facilities and operational equipment and adequate, much more when the number of girls and pregnant teens is very high as it happens in Venezuela. According to the report of Codhez on the situation of human rights in the state of Zulia, in 2017 the Milagro de Amor Foundation reported 17 children killed by malnutrition and the Ángeles Chiquinquireños Foundation registered 3 deaths in the same year and 6 more in 2018, at the same time who warned about the increase of children with malnutrition residing in poor peripheral municipalities of the city of Maracaibo<sup>50</sup>. In the state of Merida, there were also reported higher cases of death in 20% of children from 1 to 4 years of age with malnutrition treated in state health centers.
- 8. 33% of children between 0-2 years of age in poor sectors have growth retardation according to the height / age indicator; exposing them to irreversible disorders of development and increased risk for diseases in the future. According to the study of the social emergency of the Bengoa Foundation -UCAB, 33% of children between 0 and 2 years of age with low economic resources (strata C, D, E and F) have a delay in growth as expressed by height for age or chronic malnutrition. The chronic malnutrition manifested by short height for age is a sign that the alteration of growth could have occurred since the prenatal stage and even during pregnancy due to the exposure of the parents to food and nutritional deficiencies in the environment<sup>51 52</sup>. Failure to take adequate nutritional assistance measures to mitigate physical and mental damage before 2 years of age, carries the risk that this 33% of children may present in their growth processes: delays in cognitive development, disorders in the psycho-motor development, future dangers of cardiovascular diseases, diabetes, obesity and some types of cancer<sup>53</sup>. There is enough evidence about the importance of good nutritional conditions since the beginning of life and its determining influence on the health of people<sup>54</sup>. The damages of the nutritional deficit in crucial stages of growth such as pregnancy and the first 36 months of life are associated with increased risk for the development of chronic diseases, cognitive retardation, nervous system damage, gastrointestinal disorders and even early death<sup>55</sup>.

#### 9. Faced with the policies of deprivation and dependency, which include the refusal to recognize the emergency and not publishing official data, families have been forced to adopt survival strategies, including emigration.

Government policies that have generated economic deprivation<sup>56</sup> and food dependency<sup>57</sup> for coercive and a) discriminatory purposes have forced the poorest population to adopt survival strategies or undertake the migration of the country. According to the VII Bulletin of Caritas, the households evaluated in the SAMAN adopted, among other survival strategies: resorting to unconventional places where they can find food in 53% (ask in the street or look for waste deposition), reduce the quality of meals in 72% or deprive of meals in 63%, sell part of their goods or borrow to be able to eat in 39%, and dis-incorporate one of the members of the household in 36%<sup>58</sup>. Faced with this situation of extreme need, the poorest households have been forced to migrate some of their members in very precarious conditions, leaving others at home, usually those who are more vulnerable.

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b) In March 2018, David Beasley, Executive Director of the World Food Program (WFP), after a visit to the border between Colombia and Venezuela described the Venezuelan migration as a humanitarian crisis with catastrophic characteristics<sup>59</sup>. In January 2018, a study by the company Datos indicated that 63% of Venezuelans had a family member abroad<sup>60</sup>, which means that remittances from abroad are a means of subsistence for members who remain in the country. The study carried out by Codhez in the Maracaibo municipality of the Zulia state, found that in 1 of every 2 households some member had migrated, sending remittances destined mainly to the purchase of food<sup>61</sup>. In FAO's early warning report on food security and agriculture in April-June 2018, Venezuela was one of the eight countries in the world at high risk due to the severity and magnitude of the economic and political impacts on the worsening of insecurity food crisis and a migratory crisis, reaching levels of systemic instability<sup>62</sup>.

#### **Data sheet**

This report on the Complex Humanitarian Emergency in the Right to Food responds to an interdisciplinary methodology through which multiple sources and diverse informed stakeholders were consulted to share, contrast and base data on the food and nutrition situation in Venezuela, emphasizing in the scale, intensity and severity of the damages and the loss of internal capacities to guarantee the right to food of the Venezuelan population. The following organizations participated in the preparation of this national report: Bengoa Foundation, Venezuelan Health Observatory (OVS) and the Agri-Food Network of Venezuela. Likewise, references were made to valuable studies and diagnoses made by Cáritas Venezuela and the National Survey of Standard Living Conditions (ENCOVI). The Human Rights Commission of Zulia state (CODHEZ), Mapani Venezuela of Lara state, Funsamar Causas Humanitarias and the Ángeles Chiquinquireños Foundation of Zulia state also provided valuable information. Civilis Human Rights provided support in the construction and development of the methodology.

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