Venezuela: COVID-19 Pandemic - facing food and nutritional insecurity in Venezuela. Preparedness is Key, an opportunity to survive.

How will the COVID-19 Pandemic affect the country’s food security index?

Venezuela amid the COVID-19 pandemic, the outbreak declared a Public Health Emergency of International concern on the 11th of March 2020 by the World Health Organization, the Venezuelan government immediately implemented a series of measures that lead to an increase in the risk of food and nutritional insecurity of the Venezuelan population, especially the 9.3 million people, approximately a third of its population, who are currently already food insecure and in need of assistance according to a recent food security assessment. (World Food Programme, 2020; World Health Organization, 2020)

The Maduro regime, on March 16, announced a nationwide lockdown of all inhabitants of Venezuela to limit the spread of the coronavirus disease. Despite an extended state of emergency with strict quarantine measures, as of the 31st of August 2020, 45,868 cases of COVID-19 have been reported with 381 deaths. (Dong, Du, & Gardner, 2020) Restrictions that are enforced by the National Guard to limit free movement, work cessation for all except the essential work force, closure of commercial establishments. Measure that was initially for 6 major cities but shortly was to include all the 23 states and the Capital of Venezuela, Caracas. In a country where the population depends on their daily jobs, with an income on a day to day basis, and the only means to face the complex humanitarian emergency ongoing in Venezuela. A feeling felt by many, “If I miss a day of work, my family doesn’t eat, I would rather die of coronavirus than die of hunger” (Gabriela Mesones, 2020)

For more than a decade, Venezuela has been subject to financial sanctions, imposed in response to the government’s human rights violation and dictatorial actions. A humanitarian channel must be opened, to ensure that individuals at greater risk and under prolonged hunger receive food and essential healthcare aid to ameliorate the effects of the COVID-19 outbreak. How to deliver the response has to be determined, Maduro’s regime is not willing to step aside and allow humanitarian aid to enter the country, help so badly needed, particularly in this time of a public-health crisis. (Doocy, Ververs, Spiegel, & Beyrer, 2019)

According to the Global Food Security Index Venezuela ranks last out of the 113 countries studied. The underlying factors affecting Venezuela’s food insecurity are mainly availability
and affordability. Venezuela scored zero for financial access, an indicator that directly correlates with food security. Venezuela ranks at the bottom of the index and near the bottom for crucial measures such as agricultural infrastructure. (Global Food Security Index, 2020). The prevalence of undernourishment in the total population is greater than 35% (2017-2019). (Nations, 2020)

Currently, Venezuela six months into the quarantine, it is only able to produce less than 25% of the food needed to maintain its population. The President of the Confederation of Associations of Agricultural Producers of Venezuela (Fedeagro) stated in a recent interview. (Banca y Negocios, 2020)

Venezuela is located on the northern coast of South America, with a territorial extension of 916,445 km². The country’s total population in 2019 was 28,454,897. The capital, largest urban and densely populated, is the city of Caracas. It has a market-based mixed economy dominated by the oil industry. Following the petroleum boom, Venezuela imported over 50 percent of the total energy requirements of the population. (FAO, 2019)

An average household size is made up of 4.3 family members. It has increased from the 2014 when the average household size was 3.8 people. A typical family has two parents and 1.8 children. However, due to the current financial hardship, grandparents or other relatives may share one household. (INE, 2014; United Nations, 2019). Venezuelan diet varies according to the region, however, there are typical and traditional foods that always are present in the Venezuelan’s family table like; arepas (made of maize); cachapas (made of grated corn); caraotas (black beans); plantain among others. Currently, a family needs 60 minimum salaries ($3.61/month) to be able to purchase the basic food basket. (CENDA, 2020; Presidencia de la Republica, 2020) (Landaeta-Jiménez, Sifontes, & Herrera, 2018)

Overview to the crisis

The coronavirus outbreak is set to deepen Venezuela’s food and nutritional security crisis. The government’s actions to limit the spread of the disease, on one hand, may protect its citizens from contracting the virus, but on the other, imposes other risks and consequences like uncertainty regarding food security, poor diet quality, reduction of food consumption, hunger, vitamin and mineral deficiency, weight loss in adults, malnutrition in children, pregnant and breastfeeding women, and an increase in diseases and deaths associated with malnutrition.

According to the Food and Agriculture Organization of the United Nations (FAO) between 2016 and 2018, 6.8 million Venezuelans were under the impact of food insecurity and hunger. In a recent assessment from data collected between July and September 2019 by the World Food
Program (WFP). It was estimated that almost 8% of the population is severely food insecure and another 24.4% is moderately food insecure. (World Food Programme, 2020) This positioned Venezuela as the country in Latin America and the Caribbean with the highest proportion of people in a state of hunger. (FAO, 2019) The Economic Commission for Latin America and the Caribbean (ECLAC) lists Venezuela as the country under extreme inflationary condition ever reported in the history of Latin America and the Caribbean. (CEPAL, 2019) In 2019, Venezuela became part of the group of 41 countries that require external food assistance. (FAO, 2019) After Venezuela was declared in humanitarian crisis, the United Nations prioritized addressing the crisis, a multidisciplinary team formed by a humanitarian local country team, public institutions, national and international organizations to carry out the first phase of the "Humanitarian Response Plan", as outlined by Humans Rights Watch. (Human Rights Watch, 2019). Now, to further deepen the crisis, the COVID-19 pandemic coupled with the measures taken by the government to limit disease spread, have resulted in a greater threat, consequences not observed in other countries with highly vulnerable populations. It wouldn't be unexpected that the preventive measures for halting the spread of the disease will foster changes in food and nutrition security, affecting food production, physical and economic access, affecting an already deteriorated health status of the overall population. Fuel shortage, in one of the countries with the largest oil reserves, is unimaginable. Today is a reality, and together with rigorous control points on the main roads that interconnect neighboring states, a measure that has greatly affected the chain supply of markets. This translates into scarcity, increases food prices, and limits the availability, which favors hyperinflation and great food insecurity.

The possibility of importing foods from neighboring countries to care for the needs of the population is limited, due to border closures, financial crisis, and lack of appropriate means of transport. To reduce the impact of lack of basic nutrients, the government has long implemented the distribution of "Cajas CLAP", food subsidized by the government. (María S. Tapia et al.) Despite all the imbalances that this plan presents, it is the only source of food for some highly vulnerable households. (Aponte Blank, 2019) (Alimentacion) Access to food has been reduced significantly; average income does not cover the extremely basic needs of Venezuelans households, greatly dependent on informal economy. People complement wages with monthly food bonuses, pensions. Alternative sources of food such as help from family who have migrated, friends, local organizations, have decreased, as greater controls are applied to bank transactions, all factors that contribute to food insecurity. The most vulnerable children are those under the age of 5, pregnant women, breastfeeding mothers, older adults, and those with disabilities.

(Doocy et al., 2019; World Food Programme, 2020) Nutrition’s benefits, food banks, institutional food sources, now lacking, were an important source of nutrients and provided assistance to highly vulnerable people, like children in public schools, health services, homes for the elderly, establishments for psychiatric care, penitentiary centers, among others where
the food service no longer available. On average, over the past five years, Venezuelans independently of social class have lost on average of 10 pounds. (World Food Programme, 2020)

Measures have been taken to ameliorate the effects of food insecurity. However, they have not had the expected impact on food security and nutrition. For all the reasons, urgent measures must be taken both for the immediate and long term. (Candela, 2016)

**Solutions**

The Venezuelan State must make the necessary changes and take urgent measures to mitigate the effects of COVID-19 and to guarantee the food security of millions of Venezuelans. (Akseer, Kandru, Keats, & Bhutta, 2020; Candela, 2016; FAO, 2019; Human Rights Watch, 2019; World Food Programme, 2020)

Among the urgent measures that should be taken are:

1. Accept the aid of the UN, as outlined in the OCHA Flash Update for Venezuela.(OCHA, 2020) 2. Food assistance to the most vulnerable households. 3. Prioritize the most vulnerable, older adults, children, pregnant women, nursing mothers and people with disabilities. 4. Direct cash transfer, equivalent to the real cost of the normative food basket. 5. Facilitate access to clean water, articles for personal and household hygiene on a regular basis. 6. Prevention of other endemic infectious diseases and massive vaccination. 7. Offer preferential care in health centers to the most vulnerable population, both preventive and curative.

Other measures to be implemented:

1. Increase and promote national food production. 2. Farmers access to incentives, loans that can assist plant and crop production. 3. Population living in poverty have access to productive resources (credits, land, education, training, decision making) 4. Disabled persons have access to work, rehabilitation and other services. 5. Capability to import essential foods that provide calories to the diet.
1. Work closely with organizations that have developed successful programs
   a. UN World Food Program  
   b. Agricultural Market Information System
2. Preparedness for the future
   b. Population protection
   c. Organize both the private and public sector

**Conclusions**

Venezuela a Nation under urgent need of assistance during the COVID-19 Pandemic health crisis, a coordinated approach is required to allow the Venezuelan population to have access to basic services (water, electricity), sufficient food supply, adequate health services to satisfy the needs in the face of this global pandemic. Limiting the devastating consequences, the outbreak will have on a country and its population ill-prepared to face a Pandemic.

**Works Cited**


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