

Food Security & Malnutrition in Venezuela

RESEARCH BRIEF

BACKGROUND and PURPOSE

Venezuela has been in a crisis since 2014, resulting from political instability and economic downturn, creating one of the world's worst refugee crises. Venezuela's humanitarian needs are also [underfunded](#), while food security deteriorates; in 2019, it was the [world's fourth worst food crisis](#) with 9.3 million people requiring emergency food assistance. Further, many Venezuelans are not being identified nor reached given delays in updated data on humanitarian needs. Since the onset of the coronavirus (COVID-19) pandemic, several organizations have reported on COVID-19's secondary impact on economic activities in Venezuela, but **there are few, if any, trend analyses of acute food insecurity and acute malnutrition from before the pandemic to present.**

Caritas Venezuela, a partner of Catholic Relief Services (CRS), has been implementing two programs to address food and nutrition security issues prior to the onset of the pandemic; data from these programs provide a valuable opportunity to further examine Venezuelan's food security and nutrition status over time at a subnational context. **CRS conducted an analysis of Caritas' available food security and nutrition data to assess whether there were observable trends in their food security and acute malnutrition data before and after the pandemic was declared**, triangulated with other available secondary data sources.

FINDINGS

Based on the available data, COVID-19 restrictions cannot directly be attributed to observed changes. However, over the periods analyzed¹:

- food consumption² in the areas analyzed has worsened from pre-pandemic levels – from 67% of households with acceptable food consumption to 35%;
- households mostly rely on staple foods, and consumption of animal source foods such as milk and meat has reduced from pre-pandemic levels;
- caregivers with malnourished children, or that are pregnant or lactating have poorer food consumption and should be targeted for humanitarian assistance;
- most households are using negative coping strategies³ (e.g., adults eating less so children can eat, reducing food portion sizes, or reducing number of meals a day); and
- prevalence of severe acute malnutrition – the most extreme and dangerous form of malnutrition in children under 5 – has remained critically high⁴ throughout the time periods analyzed.

¹ Food security: data from August 2019 to September 2021; acute malnutrition: data from July 2019 to January 2021; April and July 2021.

² [Food consumption](#) is an indicator of current food security that considers a household's diversity of food groups consumed and the frequency of their consumption over the previous seven days.

³ [Coping strategies](#) are behaviors households use when they do not have enough food or money to purchase food.

⁴ The World Health Organization has thresholds for prevalence of severe and moderate acute malnutrition; prevalence of severe acute malnutrition $\geq 2\%$ in children under 59 months is considered "critical".

POLICY RECOMMENDATIONS TO THE U.S. GOVERNMENT

The crisis in Venezuela is vastly underfunded and without further investment, especially in resilience and recovery activities, humanitarian needs will persist. To support humanitarian response in Venezuela and throughout the region, including food security and nutrition, CRS urges the U.S. government to:

- 1. Increase visibility of food security and nutrition needs and fund a robust, holistic response.** We urge the United States to provide humanitarian assistance to Venezuela proportional to other crises of the same magnitude and to encourage other international donors to contribute necessary resources to meet food security and nutrition needs of the most vulnerable. Furthermore, we urge the United States to include more predictable, multi-year financing to support refugees and host communities and promote medium- and long-term solutions to build resilience to shocks and crises. Further, the United States should address fragility and conflict by integrating social cohesion, peacebuilding, and other efforts into food security and nutrition programming, as feasible.
- 2. Depoliticize humanitarian aid and improve humanitarian access in Venezuela.** We urge the United States, among others involved, to depoliticize humanitarian assistance in Venezuela and to abide by the humanitarian principles of humanity, neutrality, impartiality and independence. CRS and peer humanitarian organizations serve based on need. It is only through abiding by these principles that humanitarian agencies can provide assistance readily and safely to the populations most vulnerable to food and nutrition insecurity. Further, national and international non-governmental humanitarian organizations are unable to scale up the provision of humanitarian assistance in Venezuela. We urge the United States, and all actors, to work through diplomatic channels with local authorities to secure humanitarian access.
- 3. Fund local actors to carry out humanitarian assistance to prevent and mitigate food and nutrition insecurity.** Local actors help drive more integrated responses, given they respond to community needs holistically because they are not divided by sector and are less donor-driven in their response.

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