Overview, scope and methods

Nepal is a least developed country and ranks 136 out of 177 countries on the Human Development Index. Nepal’s poverty is the result of many factors among which are high illiteracy, poor health, low sanitation levels, low agricultural productivity, poor access to basic services and high levels of inequity resulting from a tradition-driven social structure.

In an effort to understand the food insecurity and vulnerability situation of rural households, WFP conducted a Comprehensive Food Security and Vulnerability Analysis (CFSVA) from August to December 2005. This involved conducting a national food security survey of 1,676 households, interviewing key informants across 168 communities and conducting nutritional assessments of 1,122 children (6 to 59 months) and 1,359 mothers (15 to 49 years old).

The survey was designed to be representative of the three major Nepal agro-ecological belts: Mountains, Hills and Terai (plains) and across Nepal’s five development regions.

The CFSVA was done with the support of the Government of Nepal and benefited from the valuable insights of the UN agencies and civil society organizations participating in the Food Coordination Committee. The CFSVA was prepared under the umbrella of the Strengthening Emergency Needs Assessment Capacity (SENAC) project and was made possible through funding and support of the Humanitarian Aid Department of the European Commission.

How many people are food insecure?

Approximately 27 percent of rural households are food insecure as defined by their very poor or poor food consumption patterns.

Sixteen percent of rural households have very poor food consumption patterns. Depending on the season, they consume maize on a daily basis, complemented by rice, barley and tubers. They rarely, if at all, consume any animal products and pulses, both important sources of proteins.

Eleven percent of rural households have poor food consumption patterns. Rice, barley, wheat are consumed frequently as are roots and tubers. They have access to milk products and pulses, providing a minimum level of proteins.

These same households show high incidences of underweight among children. Of the children living in households with very poor and poor food consumption, 61 percent and 56 percent respectively are moderately or severely stunted and the same proportion were found to be moderately or severely underweight.

Chronic malnutrition (stunting) and underweight are common phenomenon in South Asia and particularly in Nepal. On average, 49 percent of all children 0-59 months are underweight and 46 percent stunted. Severe underweight and stunting rates are 11 percent and 16 percent, respectively.

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1 UNDP 2005.
2 The SENAC project aims to reinforce WFP’s capacity to assess humanitarian needs in the food sector during emergencies and the immediate aftermath through accurate and impartial needs assessments. The project is funded by internal and external sources, including major donors such as ECHO, GTZ, CIDA, DFID, Denmark, Citigroup foundation.

The full report is posted on http://www.wfp.org
Where do the food insecure people live?

The Far-and Mid-Western Development Regions of the country contain the highest concentration of households with poor or very poor food consumption patterns. Detailed maps on the incidence, gap and severity of poverty and malnutrition are also available from WFP.

Who are the food insecure people?

Households that are likely to be the most food insecure tend to engage in livelihood activities such as petty trade (15% of households), unskilled wage labour (17%), natural resources exploitation and handicrafts (15%) and farming (13%).

Food insecure households tend to have members who are poorly educated, possess few productive assets (if any), have limited access to cash remittances, and have large numbers of family members.

Around 74 percent of food insecure households do not have any adequate sanitation facilities. Additionally, 21 percent of those who are the most food insecure (very poor food consumption group) access water through unprotected wells or springs.

What are the causes of food insecurity?

Household vulnerability to food insecurity is contingent on two inter-related issues: food access and food utilisation.

Food access: Most households carry out several livelihood activities simultaneously to meet their needs.

Agriculture is the primary activity of 25 percent of households. It is subsistence-oriented. More than 89 percent of households have access to some arable land. However due to the small size of land holdings (average size is 0.6 hectares) and the lack of access to irrigation, pesticides and fertilisers, production levels do not generally meet household food requirements. These households spend 50 percent of their income to purchase additional food of which 42 percent generally goes to cereals.

Ninety-five percent of households own basic farming tools. However ownership of other productive assets is quite low. For example, only 6 percent of households own a bullock cart.


4 Access to food is the ability of households to produce or purchase a sufficient amount and diversity of food items as well as access to other goods and services that contribute towards their overall well being.
The limited ability of farmers to generate sufficient food or income from agriculture means that other livelihood activities such as unskilled wage labour are pursued. However these activities do not easily fill the gap, as they are low paying and seasonal.

Labour migration is a preferred livelihood strategy among households. Forty-four percent of households had one or more family members away to pursue labour opportunities. Seventy-one percent of these same households have one family member who migrated and 29 percent have two or more members migrating to pursue labour opportunities. India is the most popular migration destination (40%).

Households whose livelihoods are not able to meet basic needs are also unable to withstand and recover from external shocks and stresses. Seventy-three percent of households experienced a shock in the previous year. Forty-three percent experienced dry spells or irregular rain fall and 31 percent experienced serious illness in the family. Almost all of the households exposed to these shocks reported that they had to divert labour and expenditure away from food, resulting in the inability of these households to produce or acquire sufficient food for the period of drought or illness.

Borrowing money is the most frequently used coping strategy. The most common sources of credit are either from friends and relatives (57 percent of households) or local money lenders (45 percent of households). Seventy percent of households reported that they had purchased food on credit.

**Food utilisation**

- Access to health service is relatively poor. More than half of the rural communities lack a health service centre in the community. In general, the nearest one is on average one to two hours away.
- Health conditions are exacerbated by a lack of access to proper toilets and sanitation facilities. 66 percent of households do not have any toilet facility.
- Forty-four percent of rural households use a public tap as the main source of water. Unprotected wells or streams are the main source of water for 11 percent of the households.
- The lack of access to safe water and toilet facilities is an important factor contributing to the high levels of underweight children.
- Education is an important factor of food utilisation, as educated families are more likely to be economically stable and have better health and nutritional status. The current adult generation has low levels of educational attainment and high level of gender disparity. Sixty-two percent of head of households have had no schooling (92 percent for women and 59 percent for men). Sixteen percent only have completed primary schooling. The future generation is somewhat better off. Among children (aged from 6 to 14 years) 57 percent have some primary schooling and 12 percent have some secondary education but gender disparity remains.

**Recommendations**

The report recommends food and non food responses. The food based recommendations are the following:

**Improving Food Utilisation: Equity in Health and Education**

- **School Feeding Programmes should be targeted in districts with high concentrations of food insecure households** (Far and Mid-Western regions). The main objective is to increase girls’ enrolment in primary education. WFP should consider distributing a take home ration to children participating in school feeding programmes.

- **WFP and the Government of Nepal (GoN) partners should maintain, and consider expanding, their current Maternal and Child Health Care (MCH) programmes** to improve the health and nutrition status of pregnant and lactating mothers and children 6-36 months.

- **Nutrition and care practices should be the main themes of food-for-training activities** geared towards women of reproductive age.

- **Food-for-work programmes should continue in the area of infrastructure and irrigation. Projects should also concentrate on improving the quality of community water and sanitation systems (protecting and rehabilitating water sources and constructing community latrines).**
Improving Food Access and Household Livelihoods: Equity in and Efficiency of Livelihoods

- WFP should consider *generic food-for-training* activities that can improve the *basic literacy* of adults belonging to food insecure households (*applicable across all targeted districts*) and *specialised food-for-training* programmes that emphasize new skills such as *carpentry and tailoring*, depending on the needs of specific communities.

For more information on the CFSVA, please contact:

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