

The Impact of COVID-19 on Households in Nepal

mVAM Household Livelihoods, Food Security and Vulnerability Survey



Ministry of Agriculture and Livestock Development





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COVID-19 in Nepal: in April 2020 WFP interviewed 4,416 households via phone in all 7 provinces





Average household size is 5.06 people



Average age of respondents is 34 years old



Highlights

Food insecurity across the country has increased slightly compared to estimates taken 3-4 years ago. This survey found that 23 percent of households had inadequate food consumption and 7 percent of households had poor dietary diversity. 7.2 percent adopted at least one negative coping strategy to address food shortages and about 5.7 percent of households reported that the food they had in stock was insufficient to meet their needs. Minimum dietary diversity was not met by about 46 percent of children between 6 and 23 months of age. In comparison, in the Annual Household Survey V (2016/17)¹, 15 percent of households reported consuming an inadequate diet, about 5 percent of households had poor dietary diversity.

Current food insecurity status, measured as a combination of poor food consumption and poor dietary diversity, was more common in three provinces - Sudurpaschim province, Province 2, and Karnali province. Similarly, more children with inadequate diet were in Sudurpaschim province, Province 2 and Karnali.

The COVID-19 crisis has affected the livelihoods of Nepalese households, with 1 out of 10 households reporting a loss of livelihood and 3 out of 10 households a reduction in income. Income reduction was relatively more common in Province 5, Sudurpaschim province, and Province 2, while loss of livelihood was more common in Province 5, Karnali, and Sudurpaschim province.

More than 3 out of 4 respondents reported to have food stocks, of which around 42 percent had more than one-month worth of food stock. Meanwhile, about 55 percent of households acquire food through market purchase and around 44 percent consume food from their own production.

Loss of income source was found to be more common for certain types of livelihoods, namely daily wage laborers, migrant workers, and households with a disabled person.

Food insecurity was more prevalent among certain types of income sources, namely daily wage labourers and cash crop producers and less diversified livelihoods. Higher levels of food insecurity were also observed among households that source food in the market and households that did not have food stocks. In terms of the socio-economic characteristics, households with low education levels, a chronically ill member, or female-headed households were found to be more food insecure. A higher proportion of households that reported job loss had inadequate food consumption, compared to households that didn't report loss of income source.

The fact that many households rely on markets for their food highlights a potential risk of deepening vulnerability, given that the COVID-19 crisis has resulted in broader losses of income in Nepal. This could be further exacerbated when households' food stocks are depleted, affecting those with existing vulnerabilities as well as other parts of the population that would be normally less vulnerable.

1 The Annual Household Survey V 2016/2017, Central Bureau of Statistics



I. COVID-19 impact on households

The COVID-19 crisis triggered multidimensional social and economic impacts that stretch beyond the primary health crisis. To assess how this crisis is affecting households, a series of questions related to food security, livelihoods, and vulnerability were asked. This household analysis reviews (1) impacts on food security, (2) impacts on livelihoods and income, and (3) examines household profiles of those most affected by the ongoing crisis.

WFP conducted a nation-wide phone-based survey to assess the current food security status and impact of COVID-19 on food security and vulnerability. 4416 households were interviewed from 14 to 24 April 2020, covering all 7 provinces and producing a nationally representative sample. The questionnaire included a standard WFP modules where possible, covering: i) demographics; ii) livelihood and income; iii) access to food and market; iv) food consumption; v) coping behavior, and vi) health status (further detail on methodology is presented in the following sections and in the Annex).

Impact on household food security

To ascertain the current food security situation of surveyed households, two dimensions were examined: (1) households' food consumption patterns and changes in food consumption habits, and (2) households' access to food. Additionally, the survey captured the diet quality of children between 6 and 23 months of age by measuring minimum dietary diversity.

Food Consumption Patterns

The Food Consumption Score² (FCS) is a key component for assessing diet quality. The FCS is used to categorize households into three groups: poor, borderline, and acceptable food consumption. Poor food consumption corresponds to less than 1500 kilocalories (kcal) eaten per person per day. Generally, households with poor food consumption consume mainly staples, oil, and vegetables. This diet normally does not meet the recommended energy requirement, lacks essential micronutrients and is associated with higher poverty rates and malnutrition. Borderline food consumption corresponds with energy intake of 1500-1800 kcal per person per day. In comparison, an average recommended energy intake is around 2100 kcal per person per day. Poor and borderline food consumption groups represent inadequate diets in terms of macro- and micro-nutrient requirements and are hence referred to as having inadequate food consumption.

At national level, nearly 1 out of 4 households had inadequate food consumption, with 9 percent of households consuming poor diets and another 14 percent borderline diets.

² FCS uses information on food diversity, food frequency (the number of days each food group is consumed over a reference period of 7 days), and the relative nutritional importance of different food groups to measure food security. It is a standard WFP indicator of household food insecurity.



At provincial level, poor diets were more common in the far west of the country, concerning 15.4 percent of households in Sudurpaschim province and 10 percent in Karnali province. In addition, poor consumption was relatively more prevalent in Province 2, with 11.9 percent of household having poor diet. Borderline food consumption was also more common in these provinces as well as in Gandaki and Province 1.

To compare, the 2019 food security assessment in the most food insecure regions of the country found that about 6 percent of households in Karnali Hills and 7 percent in Karnali Mountains consumed poor diets in 2019.



Figure 1:Food consumption group by province

While FSC is a comprehensive measure of the overall diet quality, a simpler indicator (Dietary Diversity Score -DDS³), measuring the frequency of consumption of specific food groups provides useful insights into household dietary diversity.

On average, surveyed households consumed 5.8 food groups out of a total of 8 during the 7days prior to data collection. Households with poor food consumption ate only 3.3 food groups, and households with borderline food consumption 4.8. Households that consumed adequate diets consumed 6.2 food groups on average.

In total, 7.2 percent of surveyed households had poor dietary diversity. Similar to the Food Consumption Score, poor dietary diversity was more common in Sudurpaschim province, with 15.1 percent of households consuming a diet that lacks basic diversity, followed by 9.4 percent of households in Province 2 and 7.6 percent in Karnali province. Compared to 2016, the diversity of diets has deteriorated: in 2016 households consumed more food groups (6.9%), and the proportion of households with poor dietary diversity was lower (5.3%).

The comparison of changes in food consumption and diversity of diets is illustrative of potential deterioration of the overall food security status. This concerns both the areas that are traditionally food insecure, as well as other parts of the country that are normally less food insecure.

3 See for details: https://docs.wfp.org/api/documents/WFP-0000007074/download/







In addition, households were asked whether they had sufficient quantities of food to meet their needs. While this question does not provide an objective insight into food security status, it offers useful insights on the impact of the current situation on household vulnerability, particularly when combined with the reported reasons for insufficiency and impact on livelihoods.

In total, 5.7 percent of households reported to have insufficient quantity of food to meet their needs in the last 7 days. At provincial level, the highest proportion of households experiencing food insufficiency was found in Karnali province (17.5%), followed by Province 5 (7.6%) and Sudurpaschim province (7.3%).

Half of these households mentioned having no money to buy food as the most common reason for facing food insufficiency, followed by a shortage of food in the market and restricted access to markets.



Figure 3: Reported reasons for food insufficiency (among households that reported food insufficiency) by province



To assess households' response to food insecurity, questions were asked about the severity of engagement in food related coping strategies. The Reduced Coping Strategy Index (rCSI)⁴ was used, capturing changes in diet that households adopted in the past week due to reduced access to food.

In total, 7.2 percent adopted at least one coping strategy to address food shortages, with a mean score of 25. Relying on less preferred and less expensive food was the most employed change (by 87% of those that adopted coping strategies), followed by reduction in portion size (73%).

Figure 4: Changes in dietary habits due to reduced access to food (among those that reported food related coping strategies



Minimum dietary diversity (MDD), a proxy for adequate micronutrient density of foods, measures the consumption of diversified foods for children between 6 to 23 months. MDD is an indicator to measure a diet's micronutrient adequacy which is an important dimension of its quality. Globally more than two thirds of malnutrition related child deaths are associated with inappropriate feeding practices during the first two years of life⁵. The households surveyed were asked questions about the consumption of diversified foods within the 24-hour recall period to those households with children between 6-23 months of age. A total of 438 children were reported to be aged between 6-23 months.

45.9 percent of children between 6 and 23 months of age did not meet the minimum dietary diversity. In comparison, based on the 2016 Nepal Demographic and Health Survey⁶, MDD was

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