



Abridged version

# Comprehensive Food Security and Livelihood Assessment (CFSLA) 2020

Merged Districts and Tribal Sub-Divisions, Khyber Pakhtunkhwa



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This publication is a summary of the *Comprehensive Food Security and Livelihood Assessment 2020*, which was initiated by WFP under the overall leadership and guidance of the Government of Khyber Pakhtunkhwa and with the technical support of the Pakistan Bureau of Statistics (BOS). It also includes nutrition data from the *National Nutrition Survey 2018* produced by UNICEF Pakistan and supported by The Ministry of National Health Services, Regulation and Coordination, Government of Pakistan.

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## Introduction

The newly merged districts and tribal sub-divisions (formerly known as FATA) of Khyber Pakhtunkhwa (referred to in this report as Merged Areas) are among the most remote, least developed and food-insecure areas of Pakistan with insecurity compounding poor human development indicators. See briefing note on page 3. In 2008, the Government of Pakistan took offensive measures against militant activities in districts of Khyber Pakhtunkhwa, causing millions of people to flee the area and seek refuge in neighbouring districts. Displacement numbers peaked in 2009, when more than four million people were forced to flee their homes.

Thanks to significantly improved security and the Government's continued efforts, 97 percent of displaced families have returned to their areas of origin. By mid-2020, approximately 16 888 families from North Waziristan and Khyber districts were yet to return to their homes.

The Merged Areas is a complex region, where every district differs geographically, culturally, economically and demographically. In many areas, inhabitants face extremely fragile food security and livelihood situations, low production, poor education and other basic services exacerbated by a decade of volatile law and order.

The rehabilitation of the Merged Areas is a resource intensive and challenging task that requires a sound understanding of the complexities, logistics and dynamics of the situation and on the ground realities. Reliable data and evidence are vital if inhabitants are to receive the much-needed development support and short/long term recovery measures that will allow them to recover their livelihoods

and rebuild their lives in a sustainable manner. Various assessments and studies have been undertaken from time to time, including WFP's 2014 food security assessment *Returning Home*, the 2016 *Multi-cluster Humanitarian Needs Assessment* led by the UN Office for the Coordination of Humanitarian Affairs (OCHA), the 2017 *In-depth Food Security and Livelihoods Assessment of Returned Households in FATA*, carried out jointly by WFP and the Merged Areas Secretariat and the 2017 *Vulnerability Assessment* also carried out by OCHA.

However, the relative obscurity of the area in terms of data systems has hindered quality decision-making and provided only a partial portrait of the food security-related challenges in the region. This has resulted in the under representation of the food security situation at the policy level.

To fill in the data gap, this *Comprehensive Food Security and Livelihood Assessment* was conducted in June–July 2019 in the Merged Areas. It was initiated by WFP under the overall leadership and guidance of the Government of Khyber Pakhtunkhwa and with the technical support of the Pakistan Bureau of Statistics (PBS).

The report identifies the number, location and characteristics of food-insecure households as well as the drivers of the situation. By gathering data from the communities of the Merged Areas, it identifies context-specific solutions and priorities across a range of social and economic issues for the rehabilitation and sustainable development of the region. The analysis will help decision makers understand the characteristics of vulnerable households and provide an informed foundation for the

design of more appropriate and effective responses both for immediate humanitarian needs as well as medium to longer term rehabilitation to improve people's livelihoods and build their resilience.

## Methodology

The survey employed a cross-sectional design at the household level and used both quantitative and qualitative data collection approaches. The sample design provides district-level estimates. In June–July 2019, a total of 3 630 households were interviewed in 363 villages/communities identified by the PBS. In addition, 363 focus group discussions (FGD) with community members were carried out.

The CFSLA also included a rapid market appraisal of local markets in all seven districts and six tribal subdivisions of the Merged Areas.

The survey tools employed as part of the CFSLA covered all major food security related indicators on agriculture, livelihood, income, expenditure, food consumption, coping strategies and water and sanitation etc.

This report also includes a nutrition overview with data extracted from the 2018 Pakistan National Nutrition Survey (NNS 2018), carried out by the Government of Pakistan and UNICEF and published in June 2019. The survey employed a cross-sectional survey design at the household level and used a mixed-method data collection with both quantitative and qualitative approaches. The sample design provides district-level estimates.

Map 1 The Merged Areas of Khyber Pakhtunkhwa



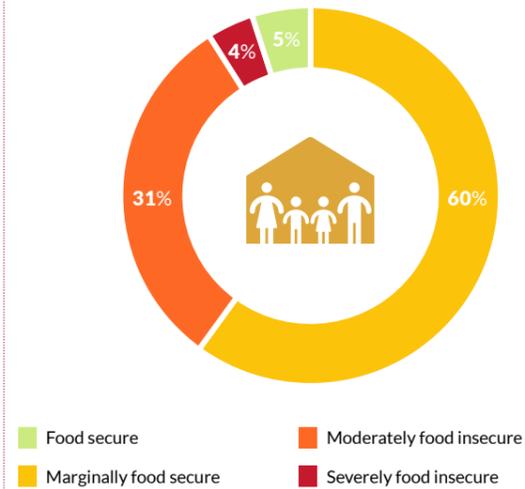
TSD = Tribal sub-division  
The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.  
Source: CFSLA 2020

### Merged Areas briefing note

- In May 2018, the seven semi-autonomous FATA Agencies and six Frontier Regions (FRs) were merged into Khyber Pakhtunkhwa (KP) province, now known as Merged Areas, and consisting of:
  - Seven districts: Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai and South Waziristan**
  - Six tribal sub-divisions: Bannu, D.I.Khan, Kohat, Lakki, Peshawar and Tank**
- Population: 5M (97% rural)**  
(Pakistan Bureau of Statistics 2017)
- Average household size: 10.7 members reaching 12 in TSD Peshawar and dropping to 6 in TSD Lakki** (CFSLA 2020)
- Population growth rate: 2.41**  
(Pakistan Bureau of Statistics 2017)
- Main language: Pashto**

## Eight indicators of food insecurity in the Merged Areas

Fig. 1 Consolidated approach to reporting on indicators (CARI)



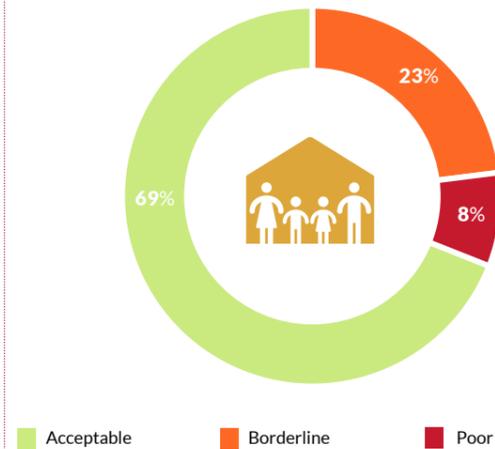
Source: CFSLA 2020

More than one in three households (35 percent) are food insecure, according to the CARI. Of these, 4 percent are severely food insecure. This regional-level data obscures extremely high levels of food insecurity in some areas – particularly TSDs D.I.Khan and Lakki and Orakzai district where more than 60 percent are food insecure. In these two TSDs at least 13 percent of households are severely food insecure.

### What is the CARI?

This indicator is based on the household's current status of food security (using the FSC) and their coping capacity (using indicators measuring economic vulnerability and asset depletion). Under the CARI approach, each surveyed household is classified into one of four food security categories (food secure, marginally food secure, moderately food insecure and severely food insecure).

Fig. 2 The food consumption score (FCS)



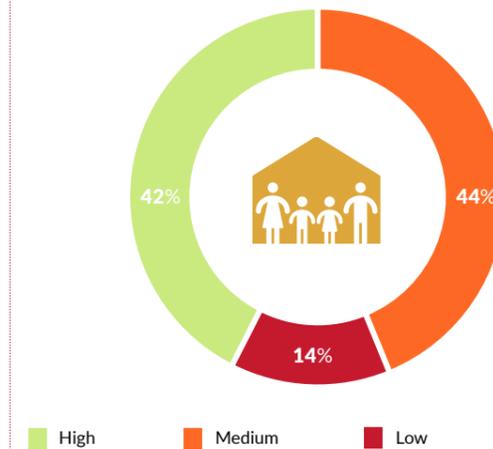
Source: CFSLA 2020

Around one in three households (31 percent) have poor or borderline food consumption with diets that are low in protein, consuming dairy, meat, fish and eggs less than once a week. Of these, 8 percent have poor food consumption across the Merged Areas – meaning they mainly consume staples on a daily basis and never or very seldom consume protein-rich food. The percentage with poor food consumption rises to 34 percent in TSD D.I.Khan, 24 percent in Orakzai district, 23 percent in TSD Tank and 18 percent in TSD Peshawar.

### What is the FCS?

It combines dietary diversity and frequency of consumption by considering the number of days in a week foods from eight different food groups are consumed. The FCS is computed as a weighted sum of the frequency of consumption of the food groups and their relative nutritional importance and divides households into acceptable, borderline and poor food consumption groups.

Fig. 3 Household dietary diversity score (HDDS)



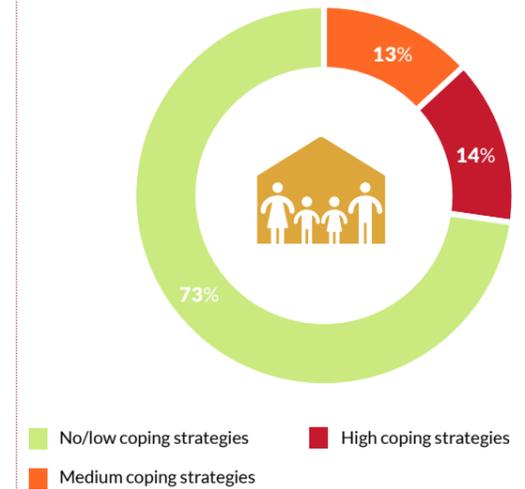
Source: CFSLA 2020

Diets tend to be qualitatively poor and heavily cereal-based in the Merged Areas with about 14 percent of households having low dietary diversity, meaning they consume fewer than 4.5 out of 7 food groups. This overall percentage masks particularly high levels of households with low dietary diversity in TSDs D.I.Khan (44 percent) and Tank (39 percent), and Orakzai district (20 percent).

### What is the HDDS?

It measures the number of different food groups consumed by household members over the past seven days to provide an estimation of the quality of a diet. It is calculated based on data collected for the FCS. One point is assigned for each of seven food groups consumed without considering the frequency. Low HDDS is < 4.5 food groups, medium HDDS 4.5–6 food groups, and high HDDS > 6 food groups.

Fig. 4 Consumption-based coping strategies



Source: CFSLA 2020

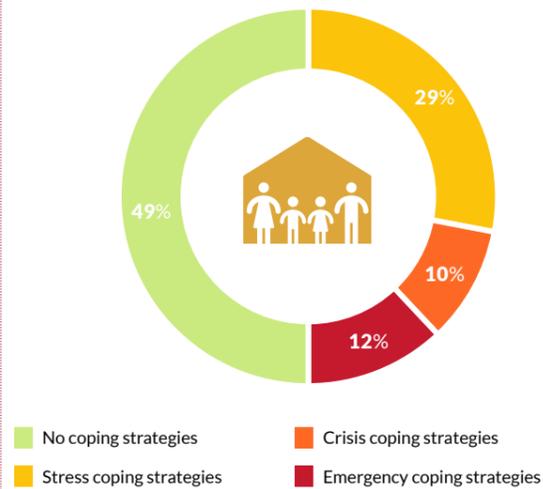
Overall 14 percent of households resort to 'high' levels of coping mechanisms, such as mothers reducing consumption so that young children or male household members could eat – a very significant expression of intra-household discrepancy in food access. Other strategies include reducing the number of meals per day and reducing portion sizes. Around 13 percent employ 'medium' level consumption-based coping strategies, such as eating less desirable or less expensive food, borrowing food or relying on help from friends or relatives.

A higher percentage of households in Kurram (37 percent) and Bajaur districts (25 percent), and TSD Lakki (26 percent) use a high level of food-related coping.

### What is the coping strategy index (CSI)?

The CSI measures the frequency and severity of food-related coping strategies used by households that had difficulties meeting their food needs in the seven days before the survey. It is calculated using standard food consumption-based strategies and severity weighting. A higher score indicates more frequent or extreme coping strategies.

Fig. 5 Livelihood-based coping strategies



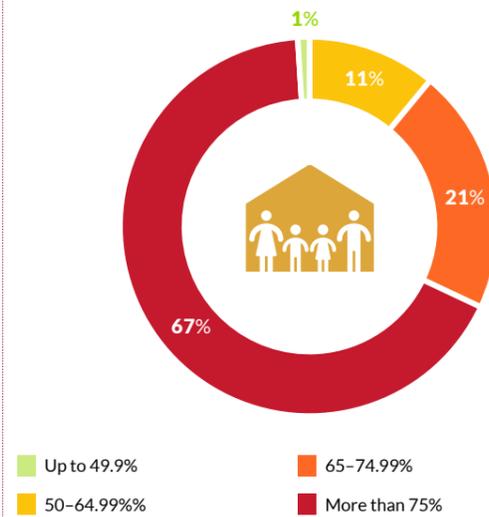
Source: CFSLA 2020

Half of all households use at least one livelihood-based coping strategy to meet their food needs. Overall, 29 percent adopt ‘stress’ coping strategies, mainly borrowing money, purchasing food on credit, or spending their savings. Around 10 percent employ ‘crisis’ coping strategies, such as selling productive assets or withdrawing children from school and another 12 percent resort to ‘emergency’ coping strategies, such as consuming seed stock held for the next season, selling their house, land or last breeding female animal or begging. These emergency coping strategies have irreversible consequences that negatively affect future food security status and livelihood options.

**What is the livelihood-based coping strategies index?**

When they are unable to access food, households use a variety of coping strategies, which may decrease their resilience to future shocks. The livelihoods-based coping strategies module is used to better understand longer-term capacities to cope. A series of questions about how households manage to cope with a shortfall in food or money to buy food in the last 30 days identifies the percentage of households that employ stress, crisis and emergency strategies.

Fig. 6 Food expenditure share



Source: CFSLA 2020

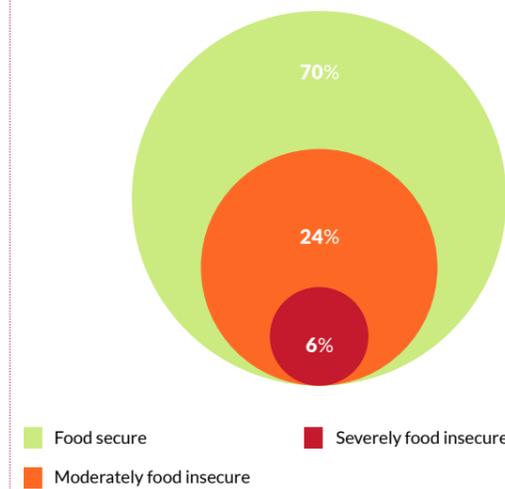
The survey revealed that households are allocating the major portion of their expenditure to food – thereby compromising on other basic needs such as health care and education. About 67 percent of households are spending more than 75 percent of their total expenditure on food, indicating they are severely food insecure. About 21 percent of households spend 65–75 percent of their total expenditure on food, indicating they are moderately food insecure. They would quickly become severely food insecure were food prices to rise. The findings are even more alarming in TSDs D.I.Khan, Kohat and Peshawar and Orakzai district where more than 85 percent of households spend more than 75 percent of their income on food.

**What is the food expenditure indicator?**

The higher the share of total expenditure that a household allocates to food, the more likely it is to have poor food access and economical vulnerability. The thresholds for the share of food expenditure are used to classify households into four food expenditure groups:

- low expenditure (<50%) = food secure
- medium (50–64.9%) = marginally food secure
- high (65– 74.9%) = moderately food insecure
- very high (>75%) = severely food insecure

Fig. 7 The food insecurity experience scale (FIES)



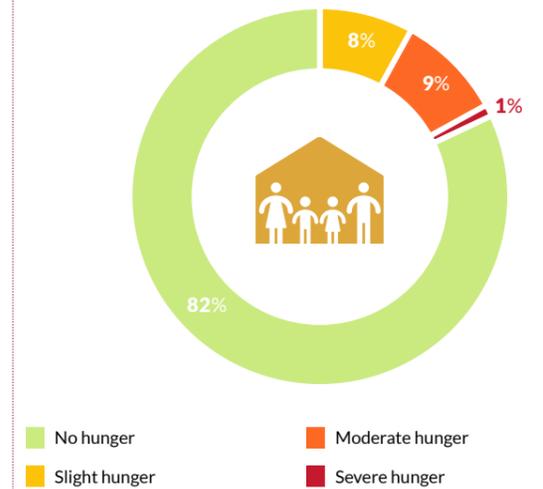
Source: CFSLA 2020

Nearly one in three households (30 percent) are food insecure according to the FIES. Of these, 6 percent are severely food insecure. The levels for the Merged Areas are comparable with national levels for neighbouring Bangladesh where 30.5 percent are considered food insecure (10.2 percent severely so). (SOFI, December 2019). While the combined prevalence for the Merged Areas is considerably lower than that of neighbouring Afghanistan (54.3 percent food insecure, 18.3 percent severely so) (SOFI, December 2019), the prevalence is comparable in TSDs D.I.Khan (46.5 percent food insecure, 17.2 percent severely so) and Lakki (56.2 percent food insecure, 12 percent severely so).

**What is the FIES?**

An experience-based food security measurement scale composed of eight questions about food-related behaviours and experiences associated with increasing difficulties in accessing food over the last 12 months. The questions refer to varying degrees of severity peaking at ‘you went without eating for a whole day.’ The number of affirmative answers categorizes respondents as food secure, mildly food insecure, moderately food insecure and severely food insecure.

Fig. 8 Household hunger scale (HHS)



Source: CFSLA 2020

This indicator portrays a very different picture with 17 percent of households claiming to have experienced ‘slight’, ‘moderate’ or ‘severe’ hunger in the 30 days before the survey. The overwhelming majority (83 percent) had not experienced hunger during this time period. However, a far lower proportion of households had not experienced any hunger in TSDs D.I.Khan (46 percent), Lakki (56 percent) and Peshawar (59 percent) and districts Mohmand (68 percent) and Kurram (69 percent). The situation is concerning in TSD Peshawar where one in five households (19 percent) had experienced ‘severe hunger’ in the preceding 30 days.

**What is the HHS?**

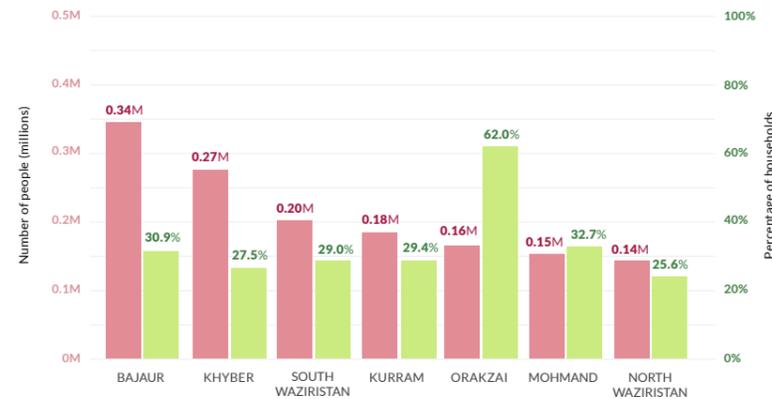
It is a method developed by the Food and Nutrition Technical Assistance (FANTA) based on perceptions of food insecurity at household levels. It assesses whether households have experienced problems in food access during the preceding 30 days based on three questions and measures the severity of food insecurity in the past 30 days, as reported by households.

## Geographical overview

Approximately 1.4 million people are food insecure across the seven merged districts, representing over 31 percent of the population. The highest numbers are in the two most populated districts – Bajaur (338 213) and Khyber (271 256). This figure is based on a composite indicator incorporating the household FCS, livelihood based coping strategies and household food expenditure share indicators. See figure 9.

The highest percentage of food-insecure households among the seven merged districts is in Orakzai (62 percent). In the remaining six districts, 26–33 percent of households are considered moderately or severely food insecure.

Fig. 9 Food insecurity levels by district



Source: CFSLA 2020

**62%**

of households in Orakzai district are food insecure.

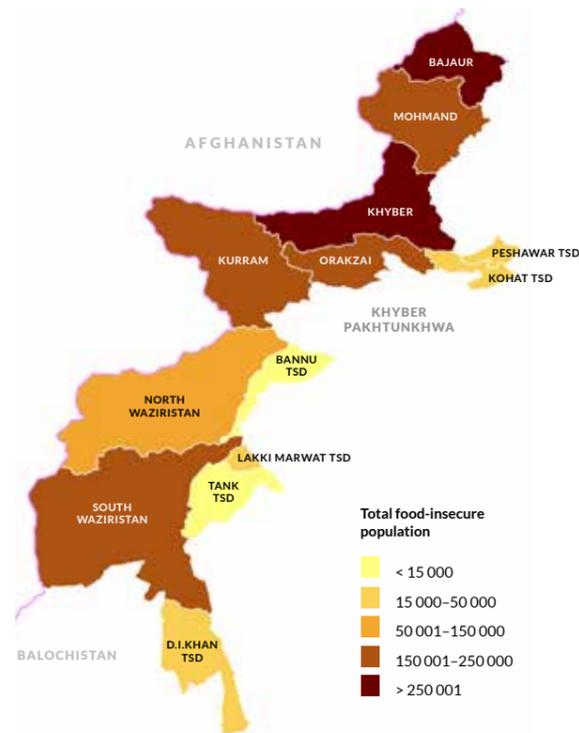


**0.3M**

people in Bajaur district and nearly as many in Khyber district are food insecure.

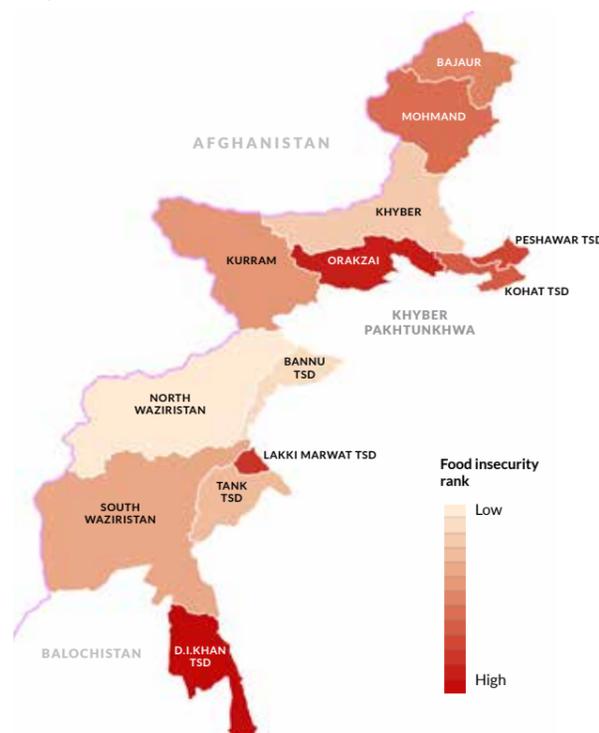


Map 2 Numbers of food-insecure people



TSD = Tribal sub-division. The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: CFSLA 2020

Map 3 Prevalence of food-insecure households



TSD = Tribal Sub Division. The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: CFSLA 2020

## Women face multiple levels of exclusion

In the Merged Areas men enjoy complete freedom of mobility, while women are mainly confined to the home to manage household chores and care for large families.

Despite their significant role in farming, women have very little access to and control over productive assets and are extremely unlikely to earn an income. Many men have to migrate for work, which makes women's lives even more difficult because they are compelled to move in with male in-laws or extended family.

Education levels are even worse for girls than boys because of gender norms, lack of female teachers and lack of girls' schools. There are around 2 400 functioning girls' education institutions compared with 3 300 for boys (FATA Education Statistics 2018–2019). Women and girls are four times more likely to be illiterate. The net enrolment rate for secondary schools is under 5 percent for girls versus 15 percent for boys. From 2013–2017 the dropout rate from Government primary schools was 79 percent for girls and 69 percent for boys (Education Management Information System, 2018-2019 [EMIS]).

The CFSLA 2020 found that 410 572 girls are out of school in the Merged Areas with girls considerably more likely to be out of school than boys. In Mohmand and Khyber districts, girls are two and a half times more likely to be out of school, while in TSD Kohat they are four times more likely. The highest number of out-of-school girls is in Khyber and North Waziristan districts.

Women and girls face specific challenges to their health and nutrition status. These include their heavy manual workload, poor hygiene and sanitation practices, high birth rate, lack of exposure to sunlight, and unequal intra-communal sharing of food between the sexes. There are limited health service providers for women and restrictions on their movement, as well as long distances and poor roads, make health care access very difficult.

Communities that were displaced for more than a year in a different province benefitted from seeing a completely different lifestyle in which girls have wider access to education, and women have various jobs, particularly in hospitals and offices.

## Displaced vs. non-displaced people

In some of the merged districts non-displaced households are more likely to be food insecure than those that have been displaced. Overall around 38 percent of non-displaced households are moderately or severely food insecure (by the CARL indicator) versus 32 percent of displaced. The

prevalence of food insecurity among non-displaced households reaches 48 percent in Bajaur, and 42 percent in Khyber and Mohmand districts. However, in Orakzai, South Waristan, North Waristan and Kurram displaced households are more likely to be food insecure. See figure 10.

**4%**

of households reported women were engaged in livelihood activities, mainly selling handicrafts and crops

**52%**

of female household members have no formal education

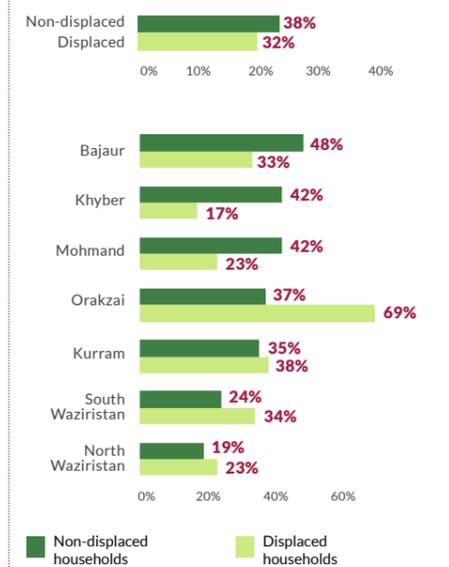
**13%**

of women and girls are literate versus 50% of men and boys (EMIS 2018–19)

**410 572**

girls are out of school

Fig. 10 Prevalence of food insecurity in displaced vs non-displaced households



Source: CFSLA 2020

# Nutrition

Good nutrition is the foundation of child survival, health and development. Well-nourished children are better able to grow and learn, to participate in and contribute to their communities. Undernutrition is more than a lack of food – it is a combination of factors: insufficient energy, protein and micronutrients exacerbated by frequent infections or disease. It stunts children's growth, deprives them of essential vitamins and minerals, and makes them more susceptible to frequent and severe disease and infections (UNICEF).

Undernutrition increases healthcare costs and social safety net expenditures, lowers the efficiency of investments in education, and decreases lifelong income-earning potential and labour force productivity, resulting in a vicious cycle of poverty, ill health and poor nutrition, which is transmitted across generations.

Malnutrition is the result of a complex set of interacting factors that are multisectoral, related to health, sanitation and care practices as well as consumption and access to food. Further factors influence these, including education, gender norms,

social equity, and the local social and environmental context. Combating malnutrition in all its forms is one of the greatest global development challenges – and is a major challenge for Pakistan.

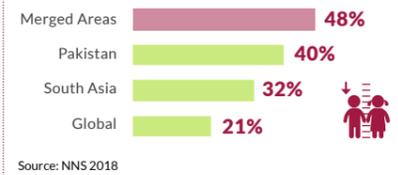
### Chronic malnutrition

Stunting is extremely concerning in Pakistan, where 12 million children have low height for age. The annual reduction rates estimated at 0.5 percent are too slow to significantly reduce the national under 5 stunting rate of 40.2 percent. This rate is even higher than that of neighbouring Afghanistan (38 percent) and well above the regional average for South Asia (31.7 percent) (UNICEF, WHO, World Bank, March 2020). In the Merged Areas, stunting rates are even more concerning with almost half of children stunted (48.3 percent). See figure 11.

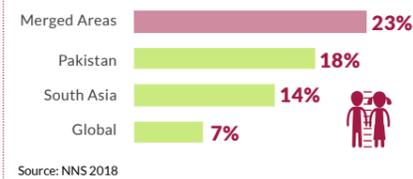
### Acute malnutrition

Southern Asia has higher wasting levels than any other region in the world with 14.3 percent of 6–59 month old children wasted (UNICEF, WHO, World Bank, March 2020). They are even higher in Pakistan at 17.7 percent

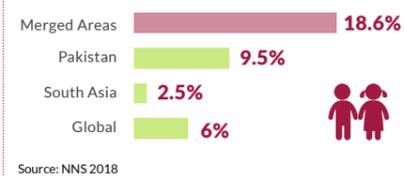
**Fig. 11 Prevalence of stunting among children under 5 years old**



**Fig. 12 Prevalence of wasting among 6–59 month-old children**



**Fig. 13 Prevalence of overweight among children under 5 years old**



nationally, considered 'very high' by the WHO severity index and the highest in the country's history. The prevalence in Merged Areas is far higher still at 23 percent and the worst in the country alongside that of Sindh. See figure 12.

### Overweight children

The Merged Areas also has the highest rates of overweight children (18.6 percent) in Pakistan, around double the national average (9.5 percent) and well above the global average (5.6 percent) and the average of Southern Asia (2.5 percent). See figure 13.

Some children suffer from more than one form of malnutrition – such as stunting and overweight or stunting and wasting – but there are currently no estimates for these combined conditions.

### Anaemia and micronutrient deficiencies

Some 56.5 percent of children in rural Pakistan are anaemic, around 6 percent severely so. The prevalence of iron deficiency anaemia is around 29 percent.

Nationally, about 51.5 percent of children have vitamin A deficiency,

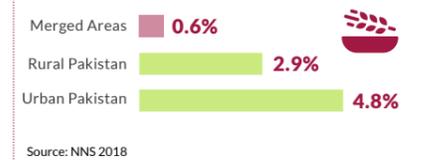
of whom 12 percent have a severe deficiency and around 19 percent have a zinc deficiency. A high percentage of under 5-year-olds (62.7 percent) have vitamin D deficiency. Over 13 percent of them have a severe vitamin D deficiency.

### Child-feeding practices

Exclusive breastfeeding rates in the Merged Areas up to 6 months (as recommended by WHO) are slightly higher than the national average (59 percent versus 48 percent) and age-appropriate complementary feeding is slightly better (45.5 percent versus 36 percent).

However, as figure 14 shows, child-feeding practices are even more concerning across the Merged Areas than they are nationally. While only 3.6 percent of 6-23 month old children receive the minimum acceptable diet for growth and development nationally, the proportion is as low as 0.6 percent in the Merged Areas. Only 11.6 percent of 6–23 month-olds receive an adequately diverse diet and 9.4 percent receive solid, semi-solid or soft foods at least the minimum number of recommended times a day.

**Fig. 14 Percentage of 6–23 month olds with a minimum acceptable diet**



### Anaemia

**58%**

of children in the Merged Areas are anaemic

### Micronutrient deficiency

**29%**

of children in Pakistan have iron deficiency

**52%**

of children in Pakistan have vitamin A deficiency

**63%**

of children under 5 years old in Pakistan have vitamin D deficiency

**19%**

of children in Pakistan have zinc deficiency

### Chronic malnutrition



A child being too short for his or her age (stunting) is considered chronically malnourished. This condition is preventable from the 1 000 days between a woman's pregnancy and her child's second birthday. The physical and cognitive damage caused by stunting can be irreversible and has far-reaching consequences, from diminished school performance to lower future earnings, and can affect the next generation. According to WHO's severity index, a prevalence of ≥ 30 percent stunting in children aged 0–59 months is 'very high.'

### Acute malnutrition



A child being too thin for his or her height as a result of rapid weight loss or the failure to gain weight (wasting) is a sign of acute malnutrition, which, although treatable, can lead to illness, disability or death. According to the WHO's severity index, a global acute malnutrition (GAM) prevalence of ≥ 15 percent in children aged 6–59 months is considered 'very high'. Acute malnutrition rates depict the nutrition situation in the general population at a specific time: they can show marked seasonal patterns and can change quickly over time.

### Overweight



An overweight child is too heavy for his or her height. This form of malnutrition results from energy intakes from food and beverages that exceed children's energy requirements. Overweight increases the risk of diet-related non-communicable diseases later in life.

### Minimum acceptable diet



This composite indicator combines meal frequency and dietary diversity to assess the proportion 6–23 month-olds consuming a diet that meets the minimum requirements for growth and development.

### Micronutrient deficiency



Deficiencies of vitamin A, iron and zinc are often referred to as 'hidden' hunger because it develops gradually over time, and a large percentage of the population may be deficient without showing any clinical symptoms or signs of deficiency.

### Anaemia



Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiological needs. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Iron deficiency is thought to be the most common cause of anaemia, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections and inherited disorders can all cause it.



## Drivers of food insecurity and malnutrition

Food and nutrition security is a complex issue, encompassing food availability and accessibility, stability of food supplies, utilization of food, and food quality and safety. The drivers of food insecurity and malnutrition are often interlinked and can change from season to season or according to shocks experienced, as well as within and among households.

This section provides a brief analysis of the key factors affecting the availability of food at the household level, and people’s ability to purchase and utilize it across the Merged Areas in June–July 2019.

### Driver 1

#### Limited ability to produce enough food

##### Crop production

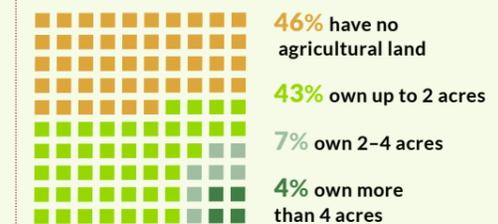
Food production in the Merged Areas is well below the requirements of the population. The total area of major crops planted (wheat followed by maize with barley and rice grown in small quantities) has reduced significantly since the complex emergency started in 2008. Only 14 percent of land is arable and 37 percent is cultivable waste.<sup>1</sup>

Households lack the resources needed to resume farming or to restore their production to pre crisis levels by investing in quality inputs, including high-yielding seeds, fertilizer and agricultural tools. Farmers have low technical skills and knowledge to improve agriculture practices, and limited storage capacities and marketing skills.

Nearly half of households have no agriculture land, reaching 86 percent in TSD D.I.Khan, 85 percent in TSD Tank and 72 percent in TSD Peshawar. Of those that do own land, the majority are not cultivating it. See figures 15 and 16.

Even in districts such as North Waziristan, Mohmand and Bajaur where the proportion of households owning agricultural land is relatively higher and households are more likely to engage in agriculture, land holdings are very small – generally less than two acres – so farming takes place on a subsistence level. Land cultivation is extremely low in the TSDs compared to the merged districts. Some 84–98 percent of households in TSDs Kohat, Peshawar, Tank, D.I.Khan and Lakki do not grow crops.

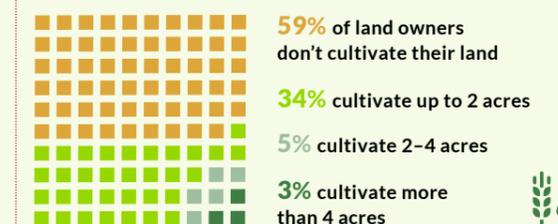
Fig. 15 Agricultural land ownership



Source: CFSLA 2020



Fig. 16 Prevalence of agricultural land cultivation



Source: CFSLA 2020



**41%**

of landowners cultivate crops – on average their production is enough for four months’ consumption

<sup>1</sup> Development statistics of FATA, 2015, Bureau of Statistics, Planning and Development Department, FATA

Water scarcity is the major limiting factor for crop production – especially in TSDs Kohat and D.I.Khan and Bajaur district. Less than half of cultivated land is irrigated, falling to around a third in the TSDs. Well over half of land owners lack water for crops while lack of high-yielding seeds and fertiliser are also major challenges. See figure 17.

Around two in five farming households face problems accessing agricultural markets to buy inputs such as fertilizer and tools mainly because of damaged roads or long distances. For 25 percent of households it takes more than an hour to reach a market. In the TSDs agricultural markets are often non-existent so smallholders have to travel to neighbouring districts.

For the 41 percent of land owners that do cultivate crops their production generally sustains them for four months of the year. Most households are net buyers of food, making them vulnerable to fluctuations in market prices.

**Livestock farming**

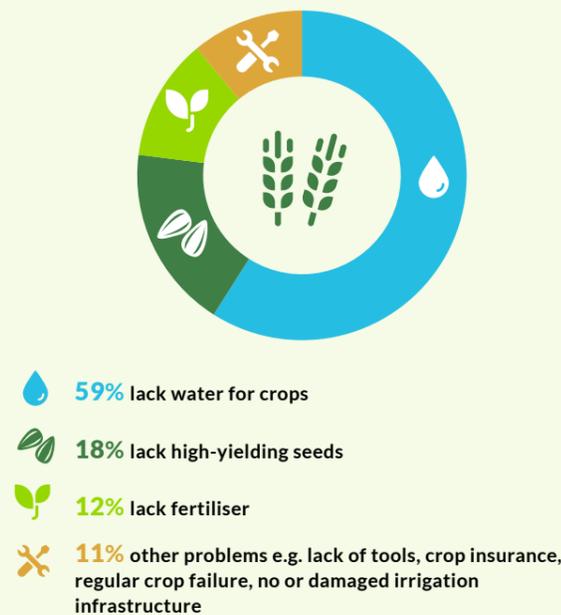
About 59 percent of households in the Merged Areas keep relatively small numbers of livestock, including buffalo, camels, cattle, donkeys, goats, poultry and sheep. The percentage of livestock-keeping households is highest in TSD Bannu, Bajaur and Mohmand districts.

Many livestock farmers lost their herds during displacement or have been forced to distress-sell them to meet basic needs. While they are making efforts to rebuild them, they face significant challenges – not least lack of money to invest in land, restocking and animal care to bring production back to pre-crises levels as well as inadequate water, fodder and veterinary supplies. See figure 18.

In TSD Bannu, where 85 percent of households keep livestock, the situation is worrisome as 42 percent of households reported cattle deaths over the previous year, versus 9 percent average for the Merged Areas. This TSD faces particularly poor availability of veterinary services, water and fodder.

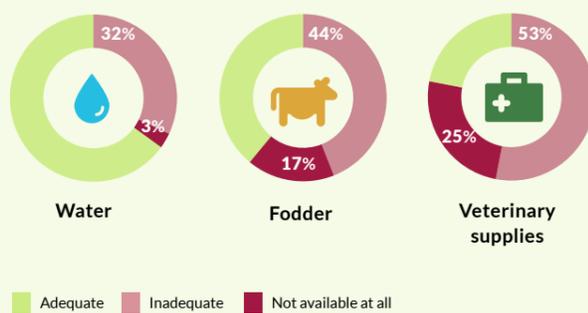
Livestock keepers often have to take long and arduous journeys along damaged roads to reach livestock markets, not just to buy and sell animals, but for fodder and vet services, especially in the TSDs. About 25 percent had to travel more than 30 kilometres, reaching 73 percent in TSD Peshawar and 69 percent in TSD Bannu.

Fig. 17 Main problems preventing households from cultivating crops



Source: CFSLA 2020

Fig. 18 Perception of households on the availability of water, fodder and veterinary supplies for livestock



Source: CFSLA 2020

**42%** of households reported cattle deaths in TSD Bannu where the majority of households keep livestock

**Driver 2**  
**Lack of economic access to food**

The economy of the remote Merged Areas is the most underdeveloped in Pakistan, aggravated by more than a decade of insecurity. Some 73 percent of households are classified as living in multi-dimensional poverty (Multi-dimensional Poverty Index 2016). Most people have no permanent source of income with 65 percent of households reliant on informal work, loans, income support and aid. An even higher percentage of households in South Waziristan and Bajaur districts and Peshawar and D.I.Khan TSDs are reliant on unsustainable livelihood strategies. Just 14 percent of household heads have a regular job (private or government) and 12 percent are skilled workers or own a business. See figure 19.

In the month preceding the survey (June 2019) the average household income was PKR 28 967 (USD 192).<sup>2</sup> The lowest income was in TSD Tank followed by Bajaur district.

Almost half (49 percent) of households in the Merged Areas had contracted a debt in the six months preceding the survey, reaching 61 percent in Kurram district. Households in the TSDs were far less likely to have taken out debts (22 percent), though this may be because they lack access to credit. See figure 20 on page 17.

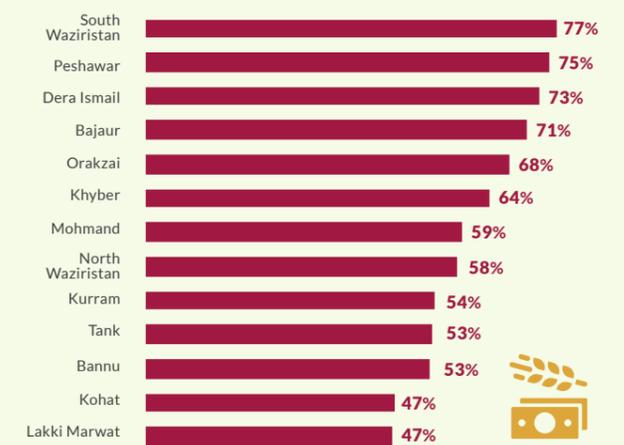
The majority of respondents took out loans to pay medical expenses (41 percent), or to buy food (24 percent), followed by meeting education expenses, buying agricultural inputs, and paying for ceremonies. Households in TSDs Lakki and Bannu were more likely to borrow money to pay for medical needs. In TSDs Tank and Peshawar at least 40 percent of households took out loans to meet food needs.

**Food price increases**

Despite having historically weaker market mechanisms compared to the other districts of Khyber Pakhtunkhwa, food availability is generally sufficient to meet the food needs of the population. Across the Merged Areas, the prices of essential food commodities are similar, an indication that the markets are strongly integrated. However, an upward trend in the price of wheat flour as well as other essential food commodities including rice, dhal and

<sup>2</sup> As per UN exchange rate for the month of June, 2019. USD 1 = PKR 151

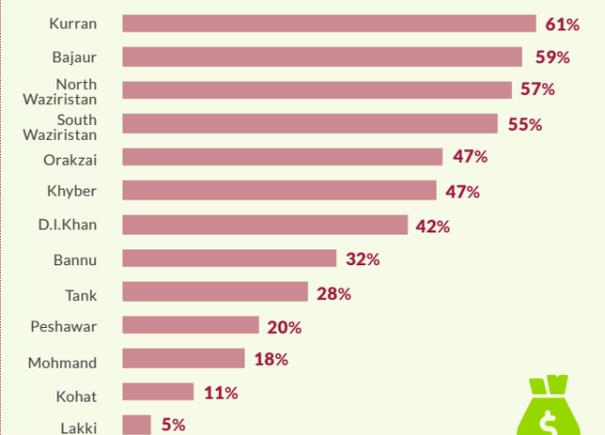
Fig. 19 Proportion of households engaged in unsustainable livelihood strategies



Source: CFSLA 2020

**24%** of households who took out loans did so to buy food

Fig. 20 Percentage of households that contracted debts in the previous six months



Source: CFSLA 2020

ghee, was observed. For example, the August 2019 average retail price of one kilogramme of wheat flour was 11 percent higher than the previous year peaking at 23 percent higher in TSD D.I.Khan and Khyber district. Transport costs are a major contributor to volatile food prices.

### Driver 3 Lack of access to basic services

The Merged Areas is mainly rural with poor infrastructure and an acute shortage of basic services. About 72 percent of households are still living in kacha/kutchra houses reaching almost 96 percent in Orakzai district and over 80 percent in TSDs Bannu, D.I.Khan and Lakki.

#### Very low education levels

Illiterate and uneducated adults are less likely to command well-paid jobs, locking them into a cycle of poverty and food insecurity. Nutrition surveys and analyses consistently show that children born to less-educated mothers are more likely to be undernourished. They tend to be less knowledgeable about the importance of hygiene and of feeding their children a balanced and nutritious diet.

About 76 percent of the population in the Merged Areas do not have any formal education. In TSDs Bannu and D.I.Khan, over 90 percent have no formal education. See figure 21. Of the small percentage of respondents who have completed primary education (12 percent), the overwhelming majority of them are male (83 percent). The gender inequality in terms of school completion is even more marked in TSDs Bannu, D.I. Khan and Lakki and in North Waziristan district.

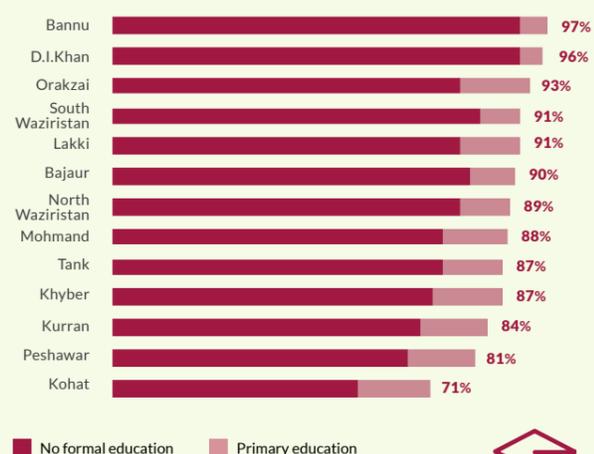
A total of 684 577 children aged 5–16 years are out of school in the Merged Areas, 60 percent of them girls. The highest numbers are in South Waziristan, followed by North Waziristan, Bajaur and Khyber.

#### Lack of access to health facilities

Around 62 percent of households in the Merged Areas have access to government healthcare facilities, while 36 percent have to use private facilities rising to 86 percent in TSD Kohat, and around 65 percent in TSD Tank and South Waziristan. As figure 22 shows, very few households face ‘no problem’ accessing health services (6 percent). Long distances constitute the main access problems followed by high cost of service, non availability of transport and poor

 **80%**  
of traders anticipated an increase in the prices of almost all essential food commodities in the coming six months

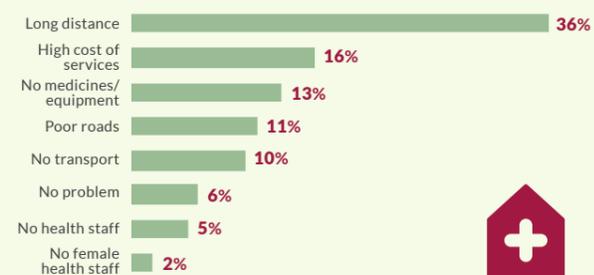
Fig. 21 Percentage of household members (aged 5 and above) with no formal education or primary only



Source: CFSLA 2020

 **76%**  
of the population across the Merged Areas do not have any formal education

Fig. 22 Major problems faced by households in accessing the nearby health facilities



Source: CFSLA 2020

roads. Around 16 percent said it took more than an hour to reach one, rising to 63 percent in TSD Bannu.

Of the 62 percent of households that had at least one member who visited a health facility in the last three months, 24 percent described the services received as poor, peaking at 45 percent in South Waziristan followed by 39 percent in TSD Tank.

Overall, 93 percent of households rely on traditional biomass fuels (wood, charcoal, agricultural waste and animal dung) for cooking and 91 percent use firewood as their primary source of fuel for heating. The inefficient use of these fuels results in significant public health hazards, as well as negative environmental impacts that contribute to increased poverty levels.

#### Lack of safe drinking water

In rural Pakistan, around 93 percent of households source their drinking water from a safe source that protects against outside contamination (2017-18 Pakistan Demographic and Health Survey). As figure 23 shows, in the Merged Areas households are less likely to use safe water sources, with almost 20 percent using unsafe sources, such as rivers, canals and unprotected wells. The prevalence rises to more than 65 percent in the TSDs D.I.Khan and Bannu, 39 percent in Orakzai district and almost 31 percent in South Waziristan. For the 12 percent of households that walk for more than 30 minutes to fetch drinking water, the task usually falls to women (68 percent) or girls (14 percent).

#### Lack of sanitation

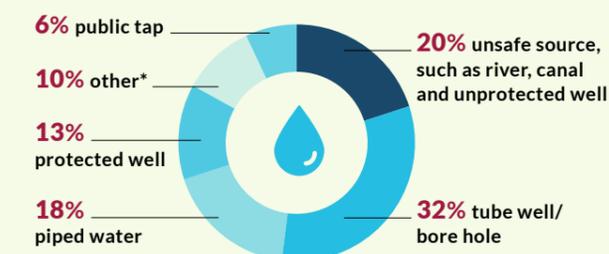
Sanitation levels are poor with 32 percent of male household members still defecating outside – rising to 85 percent in TSD Bannu, 74 percent in TSD D.I.Khan, 68 percent in North Waziristan and 51 percent in South Waziristan. Women and girls are less likely to defecate in the open, still 1 in 10 are doing so, rising to 1 in 2 in D.I Khan.

#### Lack of electricity access

The provision of reliable, clean, affordable energy supplies is vital for reducing the region’s poverty, supporting economic growth and sustainable development, and improving standards of living by increasing productivity and incomes. About 27 percent of households have no electricity at home, rising to 90 percent in TSD Lakki, 73 percent in South Waziristan and 59 percent in TSD Bannu.

 **24%**  
of respondents who visited a medical facility said the service was poor

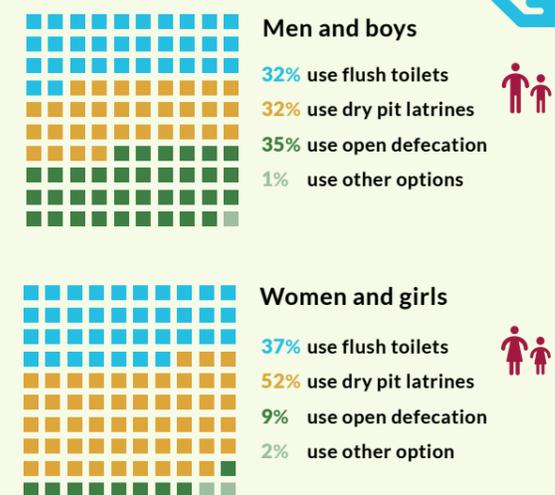
Fig. 23 Household access to drinking water



\* treatment plant, protected spring water, hand pump, bottled water, water tanks/bladders

Source: CFSLA 2020

Fig. 24 Household access to sanitation



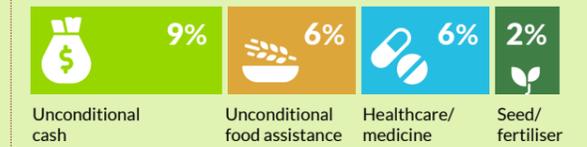
Source: CFSLA 2020



## Limited levels of assistance

According to the findings of the CFSLA, households in the merged districts received no or very limited assistance in the six months preceding the survey. Households in the TSDs were extremely unlikely to have received assistance. Households in Mohmand were the most likely to have received unconditional cash (51 percent), healthcare/medicines (36 percent) and unconditional food assistance (25 percent). In Orakzai district, 19 percent of households received unconditional food but no other assistance.

Fig. 25 Percentage of households receiving assistance during the past six months



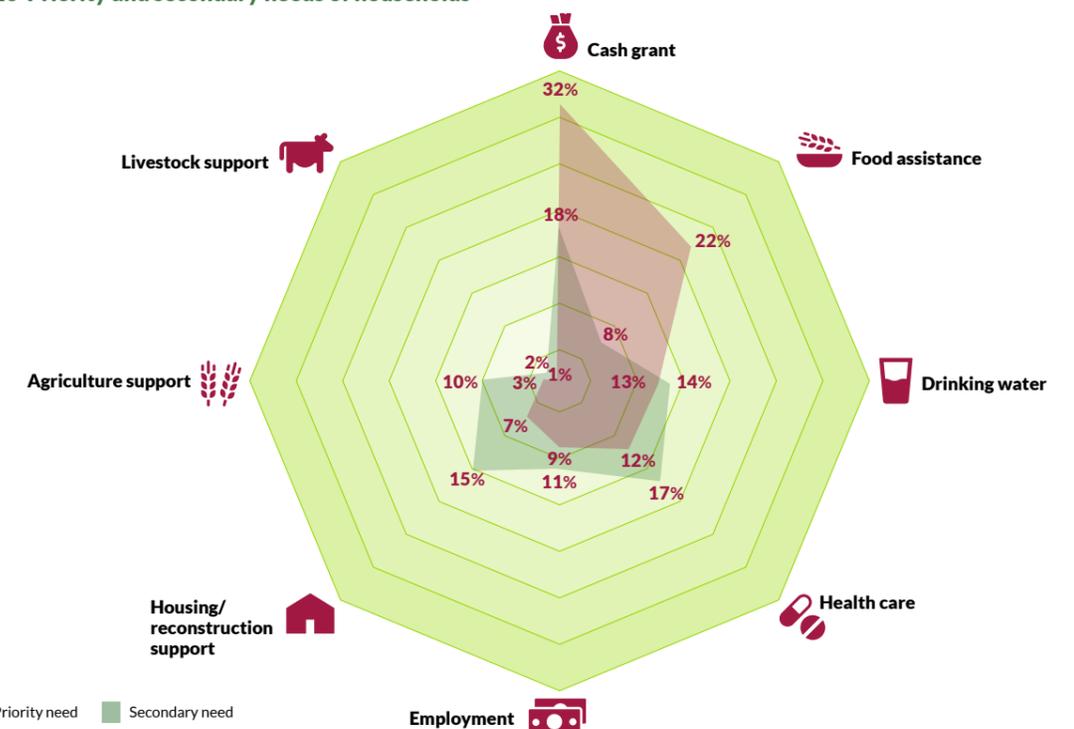
The main sources of assistance were the government and UN/NGOs.

## Priority needs of households in the Merged Areas

To get an idea of the priority short-term needs of the households, the CFSLA asked about respondents' two priority needs. Across the Merged Areas, 32 percent of

households reported cash grant as their priority need followed by food assistance (22 percent). Another 13 percent mentioned drinking water and 12 percent health care as their priority short-term needs.

Fig. 26 Priority and secondary needs of households



Source: CFSLA 2020

## Recommendations

### Increase policy level support across a range of social and economic areas

- ▶ Federal and provincial governments, UN agencies, INGOs and other relevant stakeholders should jointly design and implement programmes.
- ▶ Base gender and protection concerns on a consultative, community-level process and integrate gender and protection issues into all sectoral activities.
- ▶ Strengthen early warning systems, preparedness and prompt response to shocks and emergencies, ensuring that contingency plans are well developed at the federal, provincial and district levels, including the stocking of grain reserves, for a timely response.
- ▶ Prioritize improving access to basic services (WASH, health, nutrition, education and housing).
- ▶ Raise awareness of the vital importance of education and its links with social stability, economic opportunity, food security and nutrition, especially for girls.
- ▶ Ensure the CFSLA becomes a regular feature of the government planning process with sufficient resources to design specific food security policies/ interventions.

### Redouble efforts to tackle high levels of malnutrition

- ▶ Raise awareness about how to improve water safety, sanitation and hygiene at the household level.
- ▶ Explore culturally appropriate, innovative and effective ways to raise nutrition awareness and understanding, in particular for women and adolescent girls, with an emphasis on the importance of a diverse, nutrient-rich diet, exclusive breastfeeding and complementary feeding of infants and young children, and of the potential harm caused by inappropriate practices.
- ▶ Implement fortification of essential food items, such as wheat flour, oil, etc. to prevent micronutrient deficiencies.

### Invest in agricultural support to improve food availability and lower market reliance

- ▶ Promote diverse, high-value agriculture, such as horticultural crops, livestock and domestic poultry.
- ▶ Upgrade farm service centres to help smallholders overcome low agricultural productivity and reduce post-harvest losses.
- ▶ Invest in agriculture research and development to develop approaches towards sustainable production of nutritious food, especially in food deficit areas.
- ▶ Implement medium to long-term livelihood and Integrated Natural Resource Management recovery activities.
- ▶ Provide agricultural inputs (seeds and fertilizers), tools and support for rehabilitation/ improvement of irrigation infrastructure.
- ▶ Provide medication, shelter, fodder and water storage for livestock.

### Place an immediate and sustained focus on increasing household income

- ▶ Prioritize multi-sectoral needs in the most vulnerable geographical areas.
- ▶ Establish monitoring tools to identify changes in vulnerability over time to contribute to a flexible investment approach that can anticipate and address emerging problems before they become critical.
- ▶ Plan and design programmes that generate non-farm employment and diversify livelihoods, including the development of entrepreneurship, small businesses and value chain services to contribute to economic diversification.
- ▶ In close consultation with women and the community, develop programmes that engage more women in income-generating activities that are culturally appropriate and accepted by the community.

