Disaster Management Authority   **World Food Programme**
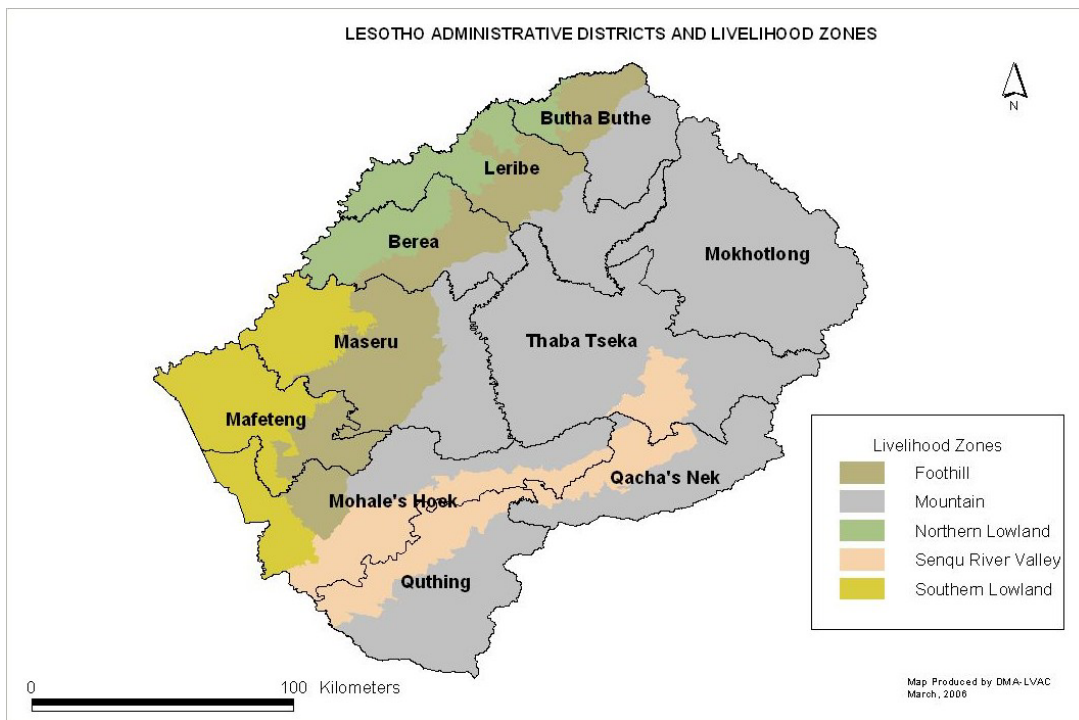
COMMUNITY AND HOUSEHOLD SURVEILLANCE (CHS) FINDINGS

October/November 2008 (Round 11)

LESOTHO ADMINISTRATIVE DISTRICTS AND LIVELIHOOD ZONES

Butha Buthe
Leribe
Berea
Mokhotlong
Maseru
Thaba Tseka
Mafeteng
Mohale's Hoek
Qacha's Nek
Quthing

Livelihood Zones
Foothill
Mountain
Northern Lowland
Senqu River Valley
Southern Lowland

0   100 Kilometers

Map Produced by DMA-LVAC
March, 2006

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Acknowledgements

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Executive Summary

The Community and Household Surveillance (CHS) is a biannual survey that is conducted during the post-harvest and the lean season each year, with the main objective of monitoring the short- and long-term effects of food assistance interventions. Since January, 2007, the CHS system has now been anchored in the Disaster Management Authority (DMA), with the objective of broadening its objectives especially in strengthening and complimenting LVAC food security monitoring initiatives in the country. Round 11 of CHS was conducted in October 2008 and covered 60 WFP final distribution points (FDPs) around the country. The results have been disaggregated by beneficiary status, programme activity, district and by livelihood zones, as much as possible.

Household demographics: The average household size of the sampled households was four persons, with no differences between beneficiary and non-beneficiary households, by programme activity or livelihood zones.

Housing and amenities: Beneficiary households were significantly more likely to have poor quality housing[1], to access their drinking water from unimproved sources and to have poor quality sanitation. By district, households in Mohale's Hoek district were the most likely to have poor quality housing while those in Thaba-Tseka district had the highest proportion of households using water from unimproved sources and also having poor sanitation.

Main livelihoods sources: The five most important livelihood activities were casual labour, food crop production, food assistance, brewing and petty trade. Livelihood sources differed in proportion when disaggregated by beneficiary status, programme type, district and livelihood activities.

2008/09 agricultural season: Almost half the sampled households indicated having access to land and of these, nearly one-third planned to cultivate less land this agricultural season than they did in the past. Main reasons for cultivating less were given as weather related causes, lack of draught power and seed. Majority of the households rely on cattle for draught power.

Cereal stocks and sources: Two-fifths of the sampled households were found to have no cereal stocks without any difference between beneficiaries and non-beneficiaries. Non-beneficiary households rely mostly on purchase, production and gifts for cereals while beneficiaries rely on food assistance, production and purchase.

Asset Wealth Distribution: A third of the sampled households were found to be asset poor[2] - half the households in the Mokhotlong and Thaba-Tseka samples. Also, one-third of the households had no livestock - half the households in the Quthing sample while Butha-Buthe households were the most likely to own livestock.

Expenditure: Trends in monthly per capita expenditure on food shows a steady increase from October 2006 to October 2008, an indication of the impact of increasing food prices. Food assistance is allowing beneficiary households to spend less on food thus and more on other household needs such as education and health care.

Food Consumption and coping strategies

Beneficiary households were found to have a higher proportion of households with acceptable consumption[3], an indication of positive impact of food assistance in improving the household's food consumption. Beneficiaries under the ART and TB support had the highest proportion of households with acceptable consumption. This could be attributed to the fact that these households had received food assistance for a longer period of time and is therefore an indication that consistency of food assistance to beneficiaries is very crucial for any impact to be realised. The results also indicate strongly that food assistance to beneficiary households is preventing them from regularly engaging in stressful and severe coping strategies due to their lower coping strategies index (CSI).

Nutrition of women and young children

Around 480 children 6-59 months were weighed and measured. Of those, 3.8% were *wasted* or low weight-for-height, while 23.2% were *underweight* (low weight-for-age) and 63.2% were chronically malnourished or *stunted* (low height-for-age). This compares with 2.4% wasting, 10.0% underweight and 49.2% stunting in March 2008, 2.3% wasting, 13.8% underweight and 41.7% stunting in the November

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[1] Both a thatch roof and dirt floor
[2] 0-4 different types of household assets
[3] Based on an analysis of 7 day recall of household food consumption

2007 National Nutrition Survey. The high levels of underweight and stunting have to take into account the high proportion of MCH beneficiaries included n the sample.

Measles and Vitamin A coverage

Coverage of vitamin A supplementation, as well as DPT3 and measles immunisations was not even across districts, with Mafeteng having the lowest coverage of vitamin A and DPT3. Over 90% of the sampled children had received measles injection.

Targeting for Food Assistance

Households with high vulnerability (four or more household characteristics), were found to have higher stress (high CSI) and worse consumption (low FCS). Improved targeting could improve the capturing of households with more household vulnerability characteristics and exclude those with fewer vulnerability characteristics.

Quthing, Qacha's Nek and Mokhotlong districts had the highest proportion of households with high vulnerability as measured but a high number of characteristics. Geographic targeting should thus prioritise these districts. By livelihood zone, Senqu River Valley and Peri-Urban zones were found to have the highest proportion of households with a high number of vulnerability characteristics.

Background and Methodology

The Community and Household Surveillance (CHS) is a biannual survey conducted during September/October and February/March and is designed to monitor the short and long term effects of food assistance interventions. The survey examines the effectiveness and relevance of the food assistance operations and to improve the understanding of the relationship between food security and other contextual factors, such as the high prevalence of HIV and AIDS, impact of rising commodity prices and other socio-economic factors. CHS also generates information that serves as an early warning indicator of an impending food crisis. While the primary objective of the CHS is to measure the short- to medium-term outcomes of food aid interventions, trends in livelihood and food security indicators and outcomes are analysed to the extent possible.

One of the goals of WFP Lesotho is to strengthen the monitoring of vulnerability to food insecurity in the country and the progress and impact of food assistance interventions in the country. In this regard, the CHS has now been anchored within the Lesotho Vulnerability Assessment Committee (LVAC) under the Disaster Management Authority (DMA). This is with the objective of ensuring that there is an effective national tool for monitoring food assistance effectiveness and to provide direction on programming to both food and non-food assistance. Being a gradual process, the October 2008 CHS was carried out within the LVAC and DMA analytical and institutional framework, whereby the sample size was designed to allow the analysis of the findings by beneficiary status, programme activity, district and by livelihood zones.

During this round of CHS, 10 beneficiary and 10 non-beneficiary households were interviewed in each of the 60 sites sampled, country wide for a total of 1193 household interviews. The programmes included for the surveillance were: beneficiary households under ART/TB, MCH and OVC support[4]. In all the households selected, anthropometric measurements and health information for children aged 0-59 months and women of reproductive age were also collected.

The CHS and nutrition questionnaires were used to collect information for food security and nutrition indicators such as, household demographics, livelihood strategies, agriculture production, cereal stocks and sources, income and expenditure, asset wealth, food consumption, coping strategies, maternal and child health, malnutrition. This was done through household interviews with household heads. Data was collected electronically using PDA's.

Limitations

The sample is not representative of the entire rural population and only provides an indicative picture of the food security situation around the country at district and livelihood zone levels. In addition, the sample is slightly biased towards households who are food assistance beneficiaries and may have different characteristics from the general rural population.

There are always problems with estimating young children's exact age in months if no birth record is available and there is likely to be some error in weighing and measuring both the adult women and the young children as not all enumerators are skilled in doing so.

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[4] Anti-retroviral therapy/tuberculosis treatment, maternal and child health, and orphans and vulnerable children

Household Findings

1   Household Demographics

Household size: The average household size was 4.3 persons, ranging from 3.2 in Botha-Bothe to 5.5 persons in Thaba-Tseka district. By livelihood zone, the largest was 4.5 persons in the *Mountains* to 3.9 in the *Foothills* zones. Beneficiary households (4.6 persons) were significantly *(p < 0.001)* larger than non-beneficiary households (4.1 persons) while MCH beneficiary households were much larger (5.0 persons) than ART/TB and OVC households (4.4).

Female headed households: In total, half the sample households were headed by women with no difference between beneficiary groups. Households receiving support under the MCH programme were much less likely to be headed by women (38%), than those under ART/TB (55%) or OVC (58%) programmes. The highest percentage of female headed households was found in the *Peri-Urban* zone (62%) while the lowest was in the *Foothills* (44%). Maseru, Mohale's Hoek, Quthing, and Qacha's Nek samples all had 60% or more households headed by women compared to only 36% in Botha-Bothe.

Elderly headed households: Of the sampled households, 29% were headed by a person aged 60 years or older with beneficiary households less likely to be headed by an elderly person than non-beneficiary households. By programme activity, households under OVC support were much more likely to have an elderly head than the other programmes. By livelihood zone, the highest percentage of elderly headed households was found in the *Senqu River Valley* (41%) while the lowest was in the *Northern Lowlands* (24%). Mafeteng, Quthing, Qacha's Nek and Maseru districts all had 35% or more households headed by an elderly person compared to only 15% in Botha-Bothe.

Presence of chronic illness: In total, 17% of the sampled households had chronically ill member[5], and as expected, beneficiary households were significantly more likely to host chronically ill members (26%) *(p < 0.001)* as compared to non-beneficiary households (11%). In addition, 44% of the households with an ART/TB patient had a chronically ill member as compared to only 12% in the MCH and 8% in the OVC beneficiary households. By livelihood zone, 20% of the households in the *Northern Lowlands* had a chronically ill member as compared to only 10% in the *Peri-Urban* zone. More than 30% of the households in Qacha's Nek and Mokhotlong had a chronically ill member compared to only 7% in Quthing and 8% in Thaba-Tseka districts.

Recent death of a household member: Eight percent of the sampled households indicated that a household member had died in the past three months with no difference between beneficiaries and non-beneficiaries. By programme activity the proportion was highest amongst the ART/TB households at 10%, while by district, 13% of the households in Maseru had experienced the recent death of a household member compared to only 3% in Mokhotlong district. By livelihood zone, 13% of the households in the *Southern Lowlands* had a recent death compared to only 2% in the *Senqu River Valley* zone.

Hosting orphans: In total, 43% of the households were hosting orphans with significantly more *(p < 0.001)* beneficiary households (57%) compared to non-beneficiaries (33%). As expected hosting orphans was highest amongst households under OVC support (88%) when considering programme activities. Households in the *Mountain* zone were the most likely to be hosting orphans (50%) while those in the *Southern Lowlands* (33%) were the least likely. By district, households in Quthing district were the most likely to be hosting orphans (53%), followed by Thaba-Tseka and Qacha's Nek (48%), and Maseru (47%) while those in Botha-Bothe were the least likely (29%).

High percentage of effective dependents[6]: Overall, 19% of the households were found to have a high percentage of dependents to earners (80% and above) – slightly higher amongst the beneficiaries when compared to the non-beneficiaries. By programme activity households under ART/TB support (26%) were more likely to have a high percentage of effective dependents than those under OVC (22%) or MCH (13%) support. Households in the *Senqu River Valley* were the most likely to have a high percentage of effective dependents (29%) while the least likely were found in the *Northern Lowlands* (13%). By district, households in Qacha's Nek were the most likely to have a high percentage of effective dependents (32%) while the least likely were in Botha-Bothe (12%) and Mafeteng (11%).

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[5] Chronic illness refers to illness for three months or more.
[6] Percentage of effective dependents is the number of persons < 18 years or 60 or more years plus those of working age (18-59) who are chronically ill, divided by the total number of household members.

2   Housing and Amenities

Quality of housing: Overall, 48% of the sampled households were found to be living in poor quality housing (thatch roof and dirt/mud floor). Beneficiary households (55%) were significantly more likely *(p < 0.001)* to live in poor quality housing than non-beneficiaries (44%). By programme activity, households under OVC support were found to be more likely to live in poor quality houses (74%), when compared to households under MCH (51%) and ART/TB (47%) support activities. By livelihood zone, households in the *Mountain* zone were the most likely to live in poor quality housing (66%), followed by those in the *Foothills* (60%) while households in the *Peri-Urban* zone were the least likely (20%). By district, households in Mokhotlong (77%) and Botha-Bothe (76%) were the most likely to live in poor quality housing while those in Mohale's Hoek were the least likely (19%).

Drinking water: In all, 83% of the sampled households were accessing drinking water from improved water sources (piped into home, public taps, protected wells). Beneficiary households (79%) were significantly *(p < 0.01)* less likely to use water from improved sources than non-beneficiaries (86%) while by programme activity, OVC beneficiary households were the least likely to access drinking water from improved sources (71%). By livelihood zone, access to drinking water from improved sources was lowest amongst households in the *Senqu River Valley* (74%) and highest amongst those living in the *Foothills* zone (91%), while by district, the proportion ranged from a low of 55% in Thaba-Tseka and 59% in Botha-Bothe to 98% in both Qacha's Nek and Mokhotlong districts.

Sanitation: Use of good sanitation (improved pit latrine and flush/pour toilet), was quite low (54%) overall with beneficiary households (49%) significantly less likely *(p < 0.01)* to have good sanitation than non-beneficiary households (58%). By programme activity, OVC beneficiary households were the least likely to have good sanitation (34%) while households in the *Southern Lowlands* livelihood zone were the most likely to have good sanitation, especially compared to only 39% of the households in the *Mountain* zone. By district, only 22% of the households in Thaba-Tseka and 24% in Mokhotlong had good sanitation compared to 77% in Leribe and 71% in Mafeteng.
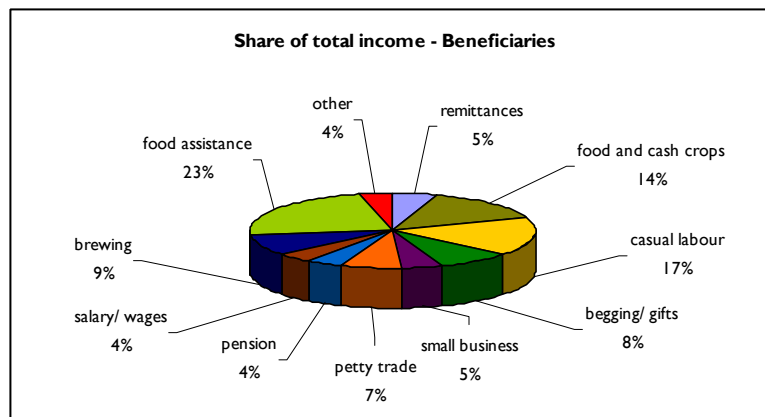
3   Livelihood sources

Key livelihood activities the households engaged in during the past six months prior to the survey were investigated in order to understand the households' livelihood strategies in providing for its food and income needs.

The five most important livelihood sources for non-beneficiaries were food assistance (52% of households), casual labour (34%), food and cash crop production (28%), brewing (21%) and gifts/begging (19%), an indication that the beneficiary households engage in multiple livelihood strategies for continued well being. The main sources for non-beneficiaries were similar: casual labour (35%), food and cash crop (31%), gifts/begging (20%), brewing (18%) and remittances (15%). It is however important to note that for both groups, most of these livelihood activities are labour based and from external sources, thus prone to shocks.

The chart shows that for beneficiaries, the greatest share of total income comes from food assistance (23%), followed by casual labour (17%), food and cash crop production/sales (14%), brewing (9%) and begging/gifts (8%).

By programme activity, beneficiary households under ART and TB, showed more reliance on food assistance (68%), casual labour (36%) and brewing (19%) as main income activities. For MCH beneficiaries,

Share of total income - Beneficiaries

- other 4%
- remittances 5%
- food assistance 23%
- food and cash crops 14%
- casual labour 17%
- begging/ gifts 8%
- small business 5%
- petty trade 7%
- pension 4%
- salary/ wages 4%
- brewing 9%

casual labour (36%), followed by food and cash crop production/sales (31%) and food assistance (26%). Lastly OVC beneficiaries relied on food assistance (56%), food and cash crop production/sales (52%) and fewing (36%) as main livelihood activities.

Share of total income - Non-beneficiaries

brewing 9%
other 5%
remittances 10%
salary/ wages 8%
food and cash crops 16%
pension 9%
petty trade 7%
casual labour 21%
small business 6%
begging/ gifts 9%
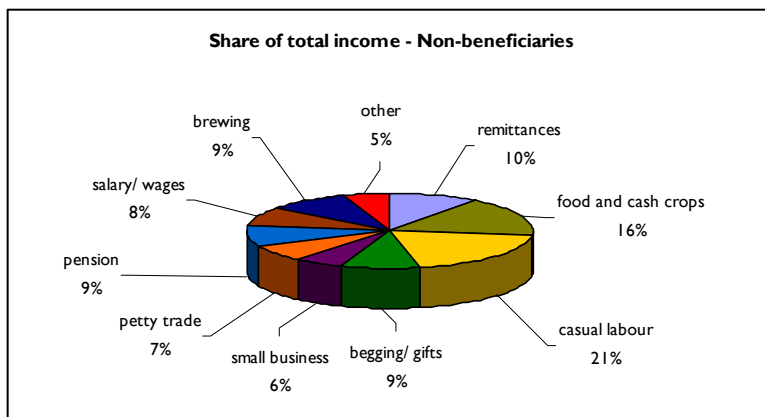
For non-beneficiary households the main contributors to total income were casual labour (21% of total), food and cash crop production/sales (16%), and remittances (10%).

Reliance on **casual labour** as a top three income source was most common in Leribe, by 55% of the households, while Botha-Bothe and Berea districts were the least likely (17%) to rely on casual labour. The *Southern Lowlands* livelihood zones had the highest proportion of households relying on causal labour (41%).

Households in Mafeteng district were the most likely to rely on **food and cash crop production/sales** as a main livelihood activity (62%), followed by households in Botha-Bothe (56%), while households in Quthing were the least likely (7%). By livelihood zone the *Southern Lowlands* had the highest percentage of households relying on crop production as a main livelihood activity (48%), while the *Northern Lowlands* (15%) and *Peri-Urban* (16%) livelihood zones had the least.

Food assistance as a contributor to food and income to the sampled households was only mentioned in the districts and livelihood zones where WFP has a substantial coverage. This is an indication that food assistance is complimenting the fragile livelihoods of these households. By district, the highest percentage of households naming food assistance as a main livelihood source was found in Mokhotlong (47%), Qacha's Nek (44%), and Thaba-Tseka (36%). By Livelihood zone, the *Mountains* had the highest proportion of households naming food assistance as a main livelihood activity at 34%, followed by the *Senqu River Valley* households (20%).

4   2008/09 Agricultural season

Access to land: Of the sampled households, 48% indicated that they had access to land for cultivation, with no difference between beneficiary and non-beneficiary households. By programme activity, households under OVC support were much more likely to have access to land for cultivation (76%) when compared to MCH (48%) and ART and TB beneficiary households (36%). By district, household access to land was greatest in Thaba-Tseka (68%) and Mafeteng (65%) and lowest in Leribe (25%), while by livelihood zone, *Southern Lowlands* had a higher proportion of households with access to land (65%), followed by the *Mountains* (56%), *Senqu River Valley* (52%), and *Foothills* (48%), while the *Peri-Urban* zone had the lowest (31%). More than 80% of the cultivating households planned to use cattle as their main source of draught power.

Overall, 93% of the households with access to agricultural land were planning to cultivate during the 2008/09 agricultural season. However, 28% indicated that they were planning to cultivate less land than the previous season, with no differences between beneficiary and non-beneficiary households. By programme activity, households under MCH were most likely to cultivate less (36%) when compared to OVC (29%) and ART/TB (25%). By district, Quthing district had the highest proportion of households indicating planning to cultivate less (48%), while Mokhotlong had the lowest at 15%. The *Senqu River Valley* livelihood zone had the highest percentage of households planning to cultivate less at 48%, while the *Mountains* had the lowest (20%). Main reasons for cultivating less were given as weather-related causes by 27% of the households, followed by lack of draught power (24%), lack of seed (20%), and insufficient labour (12%).

5 Cereal stocks and sources

Overall, as illustrated in the chart, households employ a combination of sources for their cereal needs. As the chart shows, non-beneficiary households were more likely to depend on purchases and own production for their cereal, while for beneficiary households, food assistance is a main source for ART/TB households but not as much for households supported under the OVC programmes which tend to rely more on own production for their cereals. Households supported under the MCH programme were the most likely to rely on borrowing/gifts/begging and bartering for their cereals.

**Main source of cereals - past 2 months**
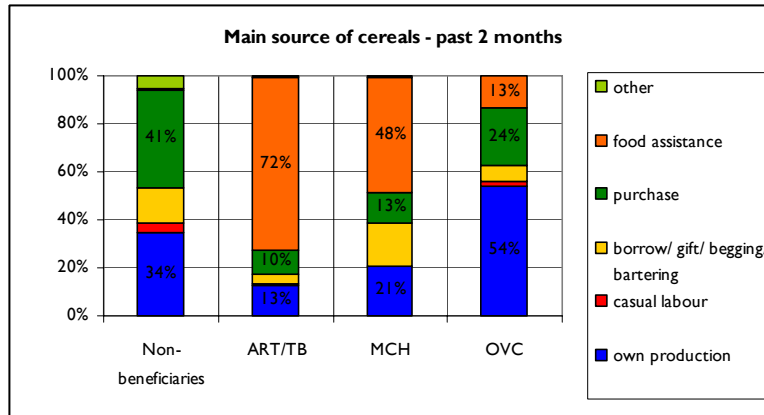
At the time of the survey, 42% of the households did not have any cereal stocks, with no differences between beneficiaries and non beneficiaries. This is an indication that households will even have more reliance on purchases and food assistance for their cereal needs until the next harvest.

6   Assets and Livestock

The CHS collects data on asset ownership from each household (21 assets, both productive and non productive). The data is then analysed considering whether the households own that particular asset or not. Then classified as asset very poor (having 0-2 different types of assets), asset poor (3-4), asset medium (5-9) or asset rich (10 or more).

Of the total sampled households 11% were found to be 'asset very poor', 22% were 'asset poor' 61% were 'asset medium' and 6% were 'asset rich', with no differences between beneficiary and non-beneficiary households. By programme activity, 15% of the ART/TB beneficiary households were 'asset very poor' compared to 9% of MCH and 12% of OVC while only 5% were 'asset rich' which was lower than the other groups.
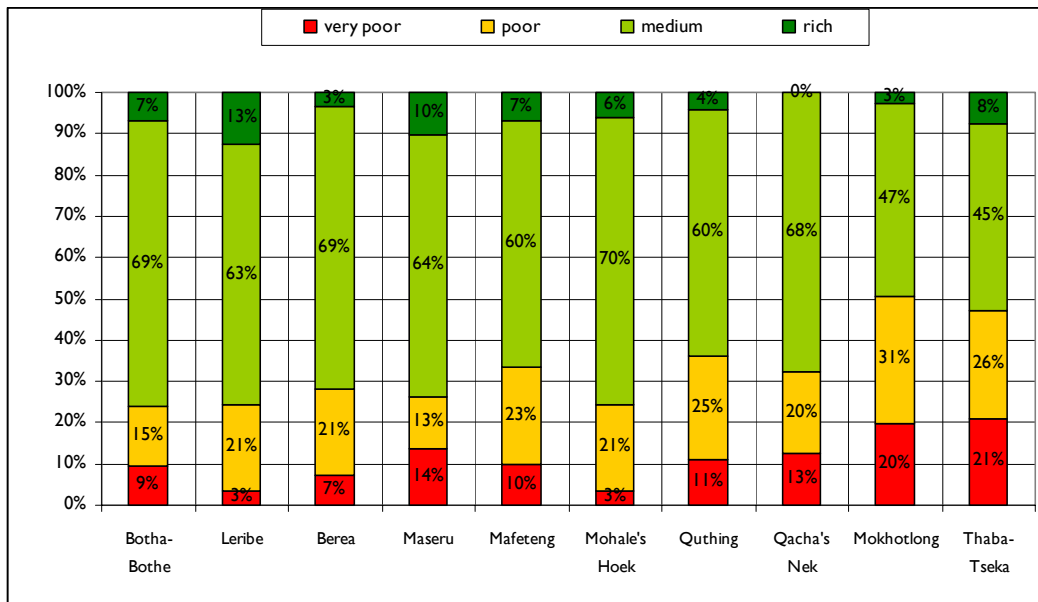
As the chart above shows, asset poverty ranged from more than 50% in Mokhotlong district to 24% in Botha-Bothe, Leribe and Mohale's Hoek districts. By livelihood zone, the *Mountains* had the highest percentage of households who are 'asset very poor and poor' (40%), followed by *Senqu River Valley* (36%), *Foothills* (31%), *Peri-Urban* (31%), *Southern Lowlands* (29%), and lastly, *Northern Lowlands* (17%).

Overall, two-thirds of the sampled households owned at least some livestock (cattle, donkey, sheep/goats, pigs, and poultry) with no differences between beneficiary and non-beneficiary households. By programme activity, households under ART and TB support were significantly less likely to have own livestock (60%), when compared to MCH (74%) and OVC (80%) beneficiary households.

Just over 40% of the households owned poultry, followed by 37% owning cattle, and about one-quarter owning goats/sheep, pigs or donkeys. Beneficiary households were significantly less likely to own goats/sheep (22% vs. 27%) and significantly more likely to own poultry (47% vs. 37%) than non-beneficiaries. ART/TB beneficiary households were much less likely to own cattle, donkeys or goats/sheep than the other beneficiary households.

Households in Botha-Bothe were the most likely to own cattle (52%) followed by Mafeteng (50%) while those in Quthing were the least likely (24%). Donkey ownership was highest amongst households in Botha-Bothe, Mokhotlong and Thaba-Tseka (32%) and lowest in Quthing (11%). Pig ownership was highest in Maseru (33%) and lowest in Mokhotlong (8%) while goats/sheep were owned by 39% of the sample households in Mohale's Hoek as compared to only 9% in Leribe and 11% in Berea. Poultry ownership was also highest amongst households in Botha-Bothe (58%), followed by Thaba-Tseka (57%) and Qacha's Nek (55%) and lowest among households in Mohale's Hoek (28%).
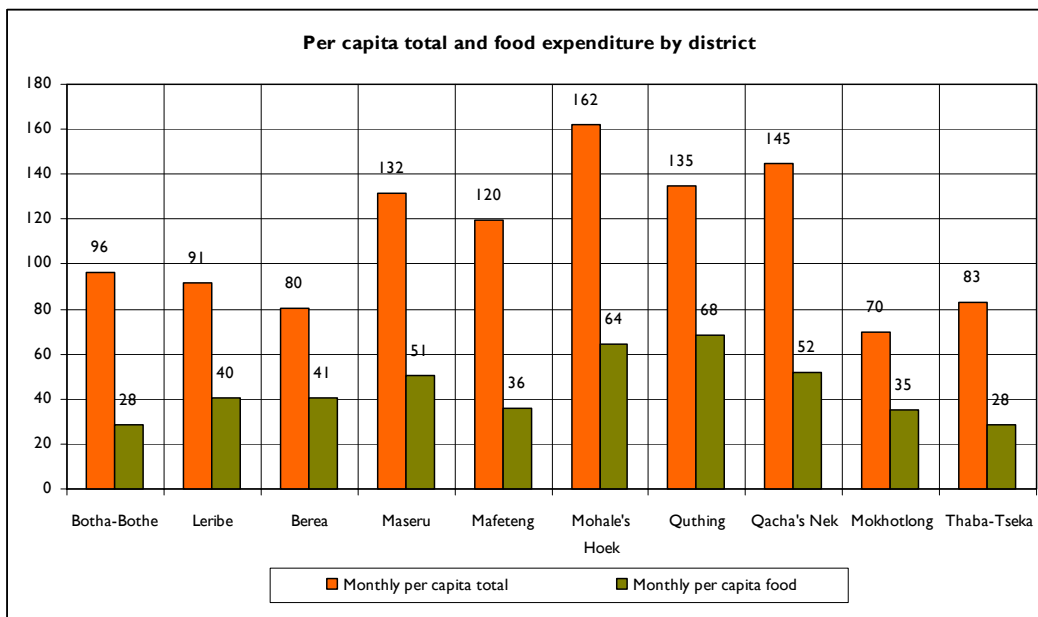
By livelihood zone, cattle ownership was highest in the *Northern Lowlands* (43%) and lowest in the *Senqu River Valley* (26%) while donkey ownership was highest in the *Mountains* zone (31%). Pigs were owned by 30% of the households in the *Foothills* and *Northern Lowlands* zones and sheep/goats were owned by 34% of the households in the *Southern Lowlands* but only 14% in the *Northern Lowlands*. Poultry ownership was also highest in the *Mountains* zone (51%).

Previous CHS findings found minimal evidence of the sale or acquisition of assets. The findings for this round of CHS indicated the same, with only three percent of the households likely to sell assets or livestock to pay for food or health care.

7   Household Expenditure patterns

The CHS has been collecting detailed information on household expenditure for five rounds (since October 2006). Certain regular household expenditures are collected for the previous month while those less regular expenditures were collected using a six month recall period. The information is used to construct the monthly per capita expenditure and share monthly expenditure for food, debt, health care, education and funerals.

The average monthly per capita expenditure of the sampled households was 111 Maloti and was significantly *(p < 0.001)* higher in non-beneficiary households (M 132) than beneficiary households (M 80). By programme activity, households under OVC support had the highest per capita monthly expenditure at M 87, followed by ART and TB (M 80), and lastly MCH (M 72).

Per capita total and food expenditure by district

| District	Monthly per capita total	Monthly per capita food
Botha-Bothe	96	28
Leribe	91	40
Berea	80	41
Maseru	132	51
Mafeteng	120	36
Mohale's Hoek	162	64
Quthing	135	68
Qacha's Nek	145	52
Mokhotlong	70	35
Thaba-Tseka	83	28

The chart above shows that by district, households in Mohale's Hoek had the highest total monthly per capita expenditure (M162), while Mokhotlong had the lowest at M 70. By livelihood zone, the *Peri-Urban* zone had the highest monthly per capita expenditure (M 167), followed by, the *Southern Lowlands* (M 148), *Senqu River Valley* (M 113), *Northern Lowlands* (M 112), *Mountains* (M 97), with the *Foothills* having the lowest, at 72 Maloti.

Overall, average monthly per capita expenditure on food was M 44, and was significantly lower *(p < 0.001)* among beneficiary households (M 29) when compared to non-beneficiaries (M55). This is an indication of the impact of food assistance in relieving the beneficiary households. By programme activity, households under OVC support showed the highest per capita food expenditure at M 34, followed by MCH (M 27) and ART and TB (M 26) households. As the chart illustrates, households in Quthing district showed the highest per capita food expenditure (M68), while households in Botha-Bothe and Thaba-Tseka had the lowest at M 28.

The share of total monthly expenditure for food was significantly lower *(p < 0.001)* in beneficiary households (38%) compared to non-beneficiaries (47%). By programme activity, it was highest amongst the MCH households (41%) and the same for the other groups (36%). By district, households in Quthing devoted 60% of their total monthly expenditure for food which was by far the highest. Households in Thaba-Tseka had the lowest share of monthly expenditure for food, at 33% of total. There were no real differences in share of monthly expenditure for healthcare, debt repayment, education and funerals by beneficiary status, programme activity, district or livelihood zone.

Trends in per capita food expenditure shows a steady increase from October 2006 to date, an indication of the impact of increasing food prices (refer to chart). However, the total monthly expenditure still remains high than in October, 2007, the results indicate stability in the share devoted to food from October 2007 onwards.

Trends in monthly food expenditure
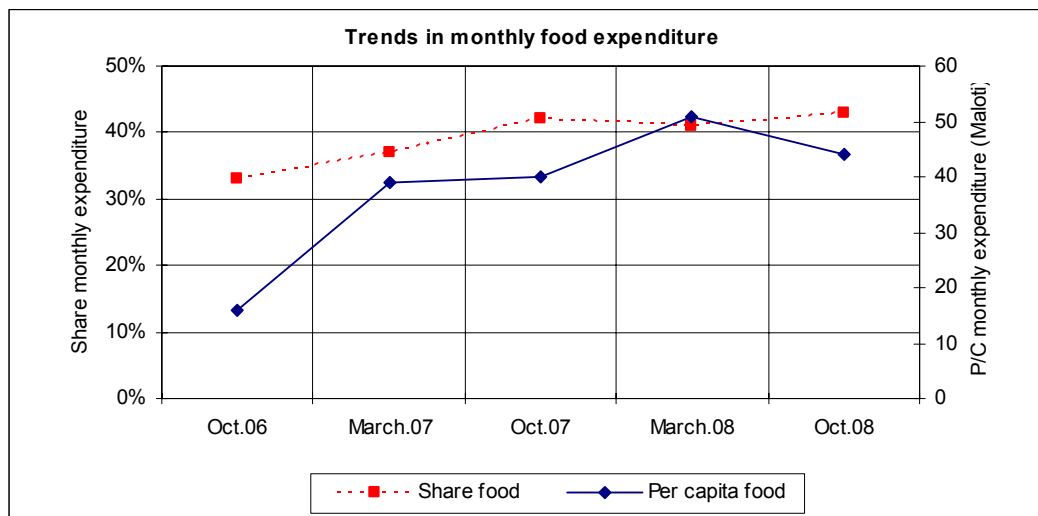
8   Household food consumption

Dietary diversity and food frequency

Research has shown that dietary diversity and frequency are a good proxy measures of food consumption and food security at household level dietary diversity—the number of different foods or food groups consumed over a given reference period, can act as an alternative indicator of food security under a variety of circumstances.

Food consumption data was collected and analyzed using the standard WFP methodology: the variety and frequency of different foods and food groups consumed over a 7-day recall period was recorded to calculate a weighted food consumption score. Weights were based on the nutritional density of the foods. Standard cut-points or thresholds were established to enable analysis of trends and to provide a benchmark for success. Households are then classified as having either 'poor', 'borderline' or 'acceptable' consumption based on the analysis of the data.

Households classified as having 'poor' food consumption were basing their diet eating only maize on a daily basis and vegetables four days per week. This is considered a bare minimum and is generally

regarded as a sign of extreme household food insecurity. Households with 'borderline' consumption are eating the equivalent of cereals and vegetables on a daily basis plus oils/fats and sugar/sugar products about five and three days per week respectively. Only households classified as having 'acceptable' consumption were having, along with daily intake of cereals, vegetables, oil and sugar, some day consumption of items with high concentration of proteins: animal products (meat, eggs and milk/dairy consumed on average 2 days/week, fish 1day/week) and pulses (avg. two days/week).

Significantly more *(p < 0.001)* non-beneficiary households had poor consumption (19%) when compared with beneficiary households (8%). This is an indication that food assistance to beneficiary households is playing a role in improving their consumption and leading to better household food security. By programme activity, households under OVC support had the highest proportion of households with poor consumption (18%), compared to MCH (6%), and ART and TB, with only 3 percent. It is important to note that ART and TB beneficiaries had received food assistance for a longer period (more than four months), while majority of the MCH beneficiaries had only received food assistance consistently for about a period of three months at the time of the survey. OVC beneficiaries are only given an individual ration, thus the impact at the household level might be minimal when compared to ART/TB and MCH beneficiaries.

As the chart below illustrates, households in Mafeteng and Botha-Bothe districts had the highest proportion of households with poor consumption at 28%, while Qacha's Nek had the lowest with four percent. It is important to note that Mafeteng, Mohale's Hoek, Quthing and Botha-Bothe districts had the lowest coverage of food assistance at the time of the survey. By livelihood zone, the *Foothills* and the *Southern Lowlands* showed the highest proportion of households with poor consumption at 20% and 18% respectively, followed by the *Mountains* (14%), *Peri-Urban* (12%), *Senqu River Valley* (11%), and lastly the *Northern Lowlands* (6%).
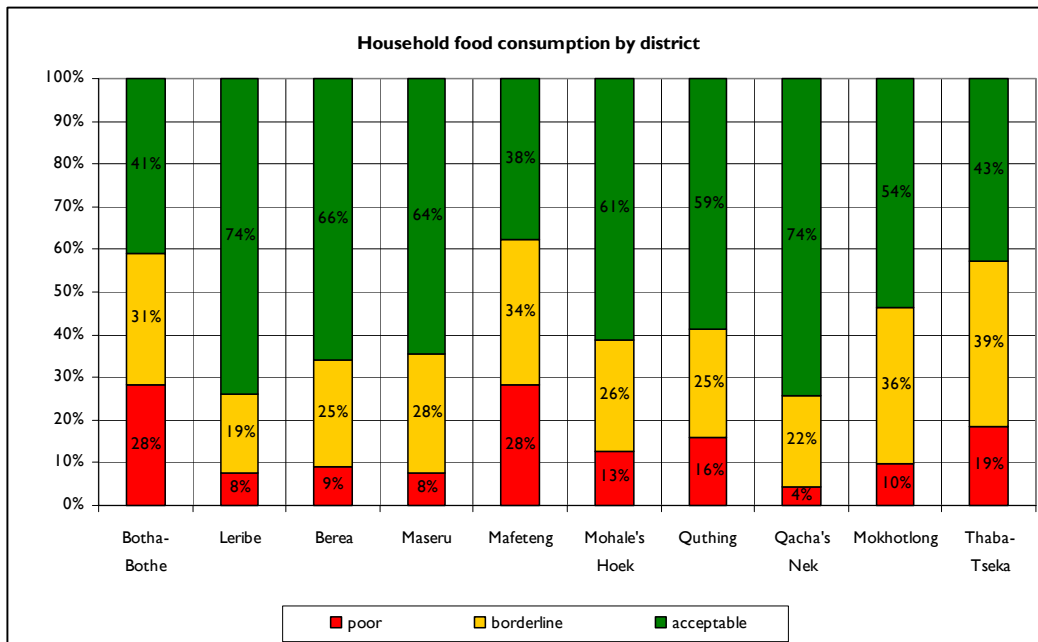
By analysing the type of the food consumed in the past 7 days, cereal was found to be the mostly likely to be consumed on daily basis by 93% of the households, followed by oil (68%), vegetables (38%), sugar (33%) and beans (7%). Beneficiary households were more likely to consume beans and oil on daily basis due to the fact that this is what comprises the food ration basket. Animal proteins were the least likely food items to be consumed by the households, with 83% indicating not having consumed them at all any day in the past seven days. For CSB, it was mostly likely to be consumed on daily basis in the past seven days by ART/TB (38%), and MCH (28%) beneficiaries. Under the current PRRO programming, CSB is only given to ART/TB and MCH beneficiaries.

As the chart illustrates, trends analysis of household food consumption indicates increases in the percentage of households with poor consumption from March 2008 to October 2008 for both groups but much more so for the non-beneficiary households. The percentage of households with poor consumption is also high when compared to October 2007. This could be an indication that the impact
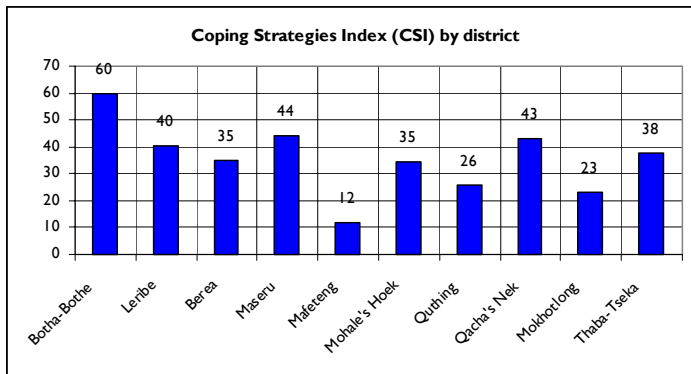
of food assistance had not yet fully been realised as most beneficiary households had only received food assistance for a short period of time.

Trends in household food consumption
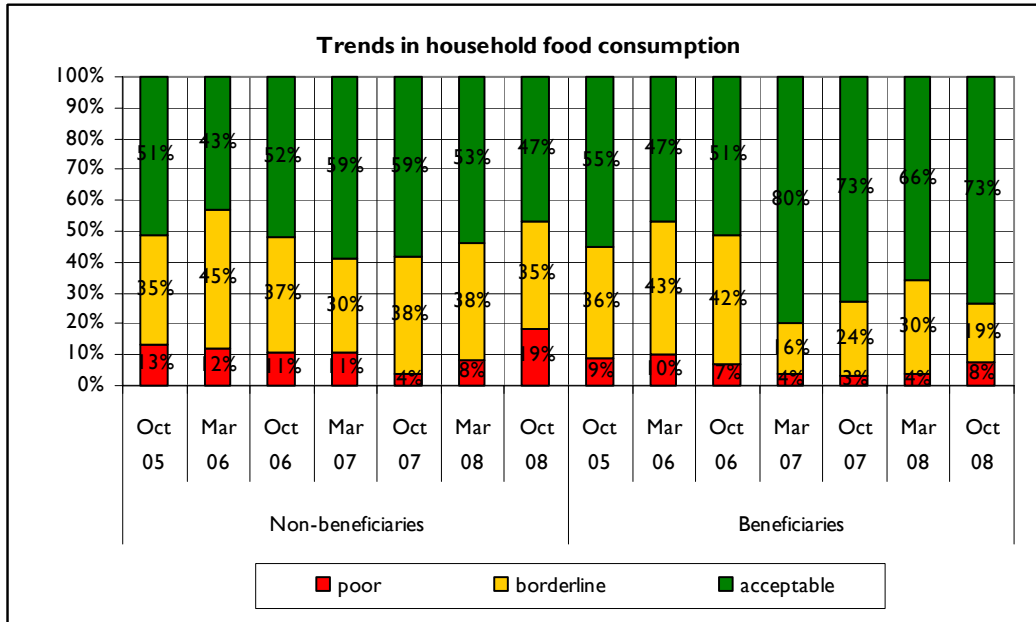
9   The Coping Strategies Index (CSI)

The Coping Strategies Index (CSI) measures the frequency and severity of a number of common household coping strategies[7] for addressing shortfalls in food supply and combines the information into a single CSI score. With the CSI, a lower score implies reduced stress on the household ability to meet its food needs and thus, relatively better food security.

The average CSI for beneficiary households was slightly higher (37) than for non-beneficiaries (34). Households under MCH

support showed the highest CSI mean (42), while OVC and ART/TB had the lowest at 36 and 35 respectively. By district, as the chart illustrates, the CSI ranged from 60 in Botha-Bothe district to 12 in Mafeteng. By livelihood zone, the *Foothills* showed the highest CSI (44), followed by *Mountains* and *Northern Lowlands* (38), *Senqu River Valley* (34), *Southern Lowlands* (27), and *Peri-Urban* at 26.
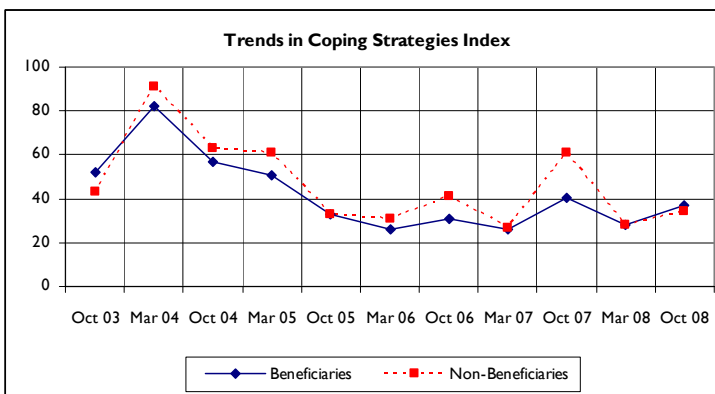
Trends in CSI (October 2003-October 2008), indicate a slight increase in CSI from March 2008 to date for both beneficiary and non-beneficiary households. When comparing with the same period in October

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[7] Coping strategies assessed: skipping meals, reducing portion sizes, reducing the number of meals, borrowing food, eating less preferred foods, eating wild foods, eating immature crops, begging and engaging in casual labour.

2007, the CSI for non-beneficiary households has dropped significantly, while remaining the same for beneficiary households. The results indicate that non-beneficiaries experienced greater stress in October 2007, due to a severe drought during that period. The results thus show the positive impact of food assistance to the beneficiary households in improving their ability to cope with a worsening situation.

The most commonly employed coping strategies were: eating less expensive/less preferred foods by 64% of the households, eating wild foods/hunting (52%), borrowing food (51%) and reducing number of meals eaten per day (50%). The least likely employed coping strategies were: sending households members elsewhere to eat elsewhere (27%) and sending household members out to beg (29%), employing casual labour for food (30%) and borrowing food on credit by 30% of the sampled households.

10   Nutrition of women and young children

The CHS has been collecting and analyzing health and nutrition information on women of reproductive age (15-49 years) and on children 6-59 months of age since Round 7 in October 2006. However, nutrition was not included in October 2007 because of the National Nutrition Survey conducted by FNCO.

For non-pregnant women, the body-mass index (BMI) is calculated. For Lesotho, a large percentage of women in the sample are overweight or obese with a BMI greater than 25 kgs/m^2. For children, age, sex, weight and height/length are collected and z-scores are calculated using Epi-Info software. Then children are classified as being moderately wasted, underweight or stunted with a z-score < -2 SD. WFP and DMA partners with the Food and Nutrition Coordinating Office and ACH in design, collection and analysis of this information.

Around 300 women aged 15-49 years were included in the sample. The graph below shows nutritional status of women in the CHS samples by beneficiary status for October 2006, March 2007, March 2008 and October 2008. It is possible to see that *beneficiary* women are more likely to be *undernourished* than non-beneficiary women. However, there were fewer beneficiary women who were obese (BMI = 30 kg/m^2 or higher). Although the percentage of obese women has decreased, the percentage of overweight has remained the same for beneficiaries but both have decreased for non-beneficiaries.

By *district*, the highest percentage of undernourished women was found in Mafeteng and Leribe and the lowest in Qacha's Nek and Berea. The highest percentage of overweight and obese women was found in Berea (52%), followed by Qacha's Nek (45%) and Quthing (45%).

By **programme type**, the highest percentage of undernourished women were found in the OVC beneficiary households, (6.7%) followed by those in MCH (6.4%) and ART/TB (5.6%) programmes. The groups with the highest levels of overweight and obese women

Nutritional status of women by beneficiary group
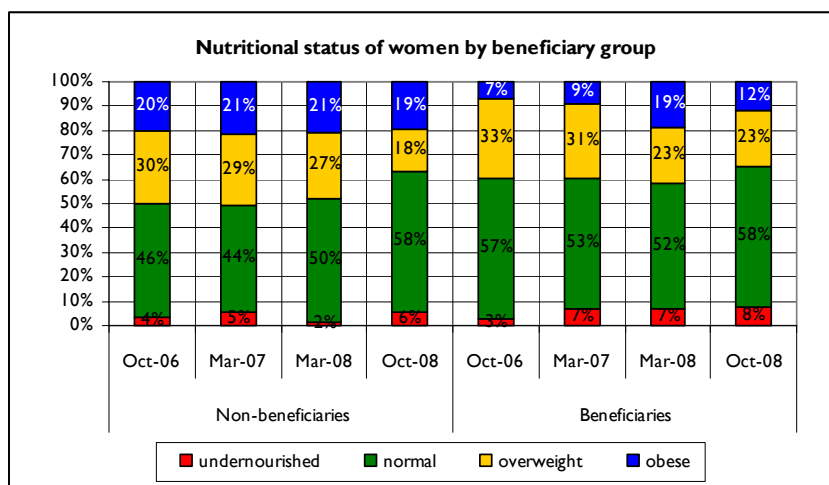
were also from ART/TB beneficiary households (39%) while the fewest were found in OVC beneficiary households (27%).

In the Round 11 sample, the *education levels* of beneficiary women were lower than the non-beneficiary sample with 25% having secondary school or higher compared to 31% of the non-beneficiary sample. The best educated women were found in the *Peri-urban* livelihood zone.

Women who have *completed primary school* have the highest average body mass index while those with no education have the lowest average BMI (around 21.3 kg/m^2). Body Mass Index increases with

increased age and peaks at around 29.5 kg/m^2 in the women aged 40-49 years.

Only 9% of the women reported having **diarrhoea** in the 2 weeks prior to the survey. This was much lower than 16% in March 2008, 13% in March 2007. Women with recent diarrhoea had a significantly lower *(p < 0.05)* BMI than those who had not been ill. The 2-week period prevalence of **fever** among the women was 19% which was slightly lower than the 22-23% in the last three rounds of data collection. There was no relationship between fever and body-mass index in these women.

In Round 11, around 480 children 6-59 months were weighed and measured. Of those, 3.8% were **wasted** or low weight-for-height, while 23.2% were **underweight** (low weight-for-age) and 63.2% were chronically malnourished or **stunted** (low height-for-age). This compares with 2.4% wasting, 10.0% underweight and 49.2% stunting in March 2008, 2.3% wasting, 13.8% underweight and 41.7% stunting in the November 2007 National Nutrition Survey.

When comparing **beneficiary** children to non-beneficiaries, the beneficiary children were significantly *(p < 0.001)* more likely to be underweight (35% vs. 14%) or stunted (71% vs. 57%) while levels of wasting were similar.

By **programme activity**, 7.9% of children from OVC beneficiary households were wasted as compared to 5.7% in MCH and 3.2% in ART/TB beneficiary households. In addition, the prevalence of underweight was 16% for children from ART/TB beneficiary households but 24% in OVC and 50% in MCH beneficiary households, indicating that this sample of children from MCH programmes could be biasing the overall prevalence of underweight in the sample. Stunting was highest in children from MCH beneficiary households (82%) followed by OVC (63%) and ART/TB (59%) beneficiary households.

For children 0-59 years 53% had experienced **diarrhoea** in the 2 weeks prior to the survey with slightly more beneficiaries than non-beneficiaries. This compares to 31% from March 2008. Around 32% of the children were reported to have experienced recent **fever** which is lower than the 38% in March 2008. Lastly, only 8% of the children had suffered from **acute respiratory infection** which is much lower than 36% found in March 2008. There was no relationship between recent illness and child nutritional status.

Of the children in the sample, only 54% had received a **Vitamin A capsule** sometime in the past 6 months while 89% has received their **DPT3** injection. By district, vitamin A supplementation was highest in Thaba-Tseka (87%), followed by Maseru (82%) and Botha-Bothe (78%) and only 21% in Mafeteng and 36% in Mohale's Hoek. The coverage of DPT3 was highest in Mokhotlong (98%), followed by Maseru (96%) and Thaba-Tseka (94%) while only 77% of the children in Mafeteng had received their DPT3 immunisation. For children 9-59 months, 91% had received their **measles** injection, ranging from 100% in Mokhotlong to only 76% in Mafeteng.

11 Households vulnerability status and targeting efficiency

The World Food Programme targets households for food assistance based on a number of vulnerability characteristics. In CHS, the vulnerability of the sampled households was assessed by considering the number of following household characteristics each household had: hosting orphans, hosting a disabled household member, chronically ill household member, high percentage of dependents, asset poverty, owning no livestock, households whose main source of income is casual labour and households without any cereal stocks. Households were then described as having either: low vulnerability: 0-1 characteristics; Moderate: 2-3 characteristics and; High vulnerability: 4-8 characteristics.
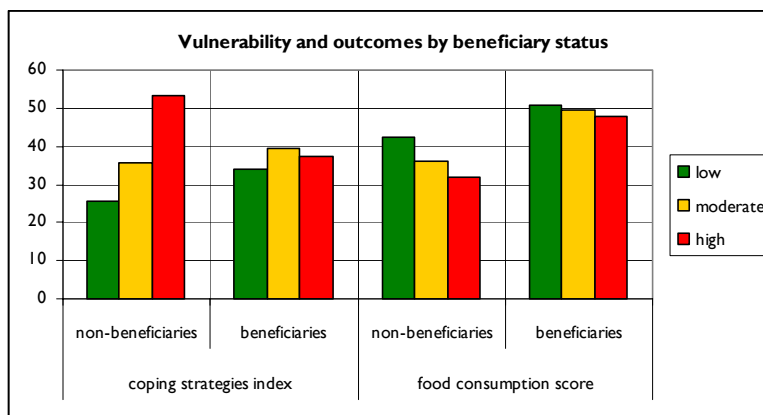
As the chart on the left indicates, non-beneficiary households with high vulnerability had the lowest food consumption score and the highest levels of stress as indicated by the high coping strategies index (CSI). However this is not the case for the highly vulnerable beneficiary households whose consumption and

levels of stress are similar to households with low and moderate vulnerability. Thus, the results show a strong indication that beneficiary households with high vulnerability characteristics are coping better and are more likely to achieve acceptable consumption levels, which is an indication of positive impact of food assistance in improving food security of vulnerable households as well as their ability to cope. The results also indicate that non-beneficiary households with high vulnerability should be targeted for food assistance.

Considering the household's vulnerability characteristics described above, the level of vulnerability and the association with the likelihood of the household having lower consumption levels and a high CSI, a relatively large proportion of beneficiary households were found to have none or one vulnerability characteristic (31%), on the other hand, 14% of the non-beneficiary households were found to have a high number vulnerability characteristics. This could be indicative of inclusion and exclusion errors in targeting, thus, eligibility for food assistance should consider those households with high vulnerability as they are more predisposed to food insecurity and stress.

The proportion of households with low vulnerability characteristics was highest amongst the MCH beneficiaries (41%), followed by OVC (32%) and least likely to be found among ART/TB (25%) beneficiary households.

By district, the highest percentage of highly vulnerable households was found in the Quthing sample (29%), followed by Qacha's Nek (28%) and Mokhotlong (24%) while the lowest percentage was found in the Botha-Bothe sample (5%). However, when comparing high vulnerability in beneficiaries and non-beneficiaries by district, the following have a higher percentage of highly vulnerable non-beneficiaries: Mohale's Hoek (22% vs. 14%), Quthing (29% vs. 27%), and Thaba-Tseka (14% vs. 10%).

Trends in key targeting criteria for beneficiary selection
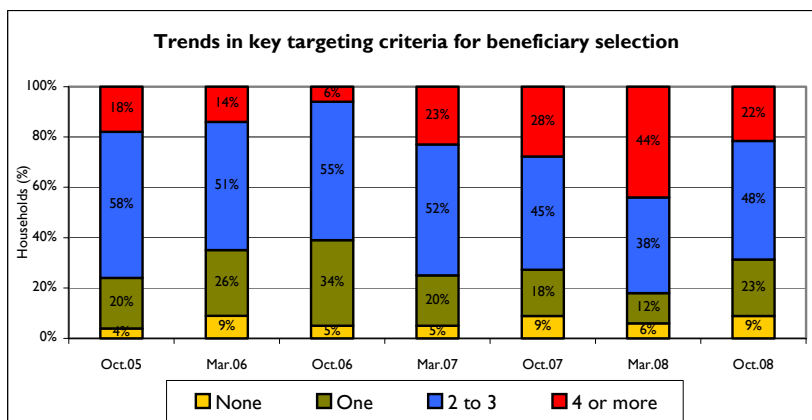
As the chart on the left illustrates, the trends indicate a slight decrease of beneficiary households with four or more vulnerability characteristics from 44% in October 2007 to 22% in October 2008. The targeting seems to be capturing more households with two or more vulnerability characteristics. The number of targeted households, with no vulnerability characteristics remains low at 9%.

12   Transfer Preference

In order to learn more about the needs of beneficiaries, the households were asked if they preferred food, cash or a combination of both food and cash. In addition, they were also asked to give up to three reasons for their preferences. These new questions were added to inform the WFP regional Special Initiative on Cash and Vouchers Programme (SICVP) which began in late 2006. They also provide empirical information on beneficiary needs and perceptions for planning and decision making in WFP operational areas.

The chart on the right shows that 31% of the beneficiary households preferred food only, 32% preferred both food and cash and 38% preferred cash only.

Compared to March 2008, the preference for food and both food + cash has decreased slightly but has increased for cash, from 21% in March to
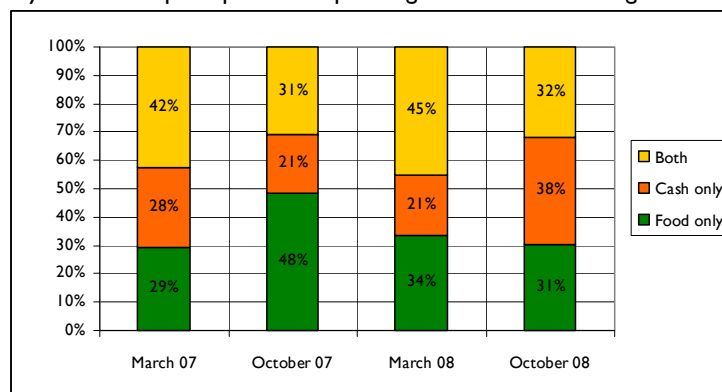
38% in October 2008.

Main reasons why food was preferred were: food satisfies household food shortages by 80% of the households, food prices are high (73%), better for children (36%), and easier to share with family and friends (33%). Compared to previous rounds, the percentage of households naming high food prices as a main reason has increased from 69% in March 2008.

For cash preference reasons given were: can purchase food and other items (91%), can be used for other expenses (68%), and can purchase a variety of foods (38%). For both cash and food, reasons given were: best meets seasonal needs (96%) and ability to cope is improved (90%) of the households, these were the same main reasons given for March 2008.

By programme type, food only was preferred by 38% of OVC beneficiaries, 31% of MCH and 27% of the ART/TB beneficiary households. However, there were big differences in cash only and both food and cash preferences by beneficiary type. Cash only was preferred by 47% of the OVC beneficiary households and 43% of the ART/TB households but only 22% of the MCH households. However, 47% of the MCH household preferred both, compared to 30% of the ART/TB and only 15% of the OVC beneficiary households.

Conclusions and Recommendations

This section will provide summary conclusions and recommendations by the three pillars of food security: food availability, food access and food utilisation. Another section will cover vulnerability and targeting issues.

Availability

- It is evident from the findings that weather related problems and lack of *agricultural* inputs especially seeds and draught power is a major hindrance to crop production. Ways should be sought to help the households engaging in crop production improve agricultural production, as it is one of the main livelihood strategy cited by the households.

Access

- At the time of the survey a large percentage of the households were found to have no cereal stocks. This means that the households, especially the non-beneficiary households will mostly rely on purchases for their cereal needs until the next harvest. This may be compounded further by the fact that most households are already devoting a significant amount of their household total expenditure on food. This therefore calls for close monitoring of the food security situation, especially the prices of food staples on the market. There is also a significant increase in the number of beneficiary households preferring cash as with it, the household can purchase food and other items.

- The results indicate strongly that food assistance is having a positive impact in diversifying household food consumption and improving households' ability to cope with the deteriorating situation, thus the consistency of food distributions to the same beneficiary households needs to be maintained for this objective to be achieved. This therefore calls for the pipeline to be well secured to maintain the consistency.

Utilisation

- In terms of *water and sanitation*, the high proportion of households found to have poor quality sanitation is of concern and should be addressed as this might have health implications in the long run.

- On women nutrition, the results indicate that beneficiary households are more likely to be undernourished than non beneficiary women, especially those under OVC and MCH. On the same note, levels of wasting and underweight were highest amongst the same beneficiary activities (OVC and MCH). This is an indication that the impact of food assistance in improving the nutrition status of these households have not yet been realised. It is therefore important to maintain the consistency in providing food assistance to these households with a complete food ration basket as per the PRRO implementation strategy.

- Overall, on nutrition status of young children, there is an indication that chronic malnutrition is a major problem. This is consistent with the December 2007 National Nutrition Survey findings and March 2008 CHS findings. This therefore calls for the strengthening of the nutrition surveillance systems to closely monitor the situation.

- The low coverage of vitamin A, especially in Mafeteng and Mohale's Hoek districts is of concern and requires further action. These findings were also found to be lower that in 2007 National Nutrition Survey.

Vulnerability and targeting

- As the results indicate that households with high vulnerability characteristics are more predisposed to vulnerability, the targeting criteria need to be tightened to capture vulnerable non-beneficiaries with high vulnerability status and at the same time exclude beneficiary households with low vulnerability characteristics. On the same note, there is a need to strengthen the targeting system within different programme activities.

- Overall, geographic targeting should prioritise the districts and livelihood zones that showed a high proportion of households with high vulnerability characteristics, notably Quthing, Qacha's Nek and Mokhotlong districts, and in general the *Senqu River Valley*, *Peri-Urban* and *Mountains* livelihood zones.