

Lesotho Fact Sheet

Community and Household Surveillance (CHS)

October 2008

Highlights of October 2008

- ⇒ In all, 42% of the sample households indicated they had **no cereal stocks** at the time of the survey. This compares to 48% in October 2007 and 60% in October 2006.
- ⇒ Half of beneficiary households indicated that **food assistance** was their most important source of cereal and 25% relied on production, while 41% of non-beneficiary households rely on purchase, 34% on own production and 12% on gifts for cereals.
- ⇒ 21% of both non-beneficiary and beneficiary households had received **food remittances** in the six months prior to the survey; 20% of both received cash remittances.
- ⇒ Significantly more non-beneficiaries (30%) than beneficiaries (25%) had **borrowed money** in the 3 months prior to the survey, mostly to buy food (both) or to pay for education (both) or health care (Ben) and most often from friends and relatives, moneylender or savings groups.
- ⇒ Round 11 showed that only 3% of households **sold assets** to pay for food and only 2% sold assets to pay for health care.
- ⇒ Only 48% of the sample households have **access to land** and of those, 93% planned to cultivate. Nearly 30% of these households plan to cultivate a smaller plot this season compared to last.

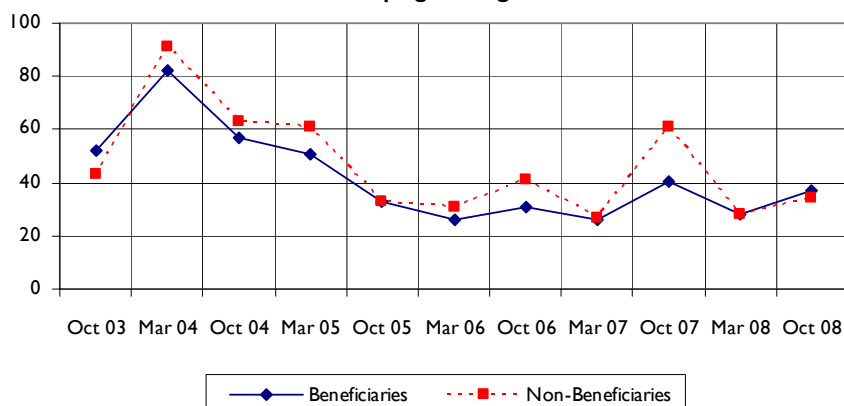
Effects of Food Assistance

Analysis of CHS data allows for comparison of WFP beneficiary and non-beneficiary groups on the basis of measures computed from the household data. The **Coping Strategies Index (CSI)** measures the **frequency** and **severity** of actions taken by households in response to the presence or threat of a food shortage.

With the CSI, a lower score implies reduced stress on the household and thus, relatively better food security. As shown in the graph, 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 indicate a slight increase from March 2008 for both beneficiary and non-beneficiary households. When comparing with the same period in October 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 crop failure during that period but for beneficiaries, the positive impact of food assistance in improving their ability to cope with a worsening situation.

Trends in Coping Strategies Index



Food Consumption Profiles

The **food consumption score** not only allows comparisons of dietary quality and diversity between beneficiary and non-beneficiary populations but also is used to establish a threshold of dietary quality against which to compare these populations. Research has shown that dietary diversity and frequency is a good proxy measure of household food security.

As the chart illustrates, the percentage of households with poor consumption has increased from March 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. Significantly more ($p < 0.001$) non-beneficiary households had poor consumption (19%) when compared with beneficiary households (8%).

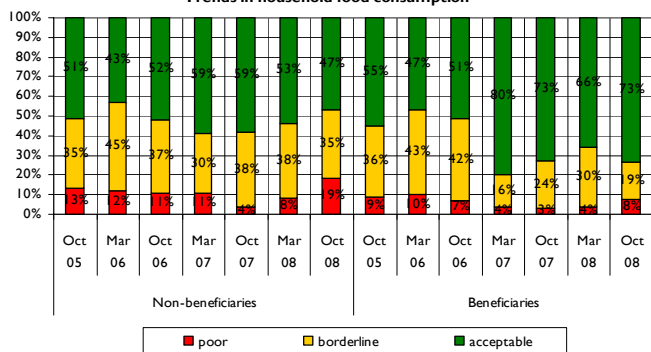
Consumption classifications

Using a 7-day recall period, information was collected on the variety and frequency of different foods and food groups to calculate a weighted food consumption score. Weights were based on the nutritional density of the foods.

Households were then classified as having either 'poor', 'borderline' or 'acceptable' consumption based on the analysis of the data.

Households with 'borderline' consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week. Those with 'poor' consumption managed to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity.

Trends in household food consumption

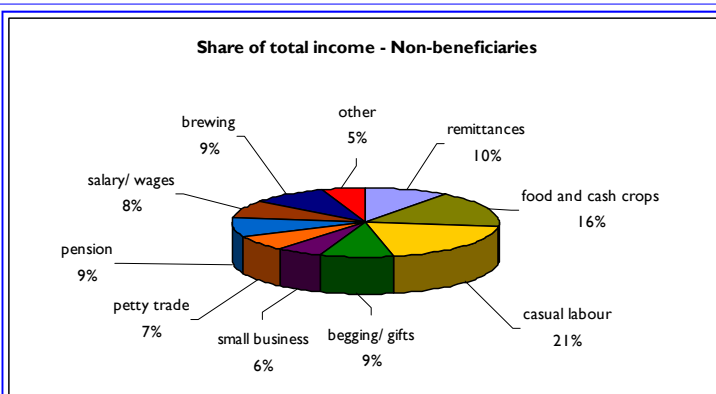


By programme activity, OVC households had the highest percentage of with poor consumption (18%), compared to MCH (6%), and ART/TB (3%). It is important to note that ART/TB beneficiaries had received food assistance for more than four months, while most of the MCH beneficiaries had only received food assistance for about 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 the others.

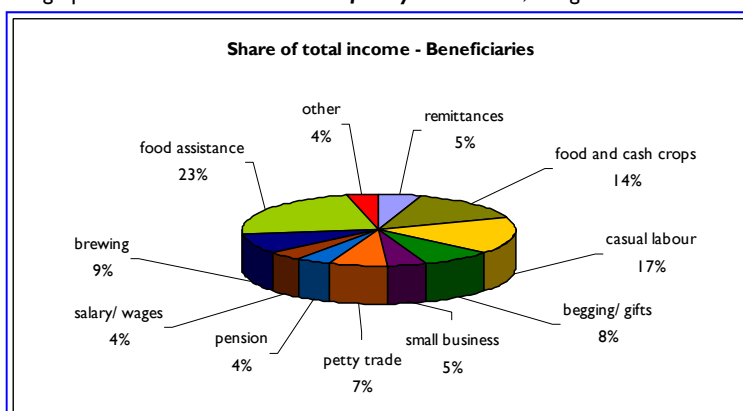
Contribution to Total Income

In order to better understand the relative importance of different livelihood sources the heads of households were asked to estimate the contribution of each source to the total household income.

The graph on the right shows that casual labour, sales of food and cash crops, remittances, gifts/begging, pension, and brewing have the greatest contribution to total income for **non-beneficiary** households with transfers making up 28% of total income.



The graph below shows that for **beneficiary** households, the greatest contribution to total income is from food assistance, followed by casual labour and sales of food and cash crops. These households have less reliance on remittances yet rely on transfers for half their total income.



When comparing the two groups, there are significant differences in share from remittances, livestock, pension, salary, vegetable sales and of course, food assistance.

Information is collected on:

- Household demographics
- Household livelihood strategies
- Coping strategies
- Food aid outcomes
- Food consumption & sources of food consumed
- Vulnerable Groups
 - * Orphaned children
 - * Chronically ill
 - * Female headed households
 - * Elderly headed households
 - * Asset poor
 - * Disabled
- Targeting observations
- Household wealth and income
- Detailed household expenditure
- Maternal health and nutrition (body-mass index—BMI)
- Child health and nutrition (anthropometric measurements)

Livelihood Sources and Expenditure

Main livelihood sources of households

Beneficiaries	Non-beneficiaries
Food assistance (52%)	Casual labour (35%)
Casual labour (34%)	Food & cash crops (31%)
Food & cash crops (29%)	Gifts/begging (20%)
Brewing (21%)	Brewing (18%)

Casual labour was the most common livelihood source for non-beneficiary households while beneficiaries relied on food assistance and casual labour for livelihoods. Reliance on food assistance for beneficiaries was much higher when compared to October 2007. Reliance on gifts is much lower for beneficiaries. The main livelihood sources are in the table to the left.

- Significantly more ($p < 0.001$) **non-beneficiary** households named only one livelihood source (34%) when compared to beneficiary households (19%) who can count food assistance as a source. This has increased from October 2007.
- 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, casual labour (36%), followed by food and cash crop production/sales (31%) and food assistance (26%).
- **OVC** beneficiaries relied on food assistance (56%), food and cash crop production/sales (52%) and brewing (36%) as main livelihood activities.

The **October 2008 CHS** in Lesotho was focused on monitoring outcomes of food assistance activities to ART and TB patients, through MCH programmes and support to OVCs. For ART/TB and MCH beneficiaries, a household ration of cereals, pulses, cooking oil and CSB was distributed through health centres while for OVC beneficiaries an individual ration was distributed through schools and selected village points.

Round 11 covered all ten districts for a total of 1193 household interviews conducted in 60 villages.

Health and nutrition information was collected for 300 women 15-49 years of age and 480 children 6-59 months of age.

The findings have been stratified by beneficiary status, programme activity and, in some cases, district and livelihood zone.

Expenditure information was collected for the fifth time in Round 11.

- 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/TB (M 80), and MCH (M 72).
- 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 (M 55). 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.
- 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%).
- 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.

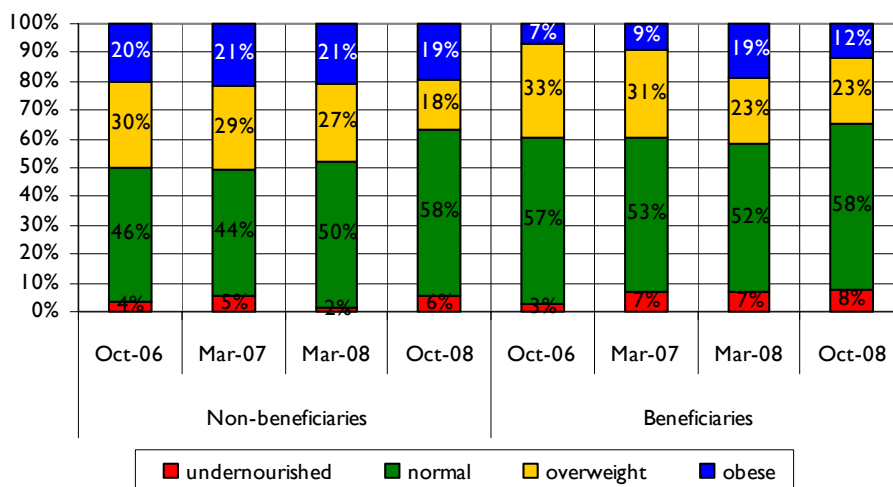
Nutrition of Women

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/m² 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 were also from ART/TB beneficiary households (39%) while the fewest were found in OVC beneficiary households (27%).

Nutritional status of women by beneficiary group



Health and Nutrition in CHS

The CHS has been collecting and analyzing health and nutrition information on women of reproductive age (15-49 years) and on children 0-59 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, many of women in the sample were overweight or obese with BMI greater than 25 kgs/m².

For children, age, sex, weight and height/length are collected and z-scores are calculated using WHO Anthro 2005 software. Then children are classified as being moderately wasted, underweight or stunted with a z-score < -2 SD.

WFP partners with the Food and Nutrition Coordinating Office and UNICEF in design, collection and analysis of this information.

Women: education and illness

- 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/m²).
- Body Mass Index increases with increased age and peaks at around 29.5 kg/m² 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.

Children's health and nutrition

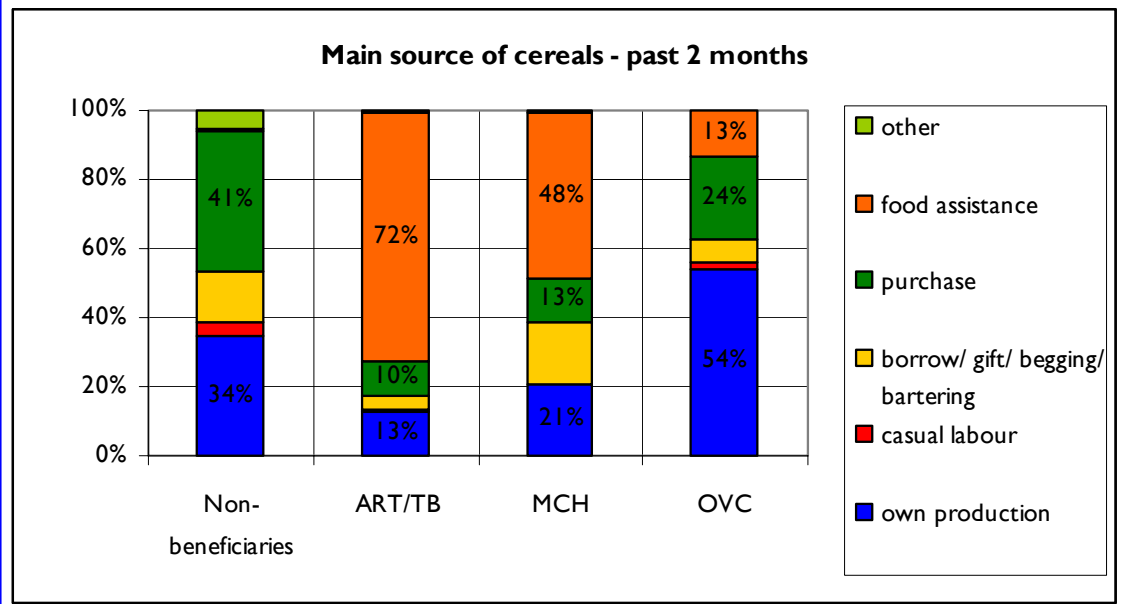
In Round 11, around 480 children 6-59 months were weighed and measured and information was collected on health and access to health care.

- 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.

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. 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.



Preferred Type of Assistance

Types of assistance

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 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.

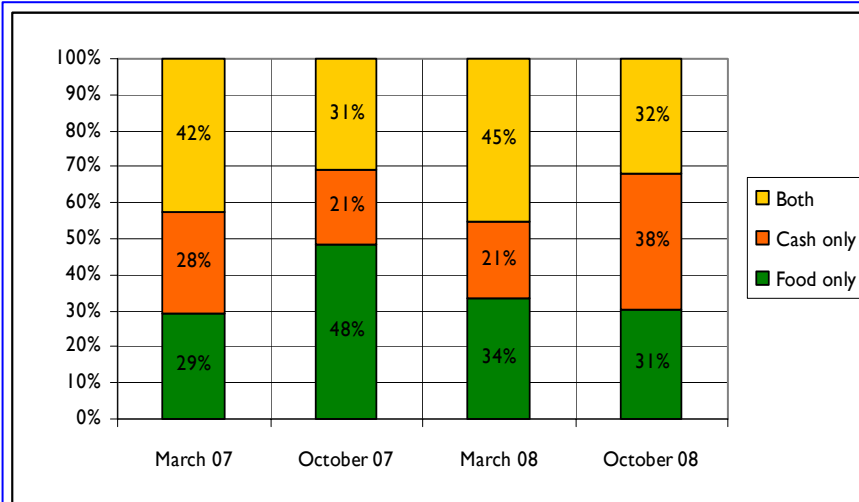
The chart below shows that 31% of the beneficiary households preferred food only, 32% preferred both food and cash and 38% preferred cash only.

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.

Vulnerability

Demographic indicators

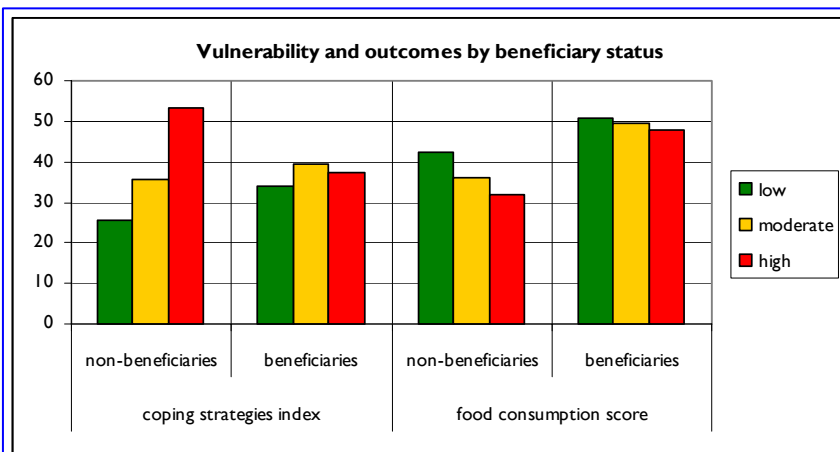
	Beneficiaries	Non-beneficiaries
HH size*	4.6	4.1
% Effective Dependents*	60%	55%
Female head	51%	50%
Elderly head*	24%	33%
Disabled member	12%	11%
Keeping orphans*	57%	33%
Member died in past 3 months	8%	8%
Chronically ill member*	26%	11%
Asset poor	34%	32%

*statistically significant difference

In this round, vulnerability was assessed by considering the number of vulnerable characteristics (out of 8) each household had.

In the Lesotho 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 below 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.



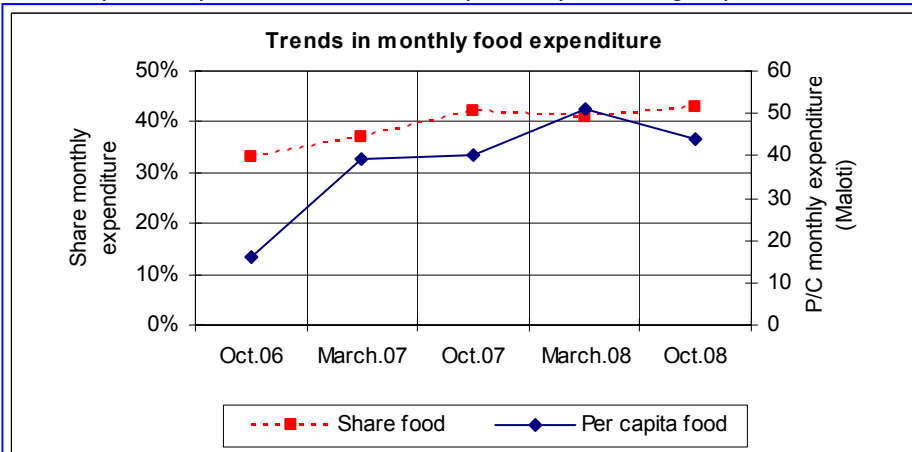
Asset wealth is defined on the basis of the number of different types of productive and / or non productive assets owned by a household. Groups are classified as:

- Asset Poor = 0 to 4 different types of assets
- Asset Medium = 5 to 9 different types of assets
- Asset Rich = 10 or more different types of assets

Impact of High Food Prices

The higher food prices can have potentially serious implications on households, especially the poor and vulnerable. Trend analysis of CHS is helping to monitor the situation and identify where and how these problems can arise. So far the findings indicate the following:

- Per capita expenditure on food increased from October 2006 to March 2007 and then dropped by October 2008 (see chart below).
- Share of monthly expenditure for food increased between October 2006 and October 2007 but dropped slightly in March 2008 yet increased again by October 2008.
- Food purchase patterns remain similar to previous years, so higher prices have not resulted in less reliance on markets.



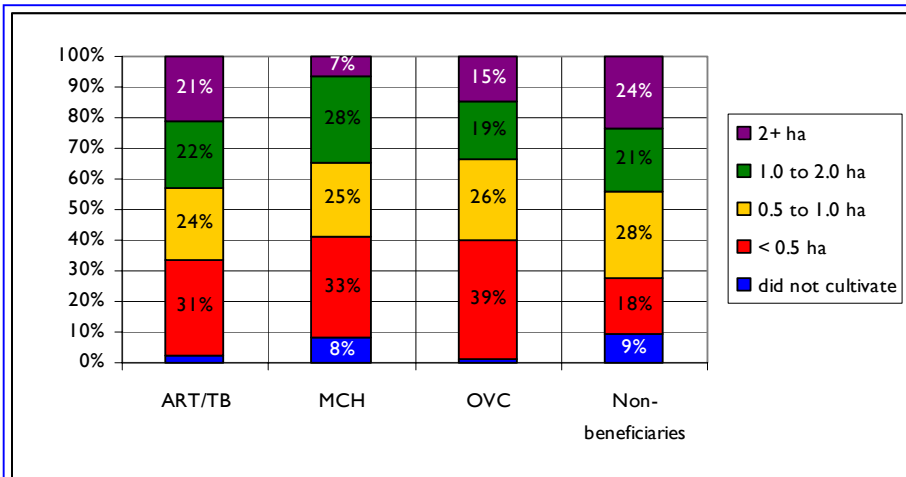
- Percentage of households with acceptable consumption has decreased for non-beneficiary households and not beneficiary households who receive a food ration.
- Overall there has been a decline in the Coping Strategies Index (CSI) between October 2007 and March 2008 for both beneficiary and non-beneficiary households yet an increase between March and October 2008.
- The Lesotho Urban Vulnerability Study completed in September 2008 indicates stress to households in urban areas, especially those receiving assistance through ART programmes.

2008/09 Agriculture Season

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%). 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%). 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%).



Programming Implications

- ⇒ The results indicate strongly that food aid is having a positive impact in diversifying household food consumption and improving households' ability to cope with the deteriorating situation, thus the consistency of the receipt of food assistance needs to be maintained. Furthermore, the decline in the proportion of households achieving dietary adequacy needs further investigation.
- ⇒ 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 and exclude beneficiary households with low vulnerability characteristics. On the same note, there is a need to strengthen the targeting system within different programme activities, particularly FFW/A, VGF and Cash Only beneficiaries.
- ⇒ The CHS findings have consistently shown that asset poor households are really a vulnerable group as they are more significantly likely to have the poorest consumption and employ risky coping behavior. They should therefore be targeted for food assistance.
- ⇒ As most of the households indicated having no cereal stocks, there is need to monitor the situation closely especially in the context of the rising food prices in the country.
- ⇒ There is a substantial increase in the number of beneficiary households preferring both food and cash. Apart from food satisfying household food shortages, high food prices was also one of the main reasons for preferring food, by almost three-quarters of the households which was an increase from October 2007 and March 2007. There is therefore need to closely monitor the prices of basic food commodities. This is especially crucial as most non-beneficiary households show high reliance on purchases for their food needs.
- ⇒ 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 than in 2007 NNS.

Education of Children

- For beneficiaries 79% of eligible boys and 79% of girls are attending school compared to 75% (B) and 86% (G) in October 2007.
- When comparing by beneficiary status, there are no significant differences in enrolment for either boys or girls yet beneficiary children slightly more likely to be enrolled.
- However, by programme activity, only 73% of eligible children from ART/TB beneficiary households were enrolled and attending, followed by 78% of MCH beneficiary children while 86% of children from OVC beneficiary households were in school.
- Girls from ART/TB beneficiary households were the least likely to be enrolled and attending school (71%) while boys from the OVC beneficiary households were the most likely.
- By orphan status, male orphans are more likely to be enrolled (79%) than non-orphans (75%) while female orphans are significantly less ($p < 0.05$) likely to be enrolled (73%), than non-orphan girls (79%).

Since January 2007, with support from WFP, the CHS has been anchored in the **Disaster Management Authority (DMA)**, with the objective of strengthening the Lesotho Vulnerability Assessment Committee's food security monitoring activities. Four rounds of CHS have already been conducted under this framework resulting in a broader understanding of food security issues between districts and livelihood zones and over time.

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