



Lesotho



Vulnerability and Food Insecurity in Urban Areas of Lesotho

An assessment of the impact of high prices on vulnerable households in ten major cities



Lesotho Disaster Management Authority (DMA), Lesotho Vulnerability Assessment Committee (LVAC) and the UN World Food Programme

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Table of Contents

Acknowledgements	2
1.0 Background and Objectives	3
2.0 Context of Lesotho	4
3.0 Methodology	5
3.1 Sampling.....	5
3.2 Limitations of the Study.....	5
4.0 Markets and Prices	7
5.0 Findings by Urban area	9
5.1 Household demographics.....	9
5.2 Housing and amenities.....	9
5.3 Livelihoods	10
5.4 – Income and income changes.....	12
5.5 Asset wealth and livestock ownership.....	14
5.6 Urban Agriculture.....	16
5.7 Expenditures.....	17
5.8 Household Food Consumption.....	19
5.9 Shocks and Coping	21
6.0 Conclusions and Recommendations	23
6.1 Urban Food Security and Vulnerability	23
6.2 Effects of High Prices	23
6.3 – Vulnerable groups	23
6.4 – Conclusions	25
6.5 – Recommendations.....	26

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1.0 Background and Objectives

Globally, food and fuel prices are soaring. The effects of rising food prices are already being felt by consumers worldwide and Lesotho has been no exception. Annually, Lesotho produces about 30% of the total cereal requirements according to the crop estimates that are carried out by the Bureau of Statistics and FAO/WFP over a number of years. In addition, the vulnerability assessments which have been conducted since 2002 also indicate that many households obtain most of their food through purchases. Maize production for 2007/08 agricultural year is no exception as the Bureau of Statistics (May 2008) reported production of about 88,000MT. As a Low Income Food Deficit Country, Lesotho is a net importer of cereals. Therefore, the food markets play an important role in household food security as changes in prices directly affects households with low purchasing power especially those households which spend a greater share of their income on food.

The situation is further exacerbated by the impact of HIV and AIDS. It is estimated that at least 23.2% of the population live with HIV, and the number of orphans is increasing daily. Lesotho's financial capacity to import required commodities has greatly been compromised as already the country is barely able to cope with a significant proportion of finances that have been allocated towards mitigating the impact of HIV and AIDS.

The majority of the 40% ultra-poor population in Lesotho resides in the rural areas. This poor rural population relies heavily on casual labour, remittances and gifts as the main sources of livelihood. Migrant labour in South Africa, an important source of employment for Basotho, has greatly decreased over the years, affecting negatively the amount of remittances and gifts received in the country which, in turn, has greatly compromised these households' purchasing power. In this regard, majority of the rural population in Lesotho would not be able to pay for the food commodities.

However, according to the May 2008 LVAC Vulnerability Assessment household in the Peri-Urban Livelihood zone were found to have the highest level of aggregate food insecurity. As concerns grow over rising food prices, it was therefore imperative to assess the potential impact of higher prices on the food security of the urban areas.

Very limited information is available about food security in the urban context of Lesotho. Against this background, WFP Lesotho and Lesotho Vulnerability Assessment Committee (LVAC), with support from WFP Regional Bureau (OMJ), conducted an assessment to understand the impact of prices on vulnerable households in ten major urban centres: Berea, Butha-Buthe, Leribe, Mafeteng, Maseru, Mohale's Hoek, Mokhotlong, Qacha's Nek, Quthing, Thaba-Tseka.

The Urban assessment aimed at:

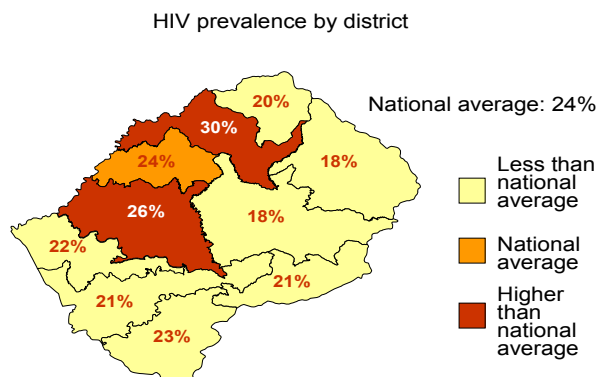
- Analyzing/understanding current food security situation of different groups in urban areas;
- Assessing the impact of rising prices on the vulnerable populations living in the ten major cities;
- Analyzing immediate, mid-term and long-term response options.

2.0 Context of Lesotho

Lesotho is a landlocked, least developed, low income, food deficit country and is dependent on South Africa for employment and food, which entirely surrounds it. This dependence has led to a marked decrease in sources of household income generation over recent years due to the retrenchment of thousands of Basotho miners in South Africa. About 76% of Lesotho's population of 1.8 million live in rural areas.

The Household Budget Survey (2002/2003) indicated that 66.6% of the Lesotho population is considered to be poor, while 36.4% was classified as very poor¹. The cost of living has increased over the years preventing the poorer segments of society from being able to purchase enough food from local markets to cover their basic needs. The price of maize in the local markets has increased by 300% over 2005 prices², creating severe food access problems for the poor.

Lesotho's high HIV prevalence of 23% has resulted in chronically ill members of society leaving the labour market to seek care at home. The most affected individuals are in the economically productive and family-rearing age groups. This does not only decrease households' income but also puts additional strain on scarce household resources in terms of care and treatment. The geographical distribution of HIV infection by district varies from 30% in Leribe, the district with the highest HIV prevalence, to 18% in the mountain districts of Mokhotlong and Thaba-Tseka (refer to the figure).



Percentage HIV positive among men and women age 15-49: DHS2004

Lesotho's financial capability to import required commodities has greatly been compromised. Already the country is barely able to cope with significant proportion of finances that have been allocated towards mitigating the impact of HIV and AIDS.

The combination of reduced sources of income, agricultural production and HIV and AIDS pandemic has increased the vulnerability levels of a large proportion of the population. According to the Vulnerability Assessment conducted in May – June 2008³ a combination of high prices; an estimated maize production of about 69,000MT and other factors leave about 229,000 people in need of both food and cash support, while additional 123,000 people need cash interventions only, but are at high risk of food insecurity should the prices continue to increase significantly.

¹ UNDP (June 2007)

² VAC report (July 2008)

³ VAC report (July 2008)

3.0 Methodology

In order to capture the impact of the current price increases on urban poor and vulnerable groups, a primary data collection activity was conducted in the selected urban areas. A household questionnaire was used to gather information on assets, urban agriculture, income sources and trends, expenditure and consumption patterns, shocks and household coping mechanisms.

3.1 Sampling

Sampling in urban areas in Lesotho presented a challenge. However, the population under study was from a selection of neighbourhoods and households from support groups while additional households not in support groups were selected as a comparison group.

- The study was conducted in all ten districts.
- The study group were households receiving care under support groups and a comparable sample of non-supported households.
- Lists of support groups in urban areas were given by National AIDS Commission (NAC) in the districts. Where not available, the Ministry of Agriculture and Food Security provided the lists.
- Four support groups were randomly selected in each district.
- The lists of supported households were taken from support groups. In other situations, where members of the support groups were not available, the chiefs and community leaders drew lists of people whom they know are registered with support groups.
- Under supported households, 20 households were randomly selected from the lists. It was difficult to get lists of households not registered with support groups in urban areas. Thus, selection of 20 non-supported households was based on selection of supported households. That is, for every supported household, a neighbour not under support was also selected irrespective of wealth status. It is worth noting that urban communities in Lesotho are not classified by wealth. This means that poor households live with middle and upper class households in the same neighbourhoods.
- A total of 1,278 households were sampled in ten districts of which 56.5% were supported households and 43.5% were non-supported households. The urban population is estimated at 447,597 people accounting for 23.8% of the total population.

3.2 Limitations of the Study

While rigorous standards were applied to the analytical process, the following must be acknowledged:

- Threat to external validity: Limitations in the ability to generalize the results from the sample of the general population must be acknowledged. For the constraints mentioned above, it was not possible to design a sample representative of the entire urban population. In addition, the survey is designed to represent the situation at a given point in time.
- Threat to internal validity: Incorrect recall and quantitative estimates may affect the validity of the results. The enumerators were trained to facilitate recall and quantitative estimates to improve internal validity. In some cases social desirability, lack of freedom of speech and expectations may have affected the responses and set patterns, especially given that the households may previously have been the object of program-oriented assessments (e.g. assistance or support) and responses. Indeed, some enumerators reported having been directly asked for money and support by destitute households. In other cases, households other than the sampled ones wanted to participate to the survey and be interviewed with the hope of gaining some type of assistance. Enumerators tried to minimize the impact on results by using only the original list of sampled households.
- Threat to reliability: Threat to the reliability or repeatability of the results was minimized through the questionnaire design and training of the enumerators. Training in administering the household questionnaire was conducted to reduce individual variation in how enumerators understood the

questions. The questionnaire was designed in English but in most cases the interviews were conducted in the local language/dialect.

4.0 Markets and Prices

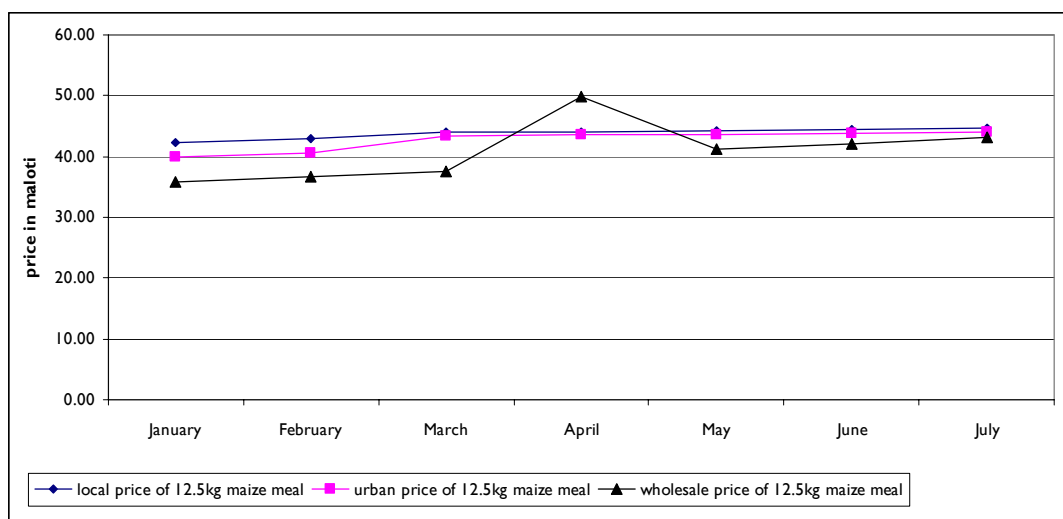
Over the last months, global food and fuel prices have increased significantly and Lesotho has not been an exception. Between January and July 2008, a market survey was carried in ten district towns to determine changes in the prices and differences between months. A total of 66 shops were visited in the ten district towns for price monitoring. The same shops have been visited every month since the start of the year. Discussions were also conducted with traders and consumers in urban areas to understand their perceptions in regard to changes in prices. Food commodities which are monitored every month include maize meal, vegetable oil, beans and peas.

Both consumers and traders' perceptions were that prices increase significantly every month. The most impacted commodities according to the respondents include maize meal, bread flour, vegetable oil, beans, rice and sugar while among the non-food commodities paraffin, candles, soap and gas were frequently mentioned. Traders felt that the rate at which consumers buy has declined significantly compared to the period prior to the price hikes. Consumers are not only purchasing smaller quantities, but also prioritise only the basic commodities - most likely due to their declining purchasing power. This results in low profits in trade because sometimes traders wait to increase prices while they sensitise customers on future prices. This situation has prevailed despite the fact that the Government subsidised some basic commodities such as maize meal, pulses and milk which ended in April this year.

The impact of the increasing prices has been felt by all consumers although the most affected households are those who do not have economically productive members such as elderly headed households and those that host OVCs, poor households and households which depend mainly on petty trade, especially those living in urban areas. These households engage coping strategies such as relying on gifts, skipping meals, buying cheapest commodities, migrating to towns in search of jobs etc. sometimes children in poor families skip school days because they do not have food to eat.

Figure 1 presents prices of maize meal from January to July compared to the wholesale prices. Since January, prices have been increasing slightly. The wholesale price increased drastically in April and dropped again in May, although not falling below the price in March. The wholesale price of maize meal in April also confirms traders' concern that they do not increase prices immediately as they feel they lose customers, hence they take time even though they buy in higher prices.

Figure 1: Average prices of maize meal in rural areas, urban shops compared to wholesale - January to July 2008

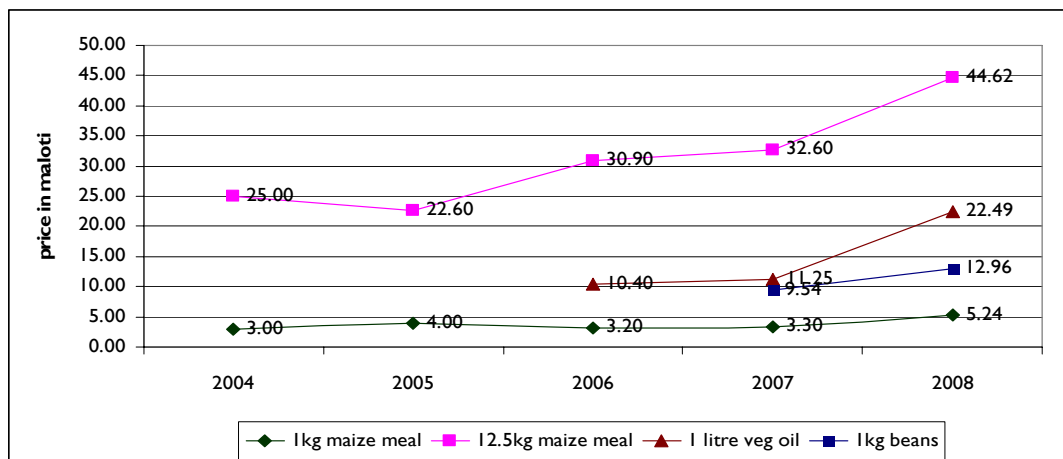


Source: WFP regular monitoring

Figure 2 presents prices of different commodities over the years with March being the reference month except in 2008 where prices are compared to July. The increase in the commodities presented ranged from 37% to 100% compared to March 2007. Vegetable oil seemed to have highest increase of 100%, followed by 1kg maize meal with 59% and 12.5kg maize meal with 37%. It is worth noting that the rate at which prices increase in urban shops is higher than in rural shops and this

implies that if this situation continues, urban prices are likely to match or exceed rural prices. For example, between January and July, the price of 12.5kg maize meal increased by 5% in rural shops and 10% in urban shops, while vegetable oil increased by 27% in rural shops and 30% in urban shops. This implies reduced access to food by low income households in urban areas.

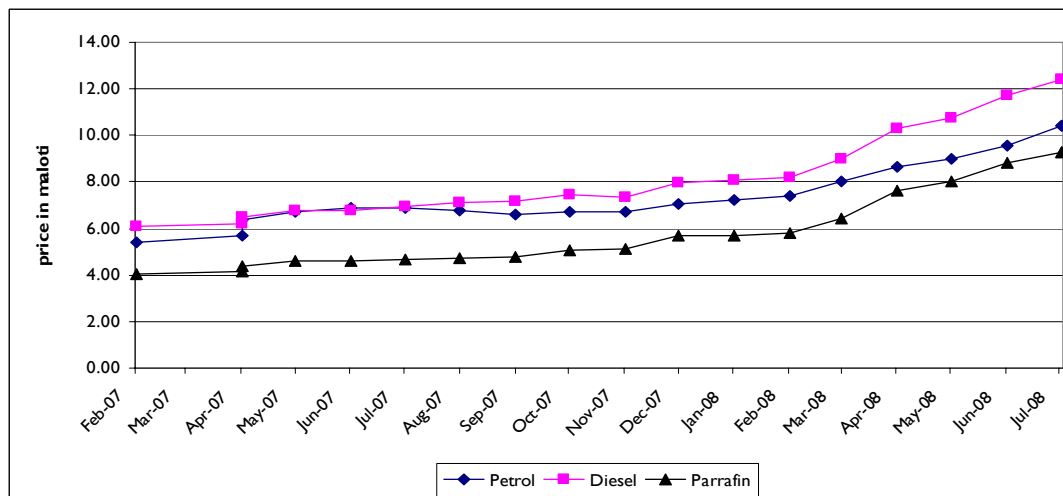
Figure 2: Average prices of different commodities, 2004-2008



Source: WFP regular monitoring

Fuel prices have also been increasing significantly in the past three years. Figure 3 presents fuel prices from 2005 to 2008. In July 2008, compared to February 2007, the price of petrol increased by 92%, diesel increased by 103% while paraffin increased by 130 percent. Many households use paraffin for cooking, lighting and heating. The increase in paraffin prices implies adverse consequences on low income households who depend on paraffin especially for cooking.

Figure 3: Fuel prices, 2007 - 2008



Source: Petroleum Fund, June 2008

5.0 Findings by Urban area

The ten district capitals (towns/urban centres) were covered in the urban survey, namely Maseru, Berea, Botha-Bothe, Leribe, Mafeteng, Mohale's Hoek, Mokhotlong, Qacha's Nek, Quthing, Thaba-Tseka in order to understand the impact of rising food prices on the people of Lesotho.

5.1 Household demographics

The average household size was five persons for the entire sample, ranging from 4.2 in Quthing to 5.6 in Thaba-Tseka urban. There was no statistically significant difference in average household size between assisted (4.9) and non-assisted households (4.5).

Overall, 30% of the surveyed households had an elderly head (60+ years), with assisted households more likely to have an elderly head (40%) than the other households (21%). The percentage of households with an elderly head ranged from 46% in Mokhotlong urban to 19% in Thaba-Tseka. The percentage of child-headed households (< 18 years) was almost nothing (0.8%), an indication that households with only children are likely to be absorbed by other households. Sixty three percent of the sampled households were headed by women, with Maseru district having the highest proportion (72%), while Butha-Buthe had the lowest (50%). Assisted households were more likely to have female heads (67%) than non-assisted households (59%).

The proportion of households with a chronically ill member was 20%, and as expected, assisted households were significantly ($p < 0.05$) more likely to have a chronically ill member (28%) than the other households (9%). By urban district, Maseru had the highest percentage of households with a chronically ill member (28%), followed by Leribe (27%), Berea (24%), Mafeteng (22%), Butha-Buthe (20%), Qacha's Nek (18%), Mohale's Hoek (16%), Quthing (15%), and lastly Thaba-Tseka and Mokhotlong at 13 percent. Fifteen percent of the households have a disabled member which was significantly more likely in households receiving assistance (19%) compared to the non-assisted households (9%).

Around 45% of the households were hosting orphans, which was significantly higher ($p < 0.01$) in households receiving assistance (58%) than the others (29%). By urban district, Mokhotlong (60%), Thaba-Tseka (56%) and Butha-Buthe (51%) had the highest percentage of households hosting orphans while Mohale's Hoek and Qacha's Nek had the lowest (35%).

Only 10% of the households reported the death of a household member in the past six months which was higher in assisted households (14%) than the others (7%). Reported death of a household member ranged from 15% in Mafeteng to 5% in Leribe.

At the households level, the percentage of dependents⁴ was calculated and it was found that 17% of the households were found to have a high percentage of dependents to earners (80% and above). Households receiving assistance were significantly more likely ($p < 0.05$) to have a high percentage of dependents (24%) than un-assisted households (8%). By urban areas, households receiving assistance in Mokhotlong and Qacha's Nek were the most likely to have a high percentage of dependents while those in Leribe were the least likely.

5.2 Housing and amenities

The majority of the sampled households are living in their own houses (72%), with the highest proportion being in Mohale's Hoek and Qacha's Nek district at 84% each, and the lowest in Thaba-Tseka (46%). Fourteen percent indicated that they are living in family owned houses while the rest are paying rent (14%). Slightly more than a third of the households are living in a detached iron roofed brick houses (36%), which ranged from 66% in Leribe to 5% in Quthing urban area. Twenty percent of the sampled houses lived in a town flat made of bricks with tiles or iron for roof. This ranged from 42% in Quthing to only 1% in Leribe urban area.

On average, 89% of the households accessed their drinking water from improved sources (piped water system, communal tap or protected well), ranging from all sampled households in Qacha's Nek to 99% in Mokhotlong, 94% Maseru, 93% in Quthing, 92% in Berea, 90% Leribe and 88% Mafeteng while only 78% in Butha-Buthe and 73% in Mohale's Hoek were using water from improved sources.

⁴ Percentage of dependents is calculated based on the number of dependants (children [less than 15], elderly [60 and over], and chronically ill persons) divided by the number of adults in working age (15-59), but excluding the chronically ill.

Use of good sanitation (flush toilet, or VIP), was found in 80% of the sampled households, with the highest proportion being in Maseru (96%), Leribe (93%), Mafeteng (91%), Mohale's Hoek (88%), Quthing and Butha-Buthe (86%), while the lowest was in Qacha's Nek (74%), Thaba-Tseka (53%), and Mokhotlong (43%). Assisted households were significantly ($p < 0.05$) less likely to have good sanitation (76%) than non-assisted households (85%).

Wood was the main source of fuel for 44% of the households followed by gas (24%), and paraffin (19%). Use of wood as main source of fuel was most common in Thaba-Tseka households (76%) and least likely in Mafeteng (19%). Households receiving assistance were more likely to use wood for fuel (53%) than the others (34%). Non-assisted households were however more likely to use gas (36%) than the assisted households (15%).

5.3 Livelihoods⁵

Sampled households were asked to name their three most important livelihood activities and to estimate the contribution to overall household livelihood for each activity. There were distinct differences in main livelihood sources by household type with assisted households relying mostly on gifts/begging (31%), pension/allowances (27%) and non-agricultural wage labour (23%) while the main livelihood activities for non-assisted households are salary/wages (42%), small business (25%) and remittances (17%).

The estimated contribution of each activity to total was analyzed using multivariate techniques in order to group households on the base of the combination of their main activities. 12 distinct main livelihood groups were identified and are described below.

1. **Salary/wages (22%)** – These households are characterised by having an average household size of 4 persons with just over half being headed by a woman and only 11% headed by an elderly person. These households have the lowest percentage of dependents (44%) and thus the highest reported per capita monthly income (228 Maluti). Additionally, only 12% have a chronically ill member, 7% with a disabled member and 36% (lowest) are hosting orphans. Only 9% have experienced the recent death of a household member. Only 13% of assisted households are in this livelihood group compared to 34% of the comparison group.
2. **Pension/allowances (12%)** – These households are on average, composed of 4 members and nearly all (88%) are headed by an elderly person and 77% are headed by women. They have the highest percentage of dependents (73%) and more than half (53%) are hosting orphans. In addition, 21% have at least one disabled member. The reported per capita income is 80 Maluti per month which is above the average.
3. **Small business/skilled labour (11%)** – Average household size is a bit larger (5 persons). Household characteristics are fairly normal in terms of composition and demography. However the per capita reported income was fairly high at 100 Maluti per month.
4. **Non-agriculture wage labour (9%)** – Average household size is 4 persons with 60% of the households headed by women but only 15% headed by elderly. They also have a low percentage of dependents (48%) in the households compared to others. However, they have one of the highest percentages of chronically ill household members (29%) and subsequently 13% have experienced the recent death of a household member which is one of the highest. The average reported monthly per capita income was only 42 Maluti.
5. **Remittances (9%)** – These households are characterised by an average size of 5 members with 74% being headed by women and 33% headed by an elderly member. They are less likely to have a chronically ill member (17%) but more likely to have a disabled member (19%). Only 4% reported the recent death of a household member. However, their reported per capita income is 100 Maluti per month.
6. **Transfers⁶/borrowing (10%)** – Although there are only 4 persons per household on average, 68% of the households are headed by women and 22% have an elderly head. However, they have the highest percentage of households (37%) with a chronically ill member, the highest percentage hosting orphans (55%), one of the highest percentages with a disabled member (23%) and the

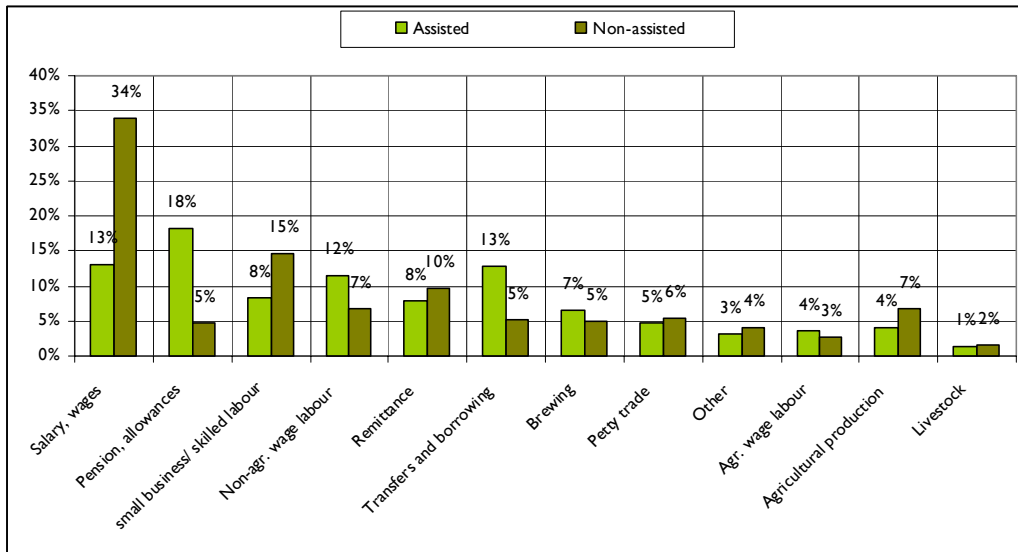
⁵This is not a comprehensive livelihood analysis, which includes, but it is not limited to, economic activities. The main goal is to identify and group households based on a common set of economic activities and their relative importance for risk analysis.

⁶ Gifts, begging and food/cash assistance

highest percentage with a recent death of a member. Their reported per capita income is only 12 Maluti per month – the lowest of all groups.

7. **Brewing (6%)** – More than 80% of these households are headed by women- the highest of all groups. They also have a fairly high percentage of households with disabled members (18%) and 14% have reported the recent death of a member. Their per capita reported income is only 32 Maluti per month.
8. **Petty trade (5%)** – These households also are more likely to be headed by women (72%) and have a high percentage of dependents (57%). However, only 14% have a chronically ill member and 11% with a disabled member. However, 14% reported the recent death of a member. Their reported per capita income is low, at 34 Maluti per month.
9. **Other (4%)** – These households have an average household size of 4 persons while 68% are headed by women and 34% by elderly persons. However, 23% have a chronically ill member but only 9% have a disabled member. Only 39% are hosting orphans. Their monthly per capita income is 58 Maluti.
10. **Agricultural wage labour (3%)** – The average household size is 5 persons and only 51% of these households are headed by women with 34% headed by elderly persons. These households had the highest percentage of dependents (60%) while 27% are hosting chronically ill members. However, they have one of the lowest reported per capita incomes at 15 Maluti per month.
11. **Agricultural production (8%)** – These households are characterised by a household size of 5 persons. Although only 51% headed by women, 45% are headed by elderly persons. They have a fairly high percentage of dependents (56%) and a high percentage of households with the recent death of a member (15%). Their monthly per capita income is 67 Maluti.
12. **Livestock (1%)** – These have the largest average household size (6 persons) but only 41% are headed by women and 41% headed by elderly persons. These households are the least likely to have a chronically ill member (6%) yet 53% are hosting orphans and 24% have a disabled member (highest). Only 6% reported the recent death of a member. Their average per capita income is 50 Maluti per month.

The graph below shows the differences in livelihood groups between assisted and non-assisted households. The main differences are in salary/wage, pension/allowance, small business/skilled labour and transfers/borrowing groups.

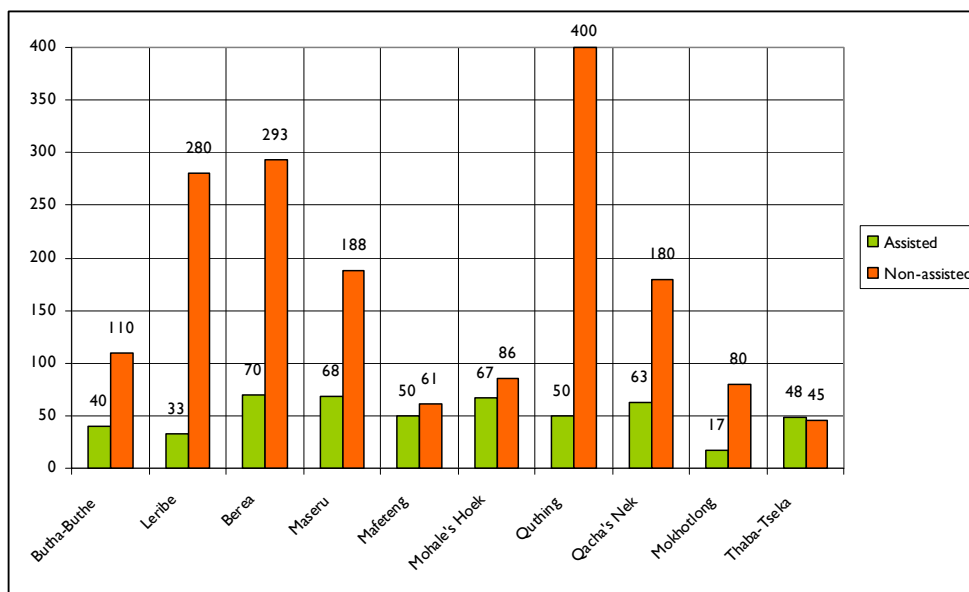


The table below shows the percentage of households in each livelihood group by urban area and by type of household (assisted vs. non-assisted). It is worthy to note that more than half of the households sampled as ‘other’ group in Berea and Quthing were in the salary/wages livelihood group, while very few of those were found in the assisted groups in those cities.

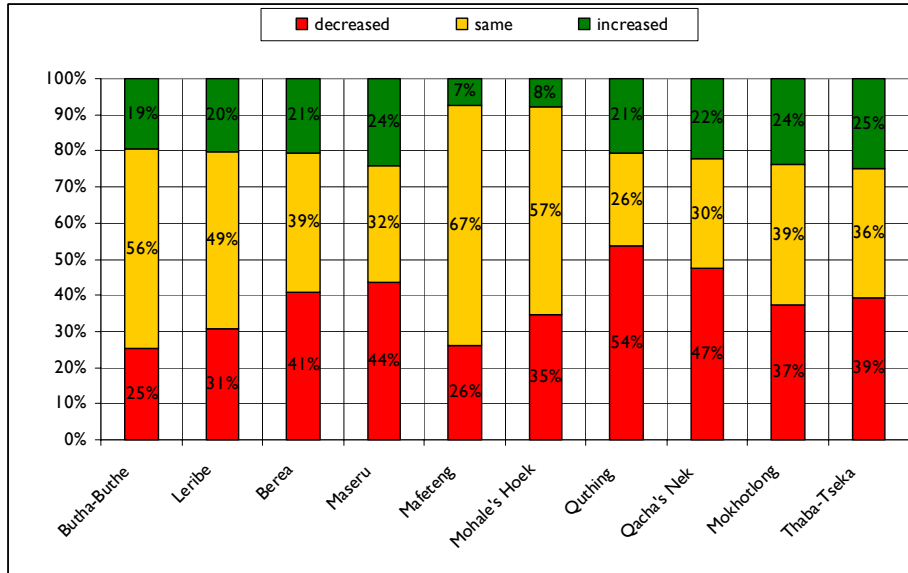
City	Sample group	Salary, wages	Pension, allowances	Small business, skilled labour	Non-ag wage labour	Remittance	Transfers, borrowing	Brewing	Petty trade	Other	Agric wage labour	Agric production	Livestock
Butha-Buthe	Assisted	13%	20%	13%	8%	5%	10%	7%	8%	2%	5%	7%	2%
	Other	23%	-	13%	2%	21%	9%	7%	2%	4%	2%	16%	2%
Leribe	Assisted	10%	13%	10%	21%	17%	10%	-	-	-	13%	6%	-
	Other	36%	6%	20%	8%	8%	2%	2%	2%	2%	6%	8%	-
Berea	Assisted	10%	22%	12%	13%	1%	10%	1%	4%	10%	1%	7%	4%
	Other	56%	6%	4%	4%	2%	4%	-	-	10%	-	14%	-
Maseru	Assisted	17%	28%	8%	-	1%	18%	7%	9%	11%	-	1%	-
	Other	38%	8%	18%	-	4%	5%	-	10%	11%	-	1%	4%
Mafeteng	Assisted	10%	19%	6%	17%	7%	13%	6%	9%	4%	1%	9%	-
	Other	33%	-	16%	10%	10%	6%	4%	14%	6%	-	2%	-
Mohale's Hoek	Assisted	20%	10%	3%	13%	3%	21%	3%	5%	2%	2%	18%	-
	Other	25%	3%	14%	16%	6%	5%	9%	10%	3%	4%	3%	3%
Quthing	Assisted	10%	13%	9%	31%	6%	8%	16%	-	-	4%	1%	1%
	Other	53%	9%	24%	5%	4%	-	2%	-	-	-	4%	-
Qacha's Nek	Assisted	12%	21%	12%	8%	10%	11%	7%	2%	-	2%	12%	2%
	Other	29%	6%	15%	6%	24%	2%	6%	2%	-	3%	5%	2%
Mokhotlong	Assisted	10%	20%	5%	3%	16%	13%	3%	4%	-	4%	18%	2%
	Other	33%	6%	11%	11%	6%	6%	6%	-	-	-	17%	6%
Thaba-Tseka	Assisted	18%	5%	5%	7%	12%	12%	16%	5%	-	9%	11%	-
	Other	18%	4%	9%	5%	9%	13%	13%	9%	2%	11%	9%	-

5.4 – Income and income changes

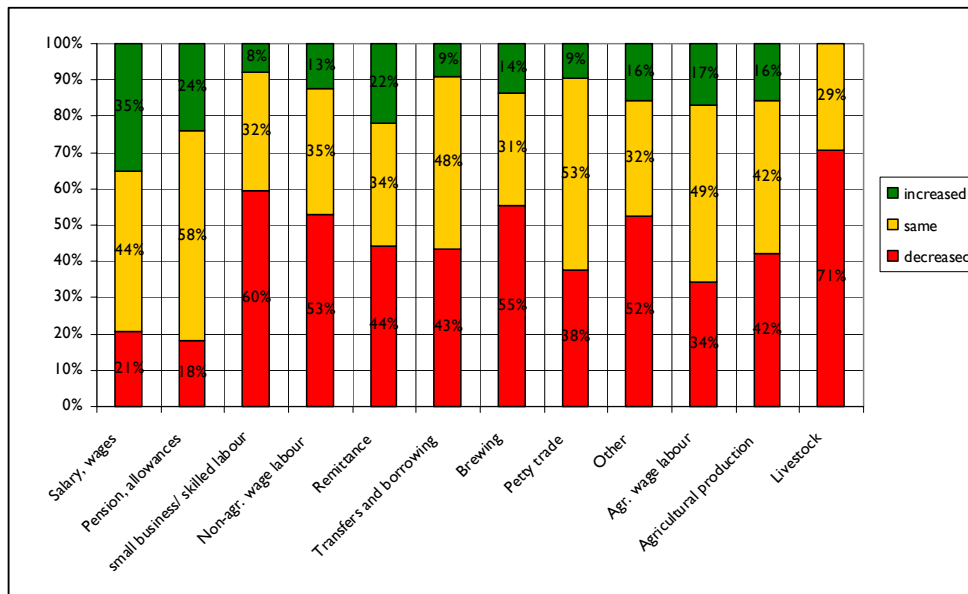
Households were asked to estimate their income in the past month. The responses ranged from 0 to 30,000 Maluti with the average being 870 Maluti while the median was 300 Maluti. With this information, the per capita reported monthly income was calculated for each household. The graph below presents this by urban area and by type of household. Assisted households in Berea had the highest per capita monthly income while those in Mokhotlong had the lowest. For non-assisted households, the highest was found in Quthing and lowest in Thaba-Tseka urban areas.



Households were also asked whether their income was changed during the past 6 months. For the entire sample, 39% of households declared their income decreased, 42% that they had no change and 19% that their income increased. Significantly more ($p < 0.05$) households in the assisted sample reported a decrease of income (41%) compared to the other households (35%), while significantly more ($p < 0.001$) households in the non-assisted group declared to have had an increase in their income (24%) compared to assisted households (15%).



The cities with the highest percentage of households reporting a decrease in income were Quthing, Qacha's Nek, and Berea as illustrated in the graph above. For these cities, the percentage of households with decreased income was higher among assisted households than non-assisted. However, in Maseru, there was no difference in percentage of households with decreased income regardless of being assisted or not. In Mokhotlong, 58% of households in the non-assisted group reported decrease of income compared to only 33% of the assisted households. Reported increases were found in all cities but were noticeably lower amongst households in Mafeteng and Mohale's Hoek. However, these urban areas also had the highest percentage of households reporting no change in income.

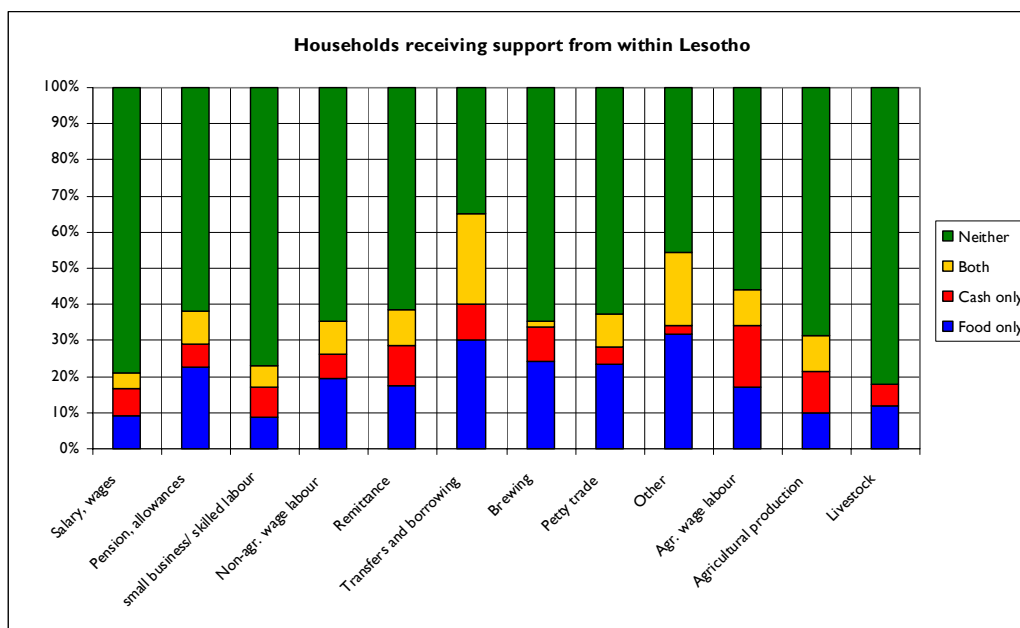


The chart above shows changes in income by livelihood group and indicates that more than 70% of the households in the livestock group experienced a decrease in income and none had an increase.

Other groups with a high percentage of households with decreased income were the small business/skilled labour, non-ag wage labour and brewing groups. The salary/wage and pension/allowance groups were least likely to have experienced decreased income and were also the most likely to have experienced increases in income, along with the remittance households. These groups are the least likely to be impacted by the rising prices as their incomes are increasing accordingly (remittance) or are from regular sources (salary, pension, etc.).

Households were also asked if they were receiving support from within and outside the country. In all, 35% of the households were receiving food, cash or both from friends/relatives inside the country while only 8% were receiving support from outside the country. Households in Maseru were the most likely to receive support (46%) while those in Qacha's Nek were the least likely (29%). Households in Butha-Buthe (19%) and Leribe (17%) were the most likely to receive assistance from outside the country.

The chart below summarizes the support received from within the country by type and livelihood group. As expected the transfers/borrowing livelihood group were the most likely to be receiving assistance (65%) with most being either food or both food and cash. The other households and agriculture wage labour livelihood households also were more likely to receive support from within the country. The livestock (18%) and salary/wages (21%) households are the least likely to have received support from within the country.



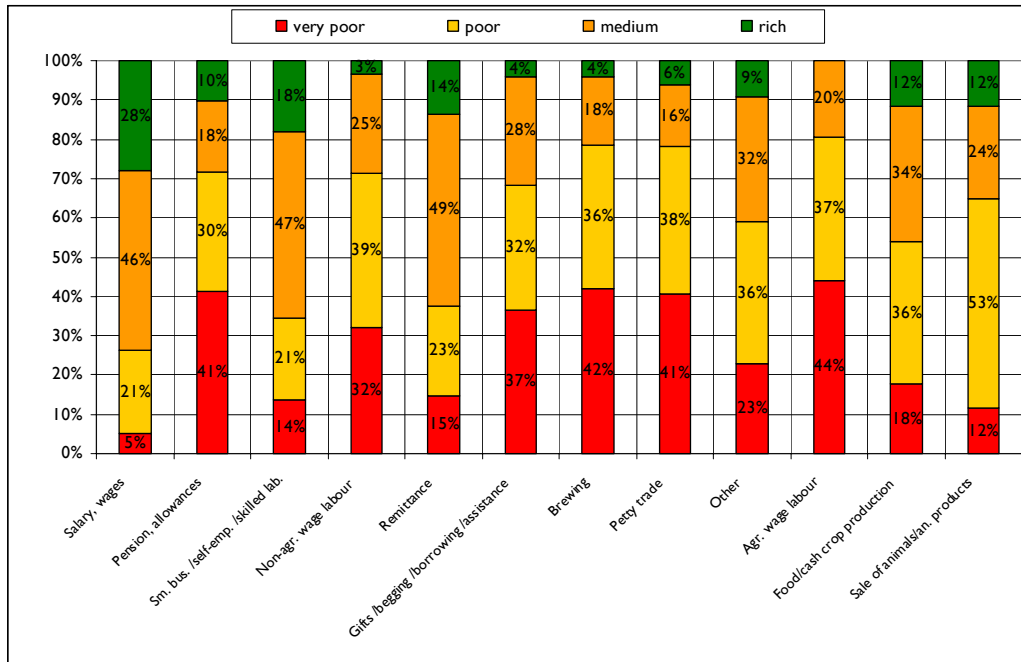
5.5 Asset wealth and livestock ownership

Asset wealth was determined by counting the number of different types of assets a household owned and then creating categories of: 'asset very poor' (0-2 different types), 'asset poor' (3-4 different types), 'asset medium' (5-7 different types) and 'asset rich' (8 or more). On average, assisted households were more likely to be 'asset very poor' (30%) and 'asset poor' (35%), while a greater percentage of non-assisted households were classified as 'asset medium' (40%) and 'asset rich' (22%). No major differences were found between cities among the 4 asset wealth categories. However, the highest cumulative percentage of households classified as 'asset very poor' and 'asset poor' were found in Thaba-Tseka (67%), Qacha's Nek (63%) and Mokhotlong (63%).

Asset wealth correlates well with reported income for the previous month. The per capita income for the 'very poor' was only 30 Maluti, followed by 50 M for 'poor' households. This increased to 117 Maluti for the asset 'medium' and 300 M for the asset 'rich' households.

By livelihood, the highest percentages of 'asset medium' households were found among those relying on salary/wages (46%), small business/self-employed/skilled labour (47%) and remittances (49%) with salary/wages also having the highest percentage of 'asset rich' households (28%). The highest

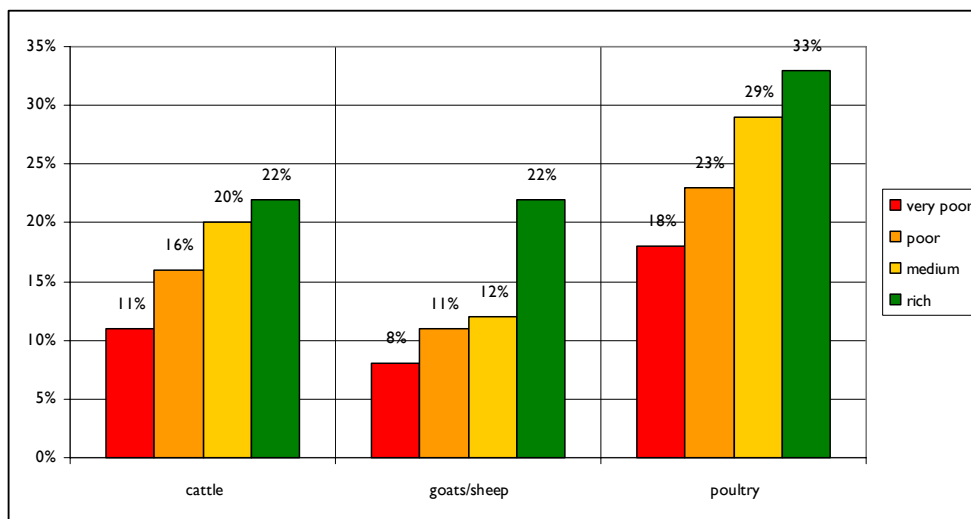
percentage of 'asset very poor' households were found amongst the agriculture wage labour group (44%), followed by the brewing (42%), petty trade (41%) and pension/allowances (41%) households.



Households were asked if they had sold any assets in the three months prior to the survey. Only 4% of the households had done so and mostly to purchase food. There were no relevant differences between sampled groups, cities or livelihood groups.

As in many urban contexts, livestock ownership is low: on average, 17% of the sampled households owned cattle, 12% owned sheep or goats and 26% owned poultry. By urban area, cattle ownership was highest in Butha-Buthe (30%) and lowest in the Leribe sample (5%). Nearly 20% of the households in Mohale's Hoek urban owned goats or sheep compared to only 8% each in Leribe and Maseru while poultry ownership was highest in Qacha's Nek (39%) and lowest in Mafeteng (11%).

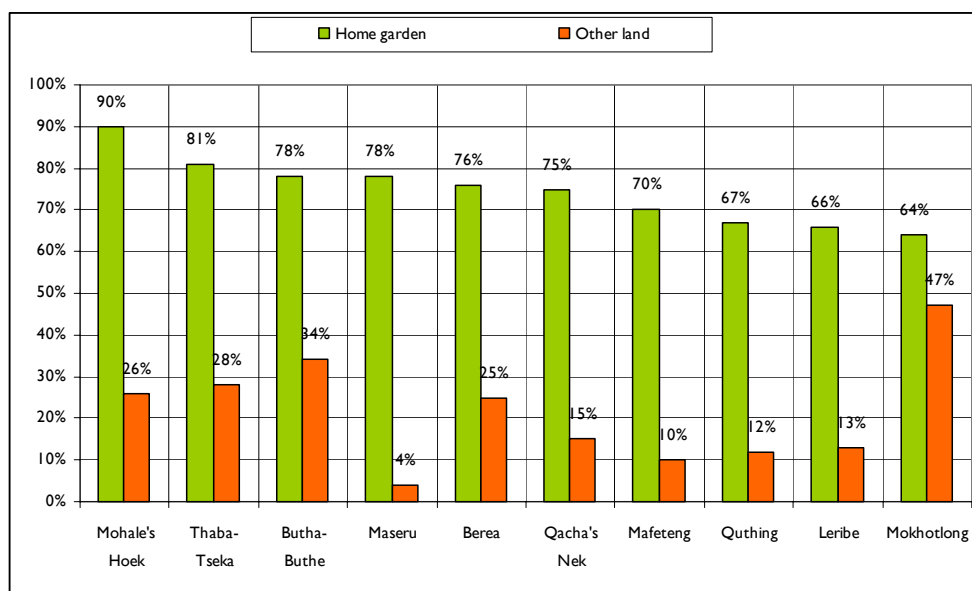
The chart below shows ownership of livestock by asset wealth groups in the urban areas showing the strong correlations between the two indicators. The asset 'very poor' were significantly less likely to own cattle when compared to the asset 'medium' and 'rich' households. For goats and sheep, the asset 'rich' households were significantly more likely to own these animals when compared to the other wealth groups. Poultry ownership was significantly higher in the asset 'rich' and 'medium' households compared to the 'very poor' households.



Households receiving assistance were significantly ($p < 0.05$) less likely to own goats or sheep (11%) when compared to the other households (14%) while there was no difference in ownership of cattle or poultry between the two groups.

5.6 Urban Agriculture

Three-quarters of the surveyed households indicated having a home garden, of which 86% indicated having cultivated less than 0.5 acres on average. Mohale's Hoek urban had the highest proportion of households with a home garden (90%), followed by Thaba-Tseka (81%), while Quthing (67%), Leribe (67%) and lastly Mokhotlong (64%) had the fewest cultivating households.



Overall, 20% of the surveyed households indicated having cultivated “other land” apart from the home garden, of which, 58% indicated having cultivated more than an acre. Sampled households in Mokhotlong urban were more likely to have cultivated other land (47%), than the rest of the urban districts which may explain why they were least likely to have a home garden. Households in Qacha's Nek (15%), Leribe (14%), Quthing (12%), Mafeteng (10%) and Maseru (3%) were the least likely to cultivate other land.

In general, there were no significant differences in the proportion of households cultivating a home garden or “other land” by assisted and non-assisted households. However, in both cases, for assisted households, those cultivating a home garden or ‘other land’ had significantly ($p < 0.05$) higher food consumption scores than those not cultivating, indicating the contribution of this activity to improved dietary diversity and food frequency.

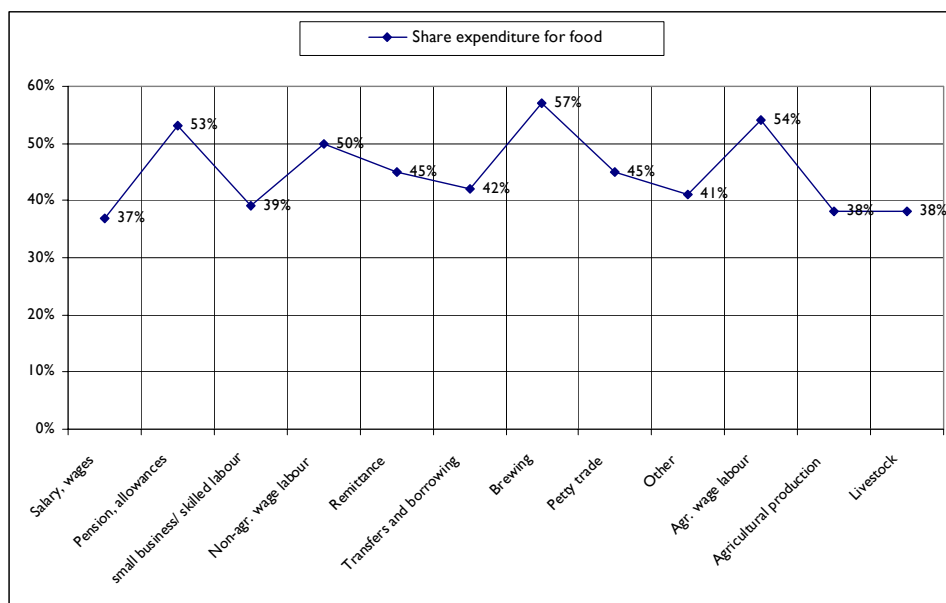
Over 80% of the sampled households indicated that they did not normally sell their cereal from own production. Likewise, for this current agricultural season, 89% of the sampled households did not intend to sell their cereal, an indication that cereal production is mostly for domestic consumption. Overall, assisted households were less likely to sell their cereal during normal times (16%) when compared to non-assisted households (21%). This was especially true in Maseru, Leribe, Quthing and Qacha's Nek urban, where none of the assisted households indicated that they normally sold their cereal.

Seventy four percent of the households indicated they do not usually have cereal stocks, with no significant differences by supported and non-supported households. By urban centers, Maseru had the highest proportion of households with no cereal stocks (95%), followed by Mafeng (94%), Quthing (93%), Leribe (85%), Qachas' Nek (82%), Mohale's Hoek (81%), Berea (75%), Butha-Buthe (67%), Thaba-Tseka (60%), and lastly Mokhtlong (43%). Of those households with some cereal stocks (26%), average duration the stocks were going to last this season was between 1-3 months by half of the households, with no significant differences by supported and non-supported households.

5.7 Expenditures

Information on expenditure was collected on food and non-food items. A 30-day recall period was used for foods and non-food items that were thought to be purchased more frequently by households. For other non-food items that are less frequently acquired (e.g. medical care, social events, etc.), a 6 month recall was used. The disbursements were then converted to average monthly expenditures. The data are used to investigate patterns of expenditures comparing results between groups.

Assisted households had a significantly higher ($p < 0.01$) share of monthly expenditure for food (46%) than non-assisted households (42%). Median per capita monthly expenditure for assisted households (M 61) was also significantly lower ($p < 0.001$) than that of non-assisted households (M 126). When comparing by asset wealth, 51% of the monthly expenditure of the 'very poor' was for food, compared to 43% for the 'poor', 42% for 'medium' and only 36% for the 'rich'. Median per capita monthly expenditure ranged from M 39 for the 'very poor' to M 250 for the 'rich' households.



The chart above shows the monthly share of expenditure for food is highest in the brewing livelihood group, followed by households relying on agricultural wage labour and those relying on pensions/allowances. As expected, it's lowest in the households in the salary/wages group as well as those that produce the own food – agriculture and livestock livelihoods households.

When investigated by city, some significant differences were found in the expenditure patterns of the 2 sample groups. Specifically, in Maseru and Quthing, assisted households have a significantly higher ($p < 0.01$) share of expenditure for food than non-assisted households (Maseru: 45% vs. 33%; Quthing 52% vs. 35%).

In contrast, in Mafeteng, the share of monthly expenditure for food was significantly higher ($p < 0.05$) for non-assisted households (53%) than for assisted households (43%). Similar trends were found in Maseru and Quthing regarding share of total expenditure devoted to transport costs: non-assisted households were spending significantly higher ($p < 0.01$) share for transport than assisted households (Maseru: 14% vs. 9%, Quthing: 9% vs. 3%).

Households were asked if their expenditures had changed over the past year for key expenditure categories. Almost every household in the sample (98%) reported that their **food** expenditures had increased with little difference between sample groups, urban areas or livelihood groups.

Similarly, an increase in **energy** costs (cooking, heating and lighting) was indicated by 97% of the sampled households. No significant differences were registered between cities or livelihood groups.

For **transport**, 88% of the sampled households reported an increase in related costs with non-assisted households reporting a greater increase (91%) compared to assisted households (86%). By cities, between 92-97% of sampled households in Mokhotlong, Berea, Mafeteng and Maseru reported

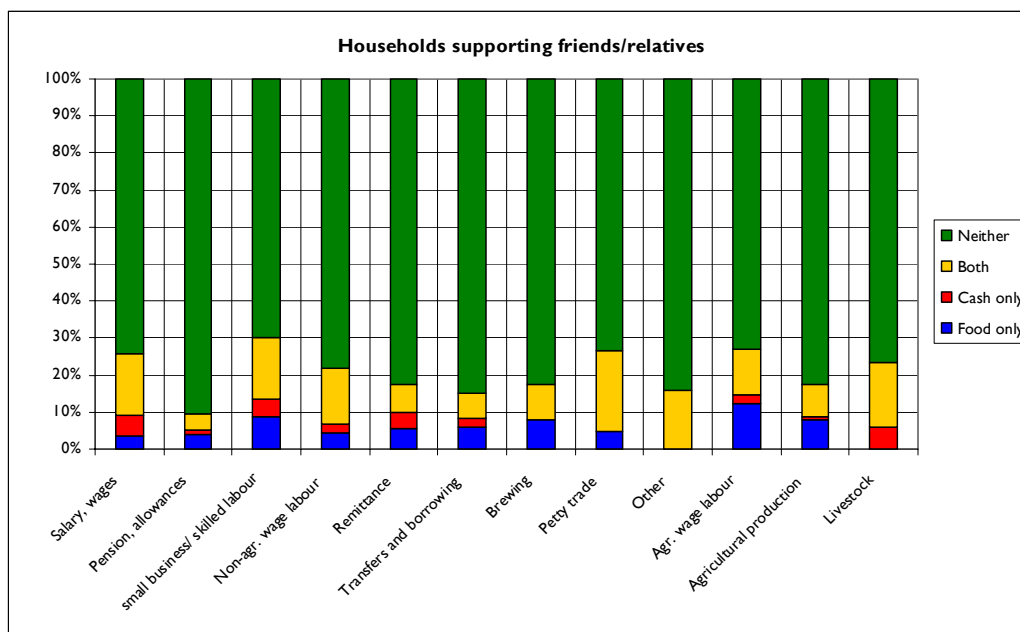
increase of transportation expenses while, interestingly, 22% of sampled households in Qacha's Nek affirmed they did not experience any change which was much higher than in any other city samples. By livelihood group, 98% of the agricultural wage labour households reported an increase in transport expenditure, followed by the salary/wages households. By comparison, only 83% of the petty trade and agricultural production households reported increases in transport expenditure.

Nearly 70% of the households experienced increased **health** expenditures in the past year, ranging from as high as 80-90% among sampled households in Mohale's Hoek (91%), Mokhotlong and Mafeteng (89%), Qacha's Nek (84%), Quthing (83%) and Berea (80%) to as low as 31% in Thaba-Tseka. Actually 63% of sampled households in that city reported that they decreased their health expenditure in the past year. Sampled households in Maseru were fairly distributed with 33% of sampled households reporting decreasing, 30% no change and 36% only indicating an increase of their health expenditure. By livelihood group, nearly three-quarters of the households in salary/wages, pension/allowances and agricultural production reported increases in health expenditure as compared to only 47% of the livestock livelihood households.

For **housing**, 54% of the sampled households reported increase of expenditure, while the rest reported no change. No statistical significant difference was found between sample household groups. By urban area, the highest percentages of households reporting increased housing expenditure were Mokhotlong (72%), Thaba-Tseka (67%), Mohale's Hoek (66%) and Mafeteng (61%) while most of the households in Leribe (69%) and Quthing (64%) reported no change in expenditures for housing over the past year. By livelihood group, only 28% of the non-ag wage labour and 29% of the livestock households reported increased expenditure for housing compared to 61% of petty trade and 60% of remittance households.

Lastly, 52% of the sample indicated an increase of **education** expenditure, 40% reported no change while 8% a decrease over last year. By sample groups, a higher percentage of assisted households reported no change (44%) compared to the non-assisted households (35%), while the opposite was found regarding households reporting increase of education expenditure (58% vs. 48%). By livelihood group, 65% of the salary/wages households reported increased expenditures for education.

Households were also asked if they were providing food or cash support to friends or relatives. In total, 21% of the households were providing external support, ranging from 33% in Thaba-Tseka and 29% in Butha-Buthe to 13% in Maseru and 14% in Mokhotlong. By livelihood group, the pension/allowances households were the least likely to be providing external assistance (10%), followed by the transfers/borrowing households (15%). However, the small business/skilled labour households were the most likely to be providing support (30%), followed by agriculture wage labour (27%) and petty trade (27%) households.

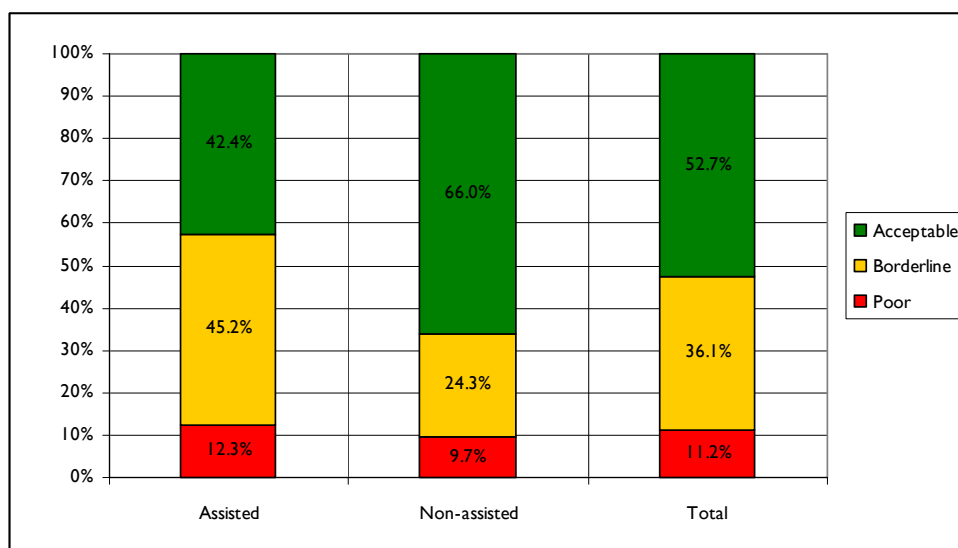


5.8 Household Food Consumption

Research has shown that dietary diversity⁷ and frequency are a good proxy measure of food consumption and food security at household level. 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 weighted⁸ 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 were 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 4 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 5 and 3 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 1 day/week) and pulses (avg. 2 days/week). Fruit was reported being consumed on average 2 days/week. Most of the households with acceptable food consumption also reported to diversify their cereal consumption eating cereals other than maize during the week, with an average consumption of 3 days/week.

The chart below compares consumption of assisted households with non-assisted as well as the total for the sample. Although there is not a big difference in the percentage of households with poor consumption, there are significantly more households with borderline consumption amongst the assisted households, indicating that a future could easily push them into the poor consumption classification.



There were many differences by urban area when comparing assisted vs. non-assisted households. Thaba-Tseka is the only place with a higher percentage of non-assisted households with poor food consumption (35%) compared to the assisted households (17%). Together with Mafeteng, this is the urban area with highest cumulative percentage of households with poor and borderline consumption, reaching an average of about 70% of the sample households.

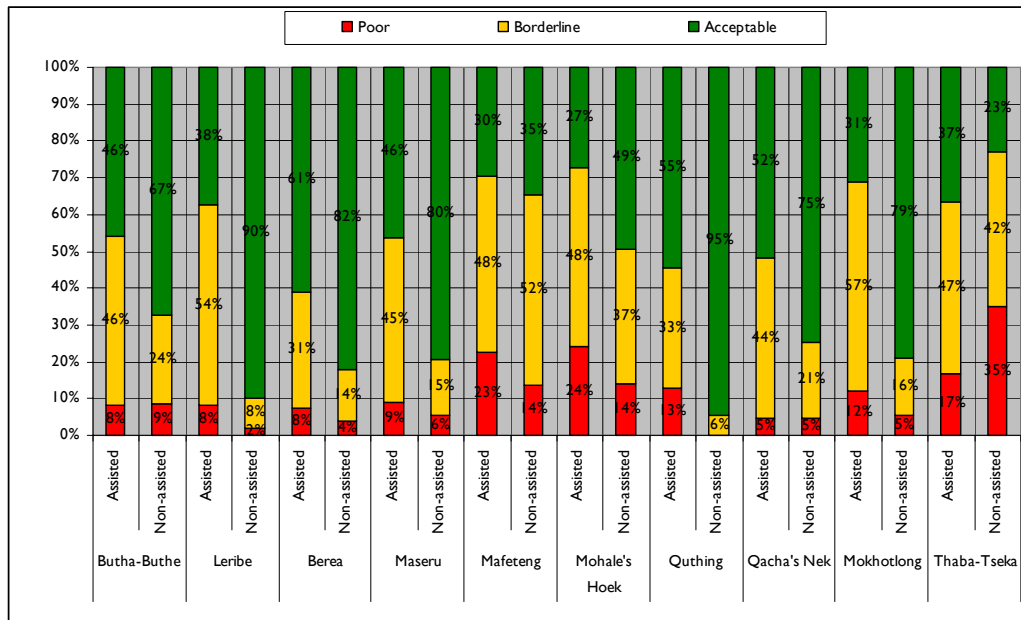
In the rest of the urban areas, the assisted households were more likely to have poor consumption with the highest levels found in Mohale's Hoek (24%) and in Mafeteng (23%). Considering poor and borderline food consumption together, the highest levels for assisted households were found in Mohale's Hoek (73%), Mafeteng (70%) and Mokhotlong (69%). For non-assisted households, the

⁷ Dietary diversity is defined as the number of individual foods or food groups consumed over a given period of time

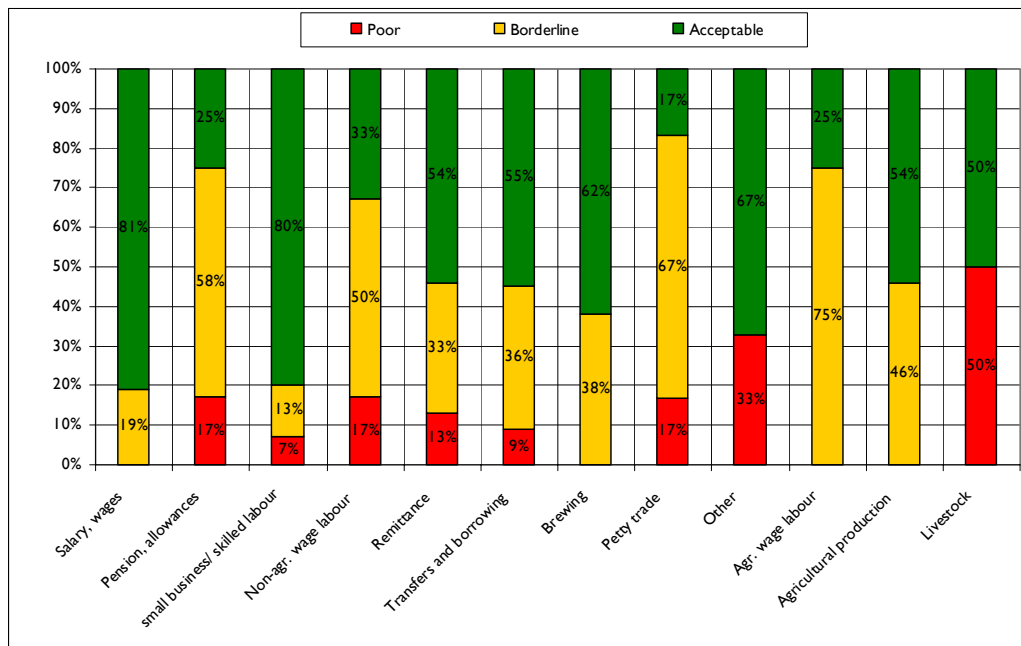
⁸ Animal proteins = 4, pulses = 3; fortified blended foods (CSB) = 2.5; cereals, roots & tubers = 2; fruits and vegetables = 1; sugar and oil = 0.5

highest levels of poor and borderline consumption were also found in Mafeteng (65%) and Mohale's Hoek (51%).

The chart below compares food consumption by urban area and group highlighting that non-assisted households in Thaba-Teska were the most likely to have poor consumption while the non-assisted households in Quthing were the most likely to have acceptable food consumption.

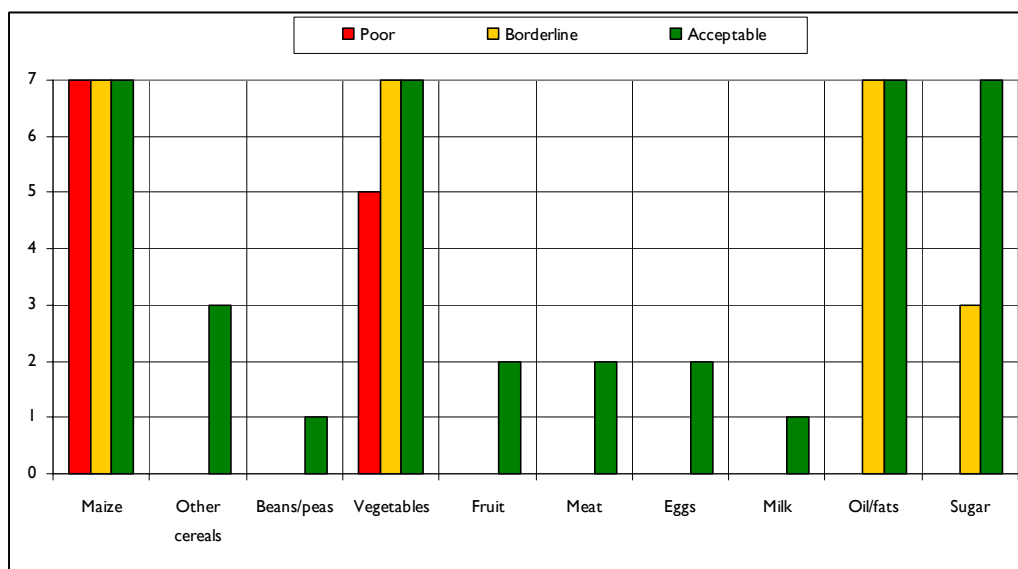


By livelihood group, the livestock households were evenly divided to 50% with poor consumption and 50% with adequate consumption, showing some heterogeneity in this livelihood group. Other groups with a high percentage of households with poor consumption were non-ag wage labour, petty trade and pension and allowances as well as the other households. When considering poor and borderline consumption, the petty trade livelihood group has the higher percentage (83%), followed by pension/allowances (75%) and agricultural wage labour (75%). More than 80% of the salary/wage livelihood households had acceptable consumption, followed by 80% of the small business/skilled labour households.



Households were asked about main and secondary sources of the different items they consumed. As expected in urban areas, on the whole sample purchase accounted for about 70% of all the responses about sources of food; own production/garden for about 17%; and gift for about 9 percent. Food items that were more commonly coming from own production were vegetables, eggs and dairy. However, those two last items were not widely consumed by sampled households.

The chart below outlines the median number of days each food item was consumed by the consumption groups. On average the households with poor consumption are only eating maize 7 days per week and vegetables 5 days per week. Borderline households are consuming maize, vegetables, oils/fats 7 days per week and sugar 3 days per week.



5.9 Shocks and Coping

Seventy-three percent of the sampled households reported that they had experienced occasions when they were not able to buy enough food or to cover other essential expenditure during the 30 days previous to the survey. This percentage was significantly ($p < 0.05$) higher among assisted households (80%) than among non-assisted households (64%). No significant differences were found on average among samples by urban area. However in Leribe, Mafeteng, Quthing and Qacha's Nek differences between sampled groups were significant ($p < .05$). The table below display percentages by sample groups in those cities.

Leribe		Mafeteng		Quthing		Qacha's Nek	
Assisted	Other	Assisted	Other	Assisted	Other	Assisted	Other
94%	56%	80%	60%	79%	38%	74%	57%

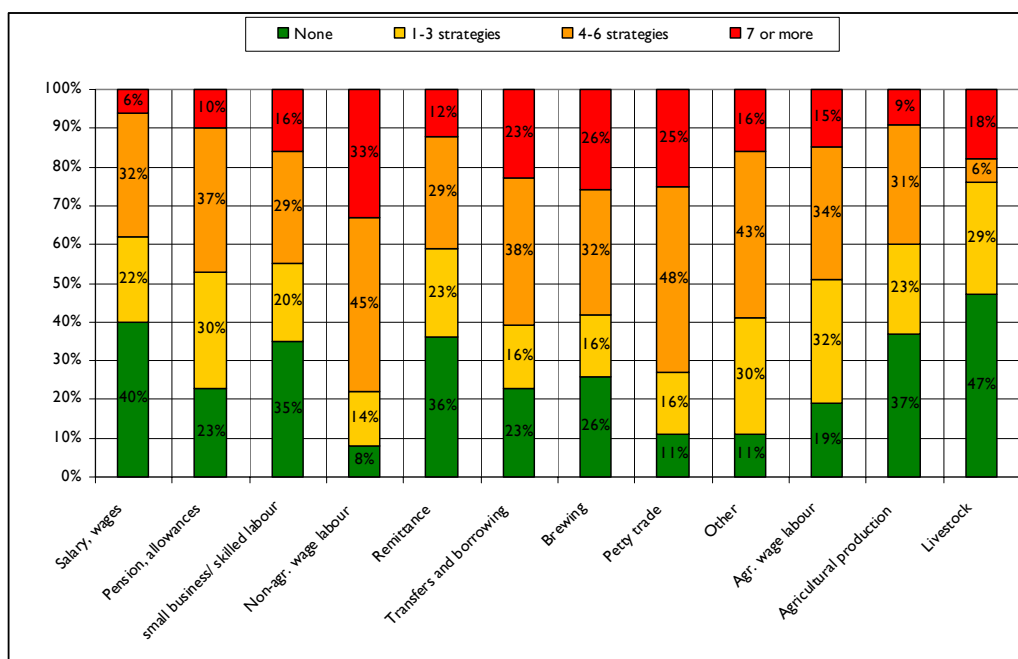
In all the other cities, even if differences were not statistically significant, the trend between sample groups was similar.

The most common coping strategies adopted to tackle food or money scarcity in the past 30 days were:

- Rely on less expensive or less preferred food (63%);
- Borrow food or rely on help from friends and relatives (51%);
- Limit portion size at meals (47%);
- Restrict adult consumption to allow small children to eat (40%);
- Reduce number of meals eaten in a day (49%).

An index was created to summarize the level of stress felt by the households as measured by the number of different coping strategies used over the month previous to the data collection as a results of struggling to afford food or other basic needs. Generally, assisted households experienced a higher level of stress in each surveyed urban areas compared to non-assisted households.

The graph below displays the level of stress, as measured by that index, by livelihood groups.



Households with highest level of stress were in the non-agriculture wage labourers, followed by petty trade households. Households engaged in livestock production, salary/wages, agricultural production and small business/skilled labour had the lowest levels of stress.

Households were also asked to name the 3 main shocks that affected their ability to access food or other basic needs in the past 6 months. Nearly all (97%) households reported being affected by unusually high food prices, followed by unusually high fuel prices (59%), serious illness or accident of a household member (27%), drought/irregular rains (20%), loss or reduced employment of HH member (13%), reduced income of a HH member (9%) and the death of a working HH member (4%).

Although there were no differences between groups on usually high food prices, the main differences between assisted and non-assisted households were in the following shocks:

- Unusually high fuel prices: 68% non-assisted households and 53% of assisted households
- Serious illness or accident of HH member: 38% assisted households and 14% non-assisted households
- Drought or irregular rains: 22% assisted households and 18% non-assisted households.

Reported shocks by livelihood groups varied a bit by type of shock:

- Unusually high food prices: All households in the pension/allowance group were affected, which makes sense as they tend to be on a very fixed income. The least affected group was the transfers/borrowing and agricultural wage labour group where 93% of the households were affected
- Unusually high fuel prices: Just over 70% of the salary/wages and livestock households were affected by this shock while the least impacted group was the agricultural wage labour where only 44% reported this shock.
- Serious illness or accident of HH member: 41% of the other households and 39% each of the agricultural wage labour and transfers/borrowing households were affected while only 15% of the salary/wages households were impacted by this shock.
- Drought/irregular rains: The agricultural wage labour households were the most affected by drought and irregular rains (39%) while the transfers/borrowing (10%) and small business/skilled labour (14%) households were the least affected.

6.0 Conclusions and Recommendations

6.1 Urban Food Security and Vulnerability

The analysis has shown that at the time when the survey was conducted there was an average of 11% of sampled households found having poor food consumption and another 36% having borderline food consumption. As food consumption has been widely accepted as proxy for food security, Food Consumption Groups could be considered proxies for Food Security Groups. However, this proxy is only based on current consumption, and does not take into account for seasonality or vulnerability to future shocks which could threaten future consumption and food security status.

Nevertheless, the consumption analysis indicates that there is a problem of food security among vulnerable households in urban areas of Lesotho (assisted households), but also, at some lesser extend, in non-assisted households.

The situation varies in the different urban areas appearing to be worse off in Thaba-Tseka, among both assisted and non-assisted groups, and in Mafeteng, Mohale's Hoek and Mokhotlong amongst the assisted households.

By livelihood groups, overall the petty trade households were the most likely to have poor or borderline consumption, followed by the pension/allowances and agricultural wage labour households. There were some variations by urban areas. For example in Maseru and Mokhotlong the most affected livelihood groups are the transfers/borrowing and pension/allowances; in Mafeteng and in Mohale's Hoek were non-agriculture wage labourers and transfers/borrowing or other type of assistance dependents; in Quthing and Leribe the non-agriculture wage labourers had the poorest consumption.

Some level of incidence of food insecurity are found in every livelihood group and those households could most likely be chronically poor households as they have poor purchasing power to access food and other basic needs. The high food price issue adds to this already existing problem.

6.2 Effects of High Prices

Nearly all of the sample households reported that they had increased expenditure over the past months with many also reporting increased expenditure on fuel and transport. While there was virtually no difference concerning increased costs for food and fuel/energy, non-assisted households appeared to be more often affected by transport cost increasing than assisted households, even if it has to be noted that the very large percentage of households in both groups reported increase in such expenditure.

Although there were no differences between groups on usually high food prices, the main differences between assisted and non-assisted households were in the following shocks:

- Unusually high fuel prices: 68% non-assisted households and 53% of assisted households
- Serious illness or accident of HH member: 38% assisted households and 14% non-assisted households
- Drought or irregular rains: 22% assisted households and 18% non-assisted households.

In terms of types of coping strategies employed by the sample, the most common involved change in consumption habits with less preferred foods and reducing both the amount of food eaten and the number of meals, Households also tended to borrow more or receive remittances from friends or relatives to cope. Others, such as small business, petty trade and wage labourers (agric and non-agric) are seeking additional work or alternative employment to cope with high prices.

6.3 – Vulnerable groups

In order to determine who the most vulnerable are and where they are living, additional analyses of the data that includes variables related to current food security status based on food consumption, potential to access food (income, asset wealth and expenditure for food) and current stress (reported shocks and number of coping strategies) was done using multi-variate analysis. From the analysis, five groups of households were identified: well-off, food secure, food secure but vulnerable, food insecure and vulnerable and highly food insecure and vulnerable. Each group is described below.

Highly food insecure and vulnerable (21%) – These households are characterised by having an average size of 5 persons with 63% headed by women and 33% with an elderly head. They are the most likely to be hosting orphans (53%) and to have a chronically ill member (28%) and the second most likely to be hosting a disabled member (17%). They also are the most likely to have experienced the recent death of a member (16%). Their median per capita income is only 33 M per month. One-quarter of them have poor food consumption and 57% have borderline consumption. Nearly 80% are ‘very poor’ or ‘poor’ in terms of asset wealth. All of these households reported being affected by a shock that prevented them from accessing enough food and 98% have used 4 or more different coping strategies to deal with this.

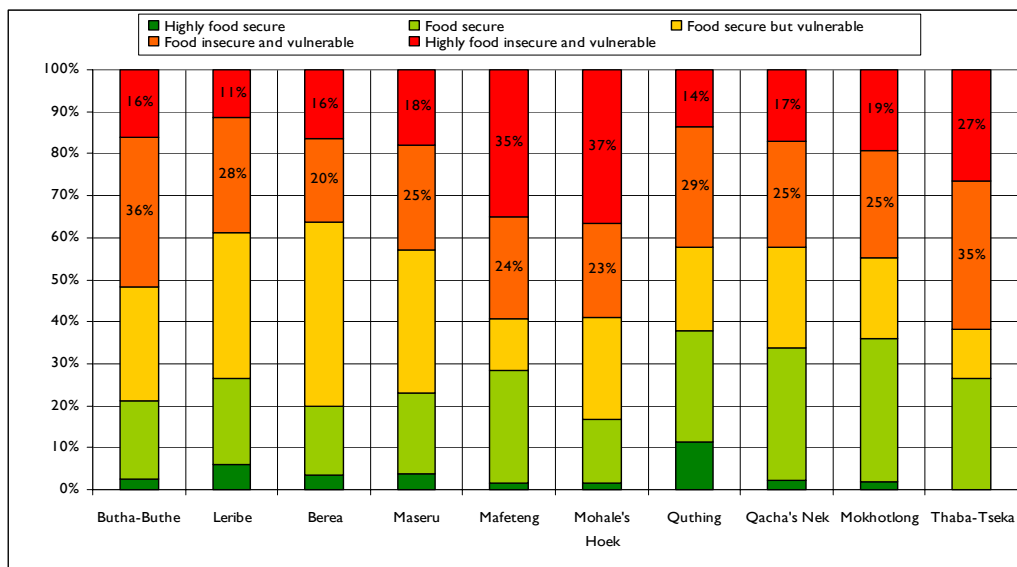
Food insecure and vulnerable (27%) – These households also have 5 members on average and have the highest percentage of female heads (68%) and elderly heads (37%). They are the second most likely to be hosting orphans (48%) and the most likely to have a disabled member (18%). Sixteen percent have a chronically ill member and 11% had a member die recently. Their median per capita income is 45 M per month. In total, 13% have poor food consumption and another 49% have borderline consumption. Seventy percent are asset ‘very poor’ or ‘poor’. All of these households also reported being affected by a shock that prevented them from accessing enough food and 68% of them used 4 or more coping strategies to deal with that shock.

Food secure but vulnerable (25%) – The average household size is 4 persons with more than 60% being headed by a woman and 28% with an elderly head. More than 40% are hosting orphans, 21% have a chronically ill member and 10% have a disabled member. Their median per capita income is 133 M per month. Only 2% have poor consumption and 19% have borderline consumption. Only 29% are asset ‘very poor’ or ‘poor’. All of these households also reported experiencing a shock that prevented them from accessing enough food and 44% of them used 4 or more coping strategies to manage that shock.

Food secure (24%) – These households also have 4 members on average with more than 60% headed by women and 30% with an elderly head. More than 40% are hosting orphans, 16% have a chronically ill household member, 15% with a disabled member and 8% had a member die recently. Their median per capita income is 143 M per month. Twenty-seven percent of the households have borderline consumption and 68% with acceptable consumption while 44% are asset ‘very poor’ or ‘poor’. However, none of these households reported experiencing a shock that prevented them from accessing enough food.

Highly food secure (3%) – The average household size is only 3 persons with only 47% headed by a woman and 12% with an elderly head. Only 14% are hosting orphans, 5% with a chronically ill member, 5% with a disabled member and 2% with the recent death of a member. The median per capita income is 2000 M per month. All have acceptable consumption while 84% are asset ‘rich’. Only 5% reported a shock that prevented them from accessing enough food.

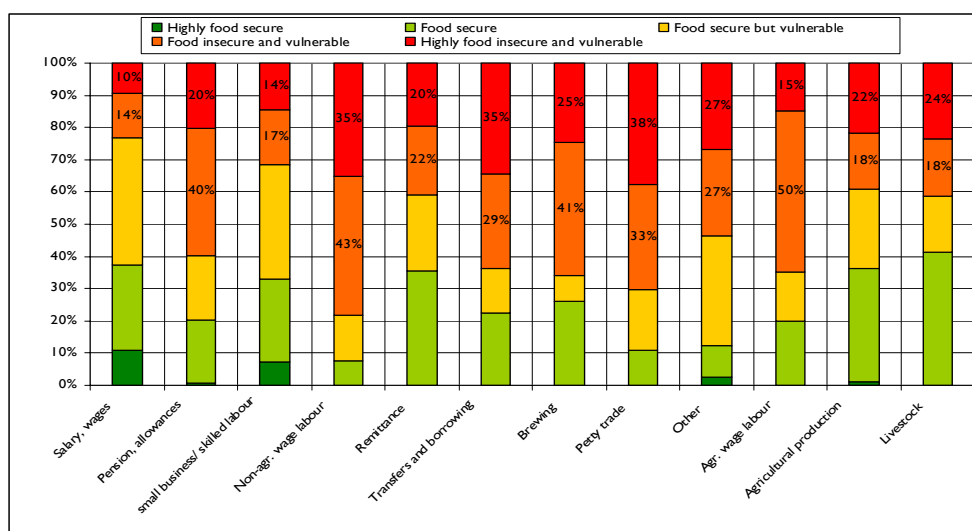
The chart below shows the percentage of households in each group by urban area and indicates that the highest percentages of *highly food insecure and vulnerable* are located in Mohale’s Hoek and Mafeteng cities, followed by Thaba-Teska.



The highest percentage of *highly food secure* and *food secure* households were found in Quthing, Mokhotlong and Qacha's Nek cities. The *food insecure but vulnerable* group was mostly likely to be found in Berea, Leribe and Maseru – these are the households that may be most impacted by the higher food prices.

Around 26% of the assisted households were found in the *highly food insecure and vulnerable* group compared to only 15% of the non-assisted households and another 33% of assisted households were in the *food insecure and vulnerable* group compared to 19% of the non-assisted households. However, 31% of the non-assisted households were in the *food secure but vulnerable* groups compared to only 21% of the assisted households.

By livelihood group, the highest percentages of households in the *highly food insecure and vulnerable* group are in the petty trade, transfers/borrowing and non-agric wage labour groups as illustrated in the chart below. When including the *food insecure and vulnerable* households, the most affected groups are non-agric wage labour (78%), petty trade (71%), brewing (66%), and agric wage labour (65%). The groups with the highest percentage of *highly food secure* and *food secure* households are livestock, salary/wages, remittances and agricultural production.



6.4 – Conclusions

The analysis shows that many different types of households are food insecure and vulnerable, at different levels and throughout the urban areas of the country. However, the most food insecure and vulnerable households tend to be concentrated more in Mohale's Hoek and Mafeteng. However, the groups that appear to be food secure but are dealing with shocks and stress are more likely to be found in the areas around the border crossings with South Africa.

Based upon the population of the assisted and non-assisted for each city, the following table provides the number of people falling into the highly food insecure and vulnerable group by city.

Urban area	Urban population	Assisted population, food insecure		Non-assisted population, food insecure		Total	
		Number	%	Number	%	Number	%
Butha-Buthe	26,068	96	2.2	4,026	15.4	4,122	15.8
Leribe	71,008	130	1.1	4,214	5.9	4,344	6.1
Berea	61,046	113	0.8	3,635	6.0	3,748	6.1
Maseru	102,298	2,402	9.4	8,991	8.8	11,393	11.1
Mafeteng	46,096	579	3.0	11,182	24.3	11,761	25.5
Mohale's Hoek	41,632	1,204	6.2	11,363	27.3	12,567	30.2
Quthing	28,679	142	2.1	0	-	142	0.5
Qacha's Nek	17,106	42	1.0	1,371	8.0	1,413	8.3
Mokhotlong	22,929	122	3.1	6,579	28.7	6,701	30.0
Thaba-Tseka	30,735	304	1.9	3,167	10.3	3,471	10.7
Total	447,597	5,132	3.9	54,528	12.2	59,660	13.3

Overall, 13% of the total urban population was found to be highly food insecure. By district, Mokhotlong (30%), Mohale's Hoek (30%), and Mafeteng (26%), had the highest number of households found to be highly food insecure, while Quthing had the lowest at 0.5 percent. Although the proportion of highly food insecure households in Thaba-Tseka seemed low at 10%, the magnitude of food insecurity was more severe as it had the highest percentage of households with poor food consumption.

6.5 – Recommendations

1. There is need to prioritise the **highly food insecure and vulnerable households**, mainly in Thaba-Tseka, Mafeteng, Mokhotlong and Mohale's Hoek urban areas for food interventions.
2. There is need to monitor households that were found to be **food secure but vulnerable** on a regular basis against the background of the increasing food prices.
3. Households that were found to have home gardens or cultivating 'other land' had significantly higher food consumption scores than those not cultivating. This is an indication that improving home gardens in urban areas through livelihood activities can contribute significantly to urban household food security.
4. Households that were found to rely on agric wage labour, non-agric wage labour, brewing and petty trade had the lowest per capita income. It is therefore recommended that cash for work activities are explored amongst these households in order to boost their livelihoods.
5. This was the first study to provide analysis on urban food security and hence there was no opportunity to validate the findings. Therefore, there is need to carry out an in-depth study on urban food security/vulnerability to further understand the situation.