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 score of beneficiary households is about the same as non-beneficiaries, indicating that food assistance is having an impact on the vulnerable households’ ability to cope.

- March 2009 shows a decrease in CSI for beneficiaries and no change for non-beneficiaries and thus no difference between beneficiaries and non-beneficiaries.
- By programme activity, the mean CSI is about the same (33-34) for both groups of beneficiaries: Targeted Food Distribution (TFD) and Support to Households affected by HIV and AIDS (STH).
- The average CSI was 42 for non-beneficiaries in Shiselweni, 32 in Lubombo and 26 in Hhohho but only 18 in Manzini.
- For beneficiaries, the average CSI was highest in Shiselweni (46), followed by Lubombo (29) and Hhohho (28). There are no beneficiaries in Manzini.

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.

The chart shows that the percentage of beneficiary households with poor consumption has decreased greatly from 19% in October 2008 percentage of non-beneficiary households with poor or borderline consumption has remained the same. By programme activity there is no difference between groups. By region, 5% of beneficiary households in Shiselweni had poor consumption and 34% had borderline consumption while no beneficiaries in Hhohho had poor consumption.

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 ‘adequate’ 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.
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 salary, remittance and petty trade have the greatest contribution to total income for non-beneficiary households with transfers making up 34% of total income.

The graph below shows that for beneficiary households, the greatest contribution to total income is from food assistance, followed by remittances, pension and petty trade. These households rely on transfers for more than 60% of their total income.

When comparing the two groups, there are significant differences in share from livestock, small business, pension, salary/wages, gifts, and of course, food assistance.

Salaries and remittances were the most common livelihood sources for non-beneficiary households while beneficiaries relied on food assistance, pension and remittances for livelihoods. Reliance on food assistance for beneficiaries was a bit higher when compared to March 2008. Reliance on remittance is also a bit higher for both groups when compared to March 2008. The main livelihood sources are in the table to the left.

• Significantly more (p < 0.001) non-beneficiary households named only one livelihood source (50%) when compared to beneficiary households (31%) who can count food assistance as a source.
• By programme type, 32% of TFD beneficiaries and 30% of STH beneficiary households have one livelihood source.
• TFD beneficiaries rely more on small business, petty trade, and formal salary/wages than STH households.
• STH households rely more on remittances and gifts than TFD beneficiary households.

Expenditure information was collected for the sixth time in Round 12.

Overall, the share of monthly expenditure for food was significantly higher (p < 0.05) in non-beneficiaries (51%) compared to beneficiaries (46%).

However, beneficiaries allocated a significantly greater share of monthly expenditure for health (5.5% vs. 3.0%) and funerals (3.0% vs. 1.0%) and significantly less on education (10% vs. 14%).

Median monthly per capita expenditure was E 73 for beneficiaries and E 146 for non-beneficiary households which was a statistically significant (p < 0.001) difference.

By programme activity, expenditure patterns were similar.

Share of expenditure for food is highest amongst beneficiary households with poor consumption (64%) and lowest amongst non-beneficiary households with poor consumption (42%).

Asset poor households allocate a significantly lower share of monthly expenditure for education (4%) compared to asset medium (12%) and rich (15%) households.
Nutrition of Women

More than 350 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 six rounds - nutrition was not included in the October 2008 round because a national nutrition survey was taking place at the same time. Slightly more beneficiary women (3.6%) were undernourished (BMI < 18.5 kg/m²) compared to the women from non-beneficiary households (3.0%). For non-beneficiaries, 58% are overweight or obese, the least since March 2007 and for beneficiaries, only 43% are overweight or obese, the lowest ever.

By region, the highest percentage of undernourished women was found in Lubombo (4.4%) followed by Hhohho (3.8%) with only 1% undernourished in Shiselweni. Conversely, 66% of the women in Shiselweni were overweight or obese compared to 46% in Hhohho and 45% in Lubombo.

By programme activity, women from TFD beneficiary households were more likely to be undernourished (4.4% vs. 2.7%). Women from TFD households were also more likely to be obese (BMI ≥ 30.0 kg/m²) when compared to women from STH beneficiary households (20% vs. 16%).

Nutrition & HH food security

For women
- Women who are undernourished had significantly (p < 0.01) higher share of monthly expenditure for funerals and were more likely to be from households headed by a woman, or to be from a household with a chronically ill member or to have a high percentage of effective dependents. Their households received a higher share of income from remittances and fruit/vegetable sales and lower from small business.
- Women who are overweight or obese had a significantly (p < 0.05) lower percentage of households with poor consumption. They were significantly more likely to come from households with an elderly head (60+ years) and significantly less likely to live in homes with poor sanitation or of poor quality. They derive a significantly higher share of income from salary/wages and significantly less from food assistance and have a significantly higher per capita monthly expenditure. Lastly, they derive significantly higher share of consumption from purchase and significantly less from food assistance.

For children
- Child wasting is not related to illness but significantly related to household food consumption as well as having an elderly head. There is also a relationship with higher reliance on food assistance as a livelihood and lower reliance on purchase for consumption.
- Child underweight is not related to any illnesses. It is significantly related to poor quality housing and asset poverty and there is also a relationship with having female head and poor sanitation.
- Households with a stunted child are more likely to have poor consumption and to rely less on remittances for income. They are significantly more likely to rely on income from food crop production and have a significantly higher share of food consumption from own production.
In this round, over 400 children 6-59 months were weighed and measured. Of those, 1.3% were wasted or low weight-for-height, while 7.6% were underweight (low weight-for-age) and 47.1% were chronically malnourished or stunted (low height-for-age). When comparing beneficiary children to non-beneficiaries, the beneficiary children were slightly more likely to be wasted (2.1% vs. 0.6%) and less likely to be stunted (45.0% vs. 48.3%).

By sex, 2% of boys were wasted compared to 1% of girls. However, significantly more boys \((p < 0.001)\) were underweight (14%) compared to girls (2%) and boys were also significantly more likely to be stunted (61%) compared to girls (35%). These results are similar to those found in March 2008 with girls being significantly better-off than boys. This could partly be due to caring practices such as breastfeeding where for children 18-23 months, 35% of girls were still being breastfed as compared to only 7% of boys.

By programme activity, children from STH households were slightly more likely to be wasted (3.2% vs. 1.3%) while children from TFD households were slightly more likely to be underweight (9.0% vs. 6.5%) and stunted (46.2% vs. 43.5%).

By region, the levels of wasting are highest in Lubombo (1.6%) while just over one percent of children in Hhohho and Shiselweni were acutely malnourished. Underweight was highest in Hhohho (9.7%), followed by Lubombo (7.9%) and Shiselweni (5.4%) while stunting was highest in Hhohho (61.3%), followed by Shiselweni (40.9%) and Lubombo (40.5%).

Morbidity
In total, 22% of the children had experienced diarrhoea in the 2 weeks prior to the survey with no difference by beneficiary status. This compares to 19% in March 2008. Over 40% had experienced recent fever which is much higher than the 32% found in March 2008, and 20% had suffered from acute respiratory infection which was similar to March 2008.

Health care
Of the children in the sample, 91% had received a Vitamin A capsule sometime in the past 6 months and 93% of the children 9-59 months had received a measles injection. In terms of access to antenatal care, 94% of the mothers had received at least one tetanus toxoid injection during their pregnancies. Reported birth sizes indicated that 10% of the children were smaller than normal or very small at birth compared to 46% being larger than normal or very large (DHS method).

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 provide empirical information on beneficiary needs and perceptions for planning and decision making in WFP operational areas, especially related to cash and voucher programming.

In this round, only 58% of the beneficiaries indicated they prefer food only assistance which is the lowest so far. Another 31% preferred both food and cash while 11% preferred cash only. The chart below shows trends over time but the main indication is that more beneficiaries are showing a preference for a combination of cash and food.

By region, more than 80% of the beneficiaries in Hhohho prefer food only, compared to 66% in Shiselweni and only 44% in Lubombo. The rest mostly prefer both cash and food.

By programme activity, the STH households are slightly more likely to prefer both cash and food transfers.

The chart on the left shows trends in reasons why food is preferred. There appears to be a seasonal factor why food is preferred to satisfy households food shortages (October is higher) as well as market supplies being unpredictable (March is higher). Increases in the percentage of households citing difficulties in accessing markets could be a reflection of the increased transport costs. Lastly, there have also been increases in the percentage of households finding high or unpredictable prices to be a factor in preferring food only, which could show the impact of last year’s high food prices and the global financial crisis of 2009.
In this round, vulnerability was assessed by considering the number of vulnerable characteristics (out of 12) each household had.

- Asset poverty, female or elderly head, chronically ill member, hosting orphans, disabled member, recent death of a member, 80% or more effective dependents, poor housing, unsafe water or sanitation and having no livestock were used.
- Households were described as having either low (0-1 characteristics), moderate (2-5) or high (6+) vulnerability.
- Significantly more (p < 0.001) beneficiary households had high vulnerability (28%) as compared to non-beneficiary households (11%).
- By programme activity, 33% of STH households had high vulnerability compared to 24% of TFD beneficiaries.
- The chart below compares the mean coping strategies index (CSI) and food consumption score (FCS) by vulnerability level and beneficiary status. For both groups the relationship between CSI and FCS and vulnerability is clearly illustrated with mean CSI increasing with increased vulnerability while FCS decreases.
- The impact of food assistance on stress is shown by the much lower CSI of highly vulnerable beneficiaries compared to the non-beneficiaries.
- By region, 30% of beneficiary households in Lubombo have high vulnerability, followed by 28% in Shiselweni, and 23% in Hhohho. Fourteen percent of non-beneficiaries in Hhohho were highly vulnerable.

### Asset Wealth and Consumption

Among the sample, significantly more (p < 0.001) beneficiary households were asset poor (24%) compared to non-beneficiaries (14%). There was no difference in asset wealth between TFD and STH beneficiary households. For both beneficiaries and non-beneficiaries, the asset poor have a significantly lower food consumption score while for non-beneficiaries only, a significantly higher coping strategies index.

The chart on the left shows that consumption was best for non-beneficiaries in all regions. For asset poor households, consumption was the worst for non-beneficiaries in Hhohho and best for beneficiaries in Lubombo.

By region, only 10% of households in Hhohho were asset poor with no difference between groups. In Shiselweni, 25% of the sample were asset poor which was higher among beneficiary households (30%) compared to non-beneficiaries (19%). Asset poverty was significantly higher (p < 0.01) in beneficiary households in Lubombo (28%) compared to non-beneficiaries (15%).

Households with an elderly head (60+ years) or with a high percentage of effective dependents (80% or more) were significantly more likely to be asset poor.

### Demographic Indicators

<table>
<thead>
<tr>
<th></th>
<th>Beneficiaries</th>
<th>Non-Beneficiaries</th>
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</thead>
<tbody>
<tr>
<td>HH size</td>
<td>5.3</td>
<td>5.7</td>
</tr>
<tr>
<td>% Effective Dependents*</td>
<td>67%</td>
<td>56%</td>
</tr>
<tr>
<td>Female head</td>
<td>49%</td>
<td>43%</td>
</tr>
<tr>
<td>Elderly head*</td>
<td>46%</td>
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<tr>
<td>Disabled member*</td>
<td>22%</td>
<td>16%</td>
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<tr>
<td>Keeping orphans*</td>
<td>40%</td>
<td>26%</td>
</tr>
<tr>
<td>Member died in past 3 months</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Chronically ill member*</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Asset poor*</td>
<td>24%</td>
<td>14%</td>
</tr>
</tbody>
</table>

*statistically significant difference
Around 80% of the sample households had **access to agricultural land** with slightly more beneficiaries (81%) having access then non-beneficiaries (78%). By programme activity, only 77% of the TFD beneficiaries had access to land as compared to 86% of STH beneficiary households. By region, households in Hhohho were much more likely to have access to land for cultivation (92%) when compared to those in Shiselweni (78%) and Lubombo (74%).

Of those with land, 8% **did not cultivate** in the 2008/09 season mostly because of lack of draught power, lack of labour or weather-related causes. Beneficiary households were more likely not to cultivate land (10%) compared to non-beneficiaries (6%) and TFD households were more likely not to cultivate (11%) compared to STH households (8%). By region, only 2% of households with access to land in Hhohho did not cultivate compared to 11% each in the other regions.

For those cultivating, 24% said they **cultivated less** land this season than last with no difference between regions. However, beneficiary households were more likely to cultivate less (27%) than non-beneficiaries (21%) and STH households were more likely to cultivate less (29%) than TFD households (25%).

The main source of draught power was tractor for households in Hhohho and Shiselweni but cattle in Lubombo. Overall, access to (physical and financial) was a factor in reduced production for most households.

### Sources of Food Consumed by Households

Identifying the major sources of food and monitoring these over time is critical to understanding the principal factors affecting food security of households. As illustrated in the chart below:

- As in previous rounds, **non-beneficiary** households with borderline/adequate consumption accessed most of their food from purchase; those with poor consumption also relying significantly more on borrowing/gifts and hunting/gathering (p < 0.001) and less on purchase to access food. Compared to March 2008, more is coming from purchase for those with poor consumption and more is coming from gifts with those with borderline or adequate consumption.

- **Beneficiary households** with borderline or adequate consumption relied on a combination of purchase and food assistance for their food while those with poor consumption relied firstly on food assistance and then on purchase. Households with poor consumption were significantly less likely (p < 0.05) to rely on food assistance. Compared to March 2008, much more was coming from own production and food assistance and less from gifts for those with poor consumption.

### Children’s Education

- For beneficiaries 90% of eligible boys and 87% of girls are currently enrolled and attending school compared to 68% (B) and 66% (G) in March 08. 85% (B) and 86% (G) in March 07, and 83% (B) and 84% (G) in March 06.
- The main reasons were cost and that the child was considered too young for school.
- When comparing by beneficiary status, beneficiary boys and girls are slightly less likely to be enrolled.
- However, by programme activity, significantly fewer eligible boys from TFD/VGF beneficiary households were enrolled and attending compared to boys from STH households.
- By region, more eligible children in Hhohho (92%) are enrolled and attending when compared to Shiselweni (90%) and Lubombo (88%).
- By orphan status, orphan girls are slightly less likely to be enrolled and attending while there is no difference for boys. By region, orphan girls in Hhohho are significantly less likely to be enrolled than non-orphans but not for the other regions.

### Households obtain food in one or more of the following ways:

- Grow and consume from their own stocks
- Purchase from markets
- Transfers from relatives or members of the community
- Casual labour
- Transfers in the form of food aid
- Gathering wild foods

Understanding how these patterns differ across groups, provides a general starting point for understanding the nature of food insecurity.

(Source: FANTA)