# Lesotho
# Community & Household Survey
# Round 16

## Highlights: Food Security Trends & Vulnerability

- The proportion of the sampled households that had access to land was 69.4%. A significant proportion (84%) planned to cultivate. Lack of draught power (29.3%), weather related causes (21.8%) and lack of seed (10.3%) were mentioned as the main reasons for cultivating less land by 12% of the households. The findings also indicated that majority of the households rely use the conventional method of agricultural system using cattle for draught power (91.4%).
- The five most important livelihood activities were casual labour (21%), remittances (19%), pension (14%), food crop production and sales (14%) and formal salary and wages (9%).
- Access to drinking water was satisfactory as the proportion that drew water from improved water sources (protected well, borehole, water tap and piped into dwelling) was 82%.
- The proportion of households with good sanitation (ventilated improved pit latrine and flush/pour toilet) was 55.4% in the previous round, now it is 59.2%.
- Non beneficiary households and beneficiary households relied on own harvest as the main source of cereal stocks at 74.3% and 50.6% respectively
- Of the total sampled households 25% were reported as asset poor with 56.2%, 72.9% and 77.2% with no ownership of cattle, sheep and goats respectively.
- Households with poor food consumption formed 12% of the sample and were classified as severely food insecure, while 39% had the lowest dietary diversity. Furthermore 18% of the households engaged in crisis coping strategies and 2% in emergency strategies.
- Of the total sample, 17% are families with three quarters or more of their monthly expenditure being food expenditure with 1% of these households classified as severely food insecure while 33% were moderately food insecure.
- About 78% of total beneficiaries received support from WFP; 15% from NGO's including Caritas/CRS, World Vision and Lesotho Red Cross; while other households received support from the government or other UN agencies such as FAO.
- For the entire sample the prevalence of stunting or chronic malnutrition was 41.2%, underweight 19.3% and wasting 4% showing an increase from the previous round of the latter two (10.6%) and (1.5%) while stunting did not changed (still 41.2% as in round 15). The *situation is very critical* according to WHO classification of malnutrition.
- The price of maize meal increased by 16% when compared with LVAC June 2014 and increased by 309% when compared to the baseline year prices (2009/2010).

## At a glance

| Indicator | 2013 | 2014 |
|---|---|---|
| Household size | | 4.3 |
| Access to good sanitation | 55.4% | 59.2% |
| Asset Poor | | 25% |
| Poor Food Consumption | | 12% |
| Stunting | 41.2% | 41.2% |
| Underweight | 10.6% | 19.3% |
| Wasting | 1.5% | 4% |
| Maize price | M8 | M9.26 |

**3.5 % Severely Malnourished Women**

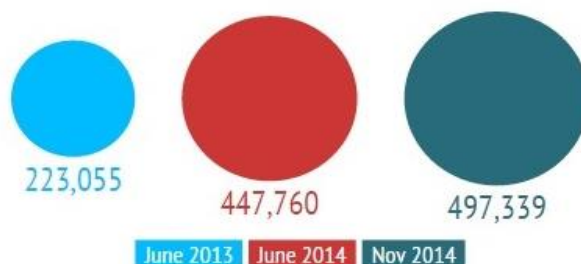**5.7 Moderately Undernourished Women**

**1 case of Oedema in children below 5 years**

**35,363 MT of Maize**

**OR**

**M327, 461,380 required**

## Population in need of humanitarian assistance



223,055 — June 2013
447,760 — June 2014
497,339 — Nov 2014

June 2013 - 'Peak estimated food insecure population in 2013'

June 2014 - 'Estimated peak food insecure population 2014'

November 2014 - 'Updated peak food insecure population 2014'

Disaster Management Authority

WFP
wfp.org

Food and Nutrition Coordinating Office

CHS is designed to monitor the short and medium term effects of food assistance interventions. The survey examines the effectiveness and relevance of the food assistance operations and also gives an overview of the most recent humanitarian assistance. CHS generates information that can be used for early warning on impending food crisis.  Trends in livelihoods and food security are analysed to the extent possible.

The October/November 2014 CHS was carried out within the LVAC and DMA analytical and institutional framework, whereby the sample  was designed to allow the analysis of the findings by beneficiary status, programme activity, district and livelihood zones.

The programme activities included for the surveillance were beneficiary households under ART/TB, PMTCT, supplementary feeding programme for children under 5 years and supplementary feeding programme for pregnant/lactating women, food for work and agricultural inputs.  These activities were implemented by WFP, Caritas and CRS.

The design for CHS adopts a two stage systematic sampling procedure of selecting 6 sites per district countrywide, in which the "Projects being monitored" constitute Primary Sampling Units (PSU's) while private households comprise the Secondary Sampling Units (SSU's). The process of sample selection involves the technique of stratifying districts by "Projects being monitored (Nutrition, DRR and CRS)". A total of 60 sites is selected as PSU's nationally.

The SSU's are also systematically selected with a stipulated number of 20 households to be interviewed which will then yield a total sample size of 1200 households. In the districts where humanitarian assistance programs are implemented 10 interviews were beneficiaries while 10 were non-beneficiaries. In the districts that had no humanitarian assistance programs, 20 non-beneficiaries were interviewed.

All districts had beneficiaries and DRR activities were found in Maseru, Mafeteng, Mohale's Hoek and Quthing; CRS activities in Thaba Tseka and Maseru and Nutrition activities were assessed in all districts except where DRR was implemented. A total of 1,189 household were interviewed of which 55% were non beneficiaries and beneficiary households were 45%. The sampling frame from which the beneficiary households were selected was provided by WFP, CRS and Caritas while for non-beneficiaries the sampling frame had to be generated at the sites visited with the assistance of chiefs.

The structured questionnaire was used to collect data for food security indicators such as household demographics, livelihood strategies, agriculture production, cereal stocks and sources, income and expenditure, asset wealth, and food consumption. Anthropometric data was also collected to measure nutritional status of children under 5 years and women of child bearing age. Data was collected using android-based devices as they are advantageous in terms of reducing data entry time.

A five-days training was conducted for thirty (30) enumerators to ensure that they all had the same understanding of the questionnaire. A one day pre-testing of the survey tools was done prior to data collection which was carried out for 14 days between 27th October and 9th November 2014. Data analysis was done using the ENA and SPSS software.

## FINDINGS

### HOUSEHOLD DEMOGRAPHICS

Average household size of the sampled households was 4.3 persons with no significant difference between beneficiary and non-beneficiary households.

Of the sampled households, 28% were elderly headed. Maseru district had the highest percentage of elderly headed households at 23.2%.  By livelihood zones, Mountains had the highest proportion of elderly headed households at 37.5% while Senqu River Valley had the lowest (1.8%). Within the program activity, beneficiaries under Food For Work were more likely to be elderly headed (85.7%), followed by ART/PMTCT/TB at 14.3% while households under blanket feeding (children under 5) did not have elderly headed household. Of the sampled households, 47% were female headed. By districts, Berea had the highest proportion of female headed households at 80% followed by Leribe at 62.5% while Qacha's Nek district had the lowest (25%). By programme activity, Blanket feeding (children under 5) and Food for Work had the highest proportion of female headed households at 100% and 57.4% respectively while ART/PMTCT/TB and MCH (PLW) had the lowest proportion of female headed housel at 14.3% and 0% respectively.

The findings indicated that 6% of the sampled households' reported cases of death in the past six months with 78.9% of them being chronically ill members before their death and 45.1% were income earners. Quthing had the highest proportion of households that reported that a household member died in the past six months at 10 % followed by Leribe (8.3%), Qacha's Nek (7.5%) while Thaba-Tseka reported two cases (1.7%).

The mountains reported 28.6% of households with a chronically ill member while Southern Lowlands had the lowest at 12.5%. The findings further indicated that beneficiary households had a lower percentage (39.3%) of households with a chronically ill member compared to non-beneficiary households (60.7%).

Food for work had highest proportion of households with chronically ill member at 50% followed by PMTCT at 18% while MCH and blanket (PLW) had the lowest proportion at 4.5% each. By district, Quthing reported the highest proportion of households with chronically ill persons illness (21.4%), followed by Qacha's Nek with 16% while households in Thaba Tseka reported a single case had of chronic illness.

By livelihood zones, mountains reported 28.6% of households with a chronically ill member while Southern Lowlands had the lowest at 12.5%. The findings further indicated that beneficiary households had a lower percentage (39.3%) of households with a chronically ill member compared to non-beneficiary households (60.7%).

About 21.6% of households hosted single orphans (orphan with one parent) slightly lower compared to 2013 whereby 33.7% of the households hosted orphans. Households hosting double orphans (orphan with both parents dead) was 6.4%. Non beneficiary households hosted more double orphans (70.2%) than beneficiary households (29.8%).

Within the sampled households 97.1% neither had physically nor mentally disabled members. Non-beneficiary households hosted more members with disability, physically disabled (60%), mentally disabled (71.4%) with 2 households reported as hosting a member with both types of disability.

Beneficiary households reported 28.6% of households with disabled members to be mentally disabled, and a proportion of 40% to be physically disabled with no report of combination of both forms of disability. Mokhotlong reported the highest proportion (23.3%) of households with at least one disabled member followed by Botha Bothe (16.9%) while Thaba Tseka had the lowest at 6.6%.

A quarter (25%) of the sampled households experienced migration in the past six months. The main reason for migrating given by these households was to seek employment at 72.5% which gives a clear indication that most households were food insecure.

Migration was more common in Butha Buthe with 44.6% migrants followed by Berea with 41.7% while Mokhotlong had the lowest proportion (11.9%). Households in the Northern lowlands reported the highest proportion of households with members that migrated (40.3%) followed by Northern Lowlands (26.4%) while Southern lowlands had the lowest at 22.2%.

## WATER AND SANITATION

Of the sampled households 18.1% drew drinking water from unimproved water sources (unprotected well, rainwater, pond, river or stream); while by district, the proportion ranged from 6.7% in Qacha's Nek to 35.8% in Thaba Tseka.

Fifty-five percent (55%) of sampled households used improved toilet facilities while 45% used unimproved facilities. The districts which reported highest use of unimproved sanitation were Mokhotlong (87.9%), Quthing (61.5%) and ThabaTseka (59.5%) while Mafeteng was encouraging with the lowest proportion (14.3%). Amongst households that reported to use improved toilet facilities, 52.3% were non beneficiary households while 47.7% were beneficiary households.

## LIVELIHOOD STRATEGIES

The key livelihood strategies engaged by sampled households in the past six months prior to the survey were assessed in order to understand the household ability to obtain food and income.

The five most important livelihood sources reported were casual labour, remittances, pension, food crop production/sales and formal salary/wages. This analysis indicates that different from round 15, food crop production/sales have declined, a result also confirmed by the decline in cereal production according to the BOS crop forecasting report and LVAC report. While Brewing is still steady at 8%, there has been an increase in dependency on formal salary/wages by households at 9% while in the previous round it was 4%.



9 % — 21 % — 19 % — 14 % — 10 %

Livelihoods

Casual labour | Remittances | Pensions | Food Crops | Formal wages
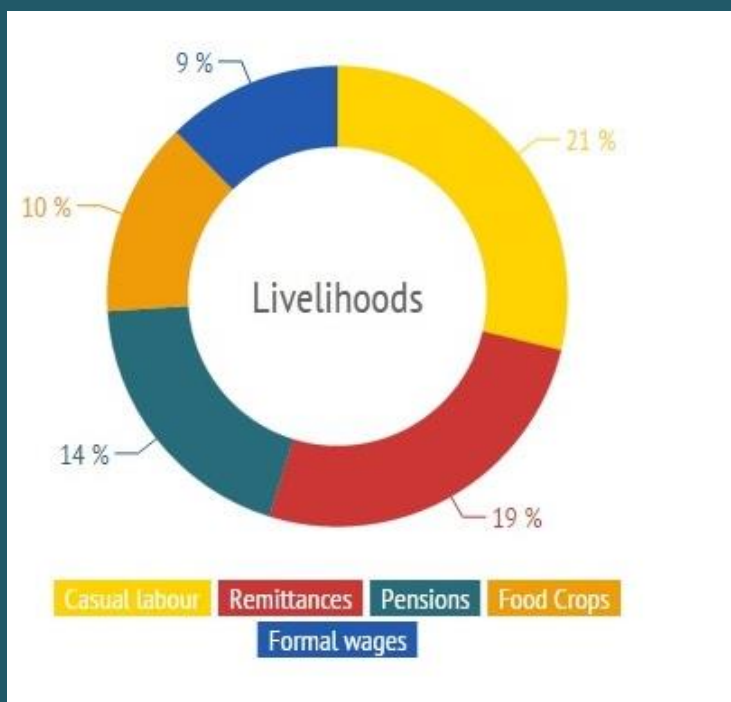
Casual labour was cited as important by households in Leribe, Butha-Buthe and Berea in the north; Mafeteng and Quthing in the south; and Qacha's Nek in the highlands. It is important to note that food crop production/sales was cited as low throughout the areas visited replaced by casual labour, remittance, and pension due to low harvested produce that had not been able to sustain households. Respondents cited frost and heavy rains as the main reasons why they had poor harvest.

## MAIN LIVELIHOOD SOURCES BY DISTRICT

% contribution of three main livelihood sources

| | Livelihood source 1 | | Livelihood source 2 | | Livelihood source 3 | |
|---|---|---|---|---|---|---|
| **Butha-Buthe** | Casual labour | **24.8%** | Food production/sales | **17.4%** | Remittances | **13.2%** |
| **Leribe** | Casual labour | **25.8%** | Pension | **16,7%** | Remittances | **14.2%** |
| **Berea** | Casual labour | **22.5%** | Remittances | **16.7%** | Cash crop production | **12.5%** |
| **Maseru** | Remittances | **32.5%** | Casual labour | **19.7%** | Pension | **17.9%** |
| **Mafeteng** | Remittances | **35.0%** | Casual labour | **20.8%** | Pension | **13.8%** |
| **Mohale's Hoek** | Remittances | **25.4%** | Food assistance | **19.7%** | Casual labour | **13.1%** |
| | | | | | Pensions | **13.1%** |
| **Quthing** | Remittances | **20.8%** | Casual labour | **20%** | Pensions | **19.2%** |
| **Qacha's Nek** | Casual labour | **25%** | Brewing | **14.2%** | Pensions | **10.8%** |
| **Mokhotlong** | Casual labour | **21.1%** | Pensions | **13.8%** | Formal salary/wages | **12.8%** |
| | | | Remittances | **13.8%** | | |
| **Thaba-Tseka** | Brewing | **20%** | Pensions | **19.2%** | Casual labour | **12.5%** |
| | | | | | Food crop production/sales | **12.5** |

| MAIN LIVELIHOOD SOURCES BY LIVELIHOOD ZONE | | | | | | |
|---|---|---|---|---|---|---|
| % contribution of three main livelihood sources | | | | | | |
| | Livelihood source 1 | | Livelihood source 2 | | Livelihood source 3 | |
| Northern Lowlands (NLL) | Casual Labour | 18.2% | Formal salary | 17% | pensions | 11.9% |
| | Remittances | 18.2% | | | | |
| Mountains (MTN) | Casual Labour | 19.9% | Remittance | 12.3% | Food crop production/ Sales | 11.7% |
| Southern Lowlands (SLL) | Remittance | 38.9% | Casual Labour | 19.1% | Pension | 13.6% |
| Senqu River Valley (SRV) | Casual labour | 18% | Brewing | 15.5% | Pension | 14.9% |
| | | | | | Remittances | 14.3% |
| Foothills (FTH) | Casual labour | 24.0% | Remittance | 18.8% | Pension | 16.7% |

Casual labour was frequently mentioned as one of the three important livelihood sources in all zones. Remittance was most important in SRV. In NLL, pensions appeared as the third important source, with the first and second being casual labour, remittances and formal salary respectively with no report of food production/sales in the top three. The SLL reported remittance to be most important livelihood source.

## 4. 2014/15 Agricultural Season

Around 69.4% of the sampled households had access to arable land with more non beneficiaries (56.8%) having access than beneficiaries (43.2%). By district, of the total sampled households, Quthing still had the lowest proportion (46.7%) which is higher than the previous round (25.4%) of access to land showing some improvement; while Maseru had the highest proportion at 82.1%. The Bureau of Statistics (BOS) crop forecast indicated that Berea and Leribe had the highest maize production this year with 19,304MT and 18,036MT respectively. Focusing on livelihood zones, Mountains had the highest proportion of households with access to land (73.8%), followed by the Senqu River Valley (70.2%), Northern Lowlands (69.2%), Foothills (66.9%), while the Southern Lowlands had the lowest at 64.2%.

Out of households that have access to arable land, 84.4% of them planned to cultivate during the 2014/15 cropping season while only 15.6% planned not to cultivate. Quthing had the highest proportion (37.5%) of households planning not to cultivate followed by Berea (26.6%) and Leribe at (22.5%). The proportion of households that indicated lack of draught power as their main reasons for not cultivating was 29.3% while others indicated lack of seed (10.9%).

It should be noted that only 12% of households that planned to cultivate were planning to cultivate less land compared to the previous season. Thaba Tseka had the highest proportion of households which planned to cultivate less at 39% followed by Thaba Tseka (22.4%) while Maseru and Mohale's Hoek had no households that planned to cultivate less. By Livelihood zone, Mountains had highest
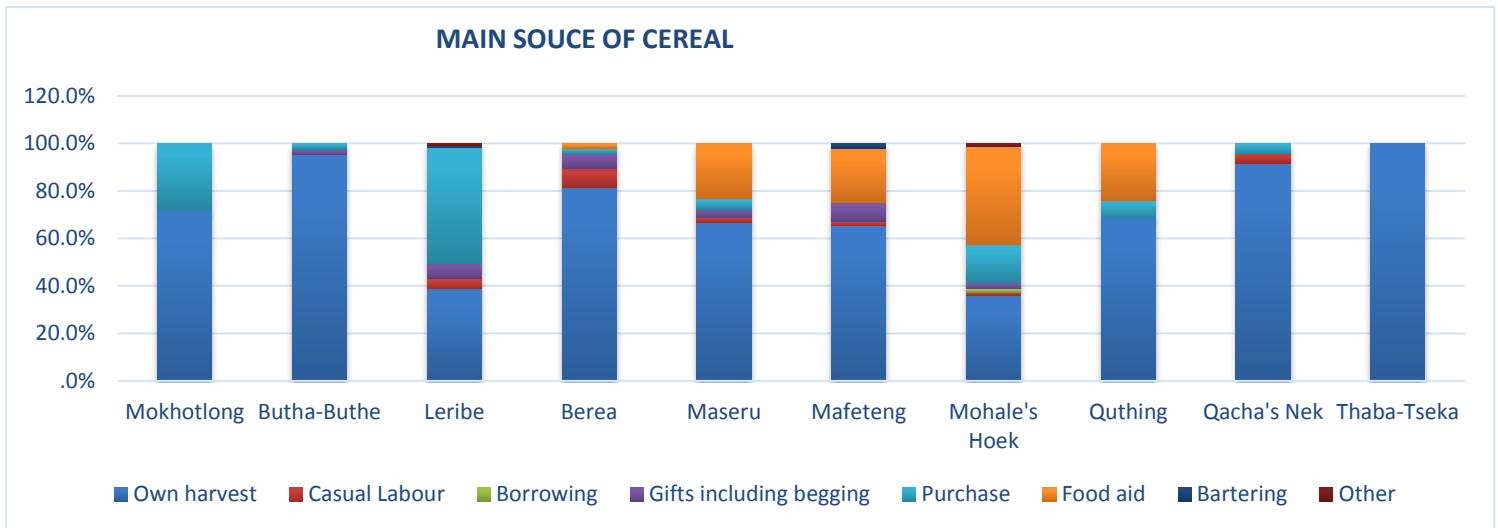
proportion of households which planned to cultivate less at 19.3% followed by the Senqu River Valley (16.8%). Slightly more non beneficiary households planned to cultivate less land (12.2%) than beneficiary households (11.8%).

Use of cattle was mentioned as the main source of draught power for 72.1 % of the households followed by tractor at 20.8%. The conventional method of farming was the most practiced by farmers at 91.4% with only 5.5% of the households practicing conservation method of farming while another 3.2% of the households were practicing both methods.

The main crops cultivated were maize (79%), Beans (28%) and sorghum (25%). Of the total farmers who planned to cultivate 47.8% of them planned to use fertilizer. On the other hand 43.2% of farmers planned to use seeds kept from previous harvest while 19.3% to use generally purchased seeds and 18.3% were going to use those that are subsidized, 13.9% anticipated acquiring seeds through gifts/exchange/loan and 4.0% received seeds as assistance from either NGOs.

The most important source of cereal for 64.1% of the households was own harvest followed by purchase (15.2%), food aid (13.4%) and casual labour (2.6%) however the question was asked to those who had indicated they had cereal stock to last one month leaving out those with none. Likewise, by programme activity, own harvest was still the main source of cereal for all categories followed by purchase.



**MAIN SOUCE OF CEREAL**

Legend: Own harvest, Casual Labour, Borrowing, Gifts including begging, Purchase, Food aid, Bartering, Other

Households in Butha Buthe (95.3%), Qacha's Nek (91.7%), Berea (81.3%) and Mokhotlong (72.0%) cited own harvest as their main source of cereal. However households in Leribe (48.6%), cited purchases as their main source of cereal while Mohale's Hoek cited a proportion of 41.3% households depending on food assistance as their main source of cereal. The results indicated that 54.7% of the households had no cereal stocks at all while 23.5% of the sampled households had cereal stocks that would last up to one month, 14.2% had cereal stocks that would last 2 to 3 months and only 7.6% had stocks that would last for more than 4 months. This is an indication that both non beneficiary and beneficiary households will depend mainly on purchases for their cereal needs. A proportion of 35.6% of those that indicated had food stocks to last for more than 4 months were beneficiary households while 64.4% of non-beneficiary households had cereal stocks that would last more than 4 months.

## 5. Household food consumption

Household food consumption was measured by use of the food consumption scores, a composite of dietary diversity and food frequency. Dietary diversity refers to the number of different foods or food groups consumed; while food frequency simply refers to the number of days foods were consumed over a 7 day period. Different foods or food groups consumed; while food frequency simply refers to the number of days foods were consumed over a 7 day period. Different foods and food groups were weighted based on their nutritional density. Households were classified as having either 'poor', 'borderline' or 'acceptable' consumption based on the set cut-off points.

Poor food consumption is generally regarded as a sign of extreme household food insecurity. It refers to a diet composed mainly of maize on a daily basis and vegetables for a maximum of four days per week. 'Borderline' food consumption is classified as a diet made up of cereals and vegetables on a daily basis plus oils/fats for five days and sugar/sugar products for three days per week. 'Acceptable' food consumption is classified as daily intake of cereals, vegetables, oil and sugar, and at least one day consumption of foods rich in protein.

After categorizing households into poor, borderline and acceptable food consumption groups, households were classified into food security/insecurity categories as presented in the table below.
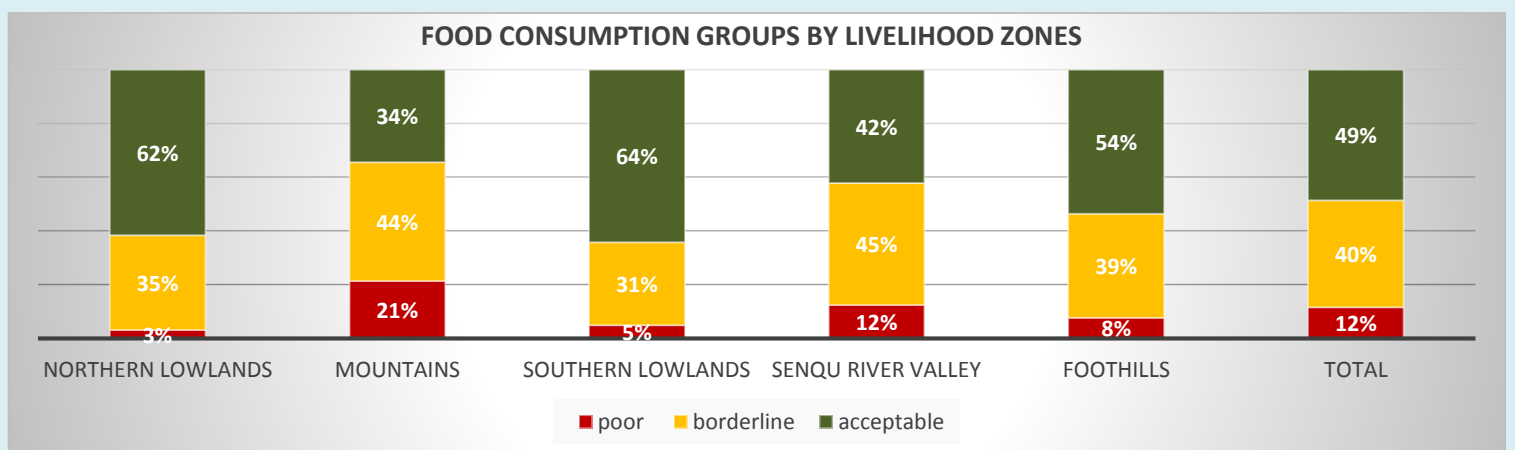
| Domain | | Indicator | Food secure (1) | Marginally food insecure (2) | Moderately food insecure (3) | Severely food insecure (4) |
|---|---|---|---|---|---|---|
| Current status | Food Consumption | Food consumption group | Acceptable | | Borderline | Poor |
| | | | 49% | | 40% | 12% |

The findings indicate that 49% of sampled households had acceptable food consumption. 40% had borderline and 12% had poor consumption. The analysis of this year compared to last year indicates that some households have improved from poor food consumption to borderline food consumption. On the other hand, some households also deteriorated from *acceptable* food consumption to borderline food consumption. Last year 47% of sampled households had acceptable food consumption, 36% had borderline and 17% had poor consumption. Based on this indicator (food consumption score) alone, slightly more than half (52%) of sampled households experienced moderate or severe food insecurity.
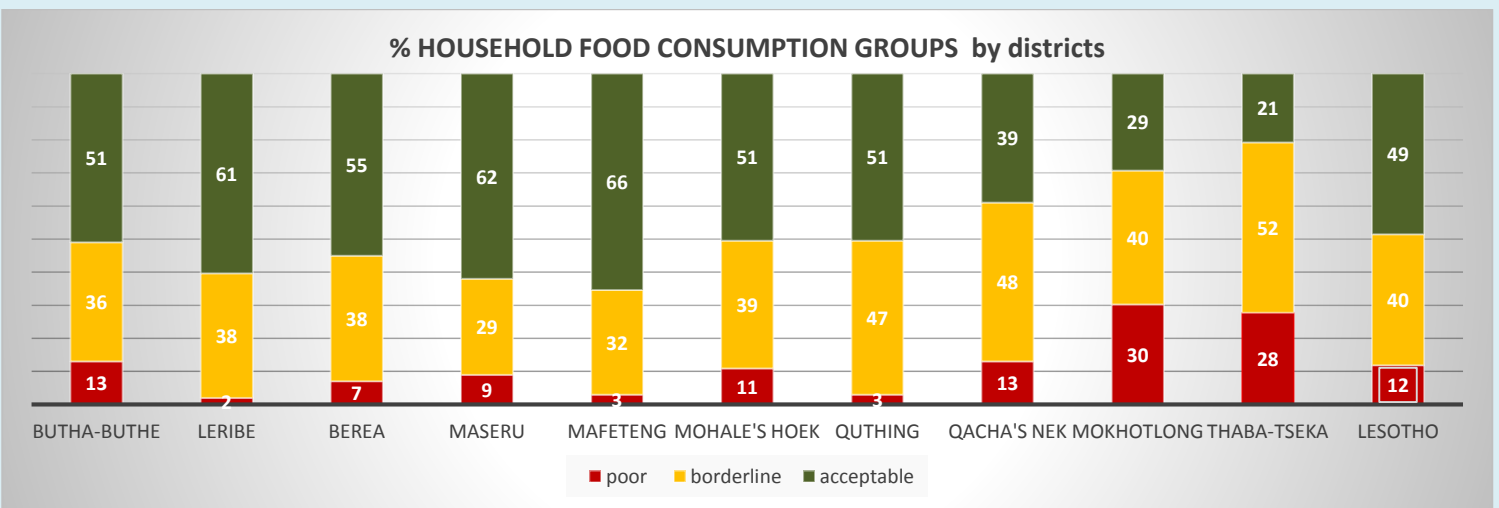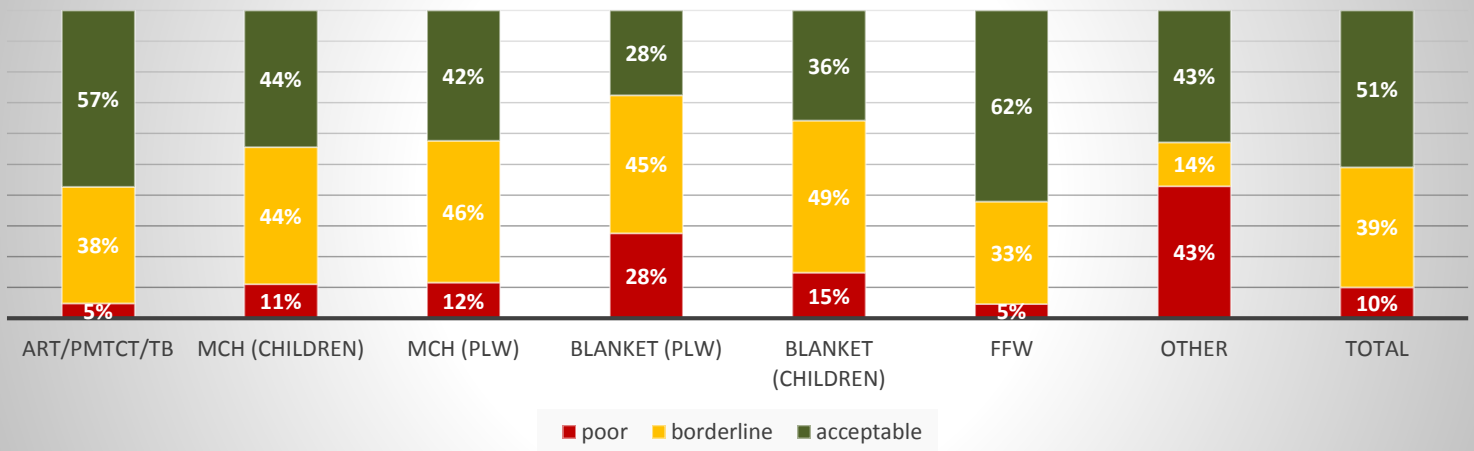


By districts, Mokhotlong and Thaba-Tseka had the highest proportion of households with poor and borderline food consumption. Mokhotlong recorded 30% of households with poor consumption and 40% with borderline consumption. Thaba-Tseka had 28% of households in poor consumption group and 52% in the borderline food consumption group. Thaba-Tseka further recorded the smallest proportion of households with *acceptable* consumption. There was a significant improvement in food consumption in the southern districts; Quthing and Mohale's Hoek followed by Mafeteng compared to last year.

By livelihood zones, the mountains recorded the highest proportion of households with poor food consumption for the second year in a row. Put together, households in this livelihood zone who were found to have poor and borderline food consumption are estimated at 65%, followed by Senqu river valley with 57%. The northern lowlands had the lowest proportion of households in the poor food consumption group (3%), followed by southern lowlands with 5%. Last year, the Mountains followed by Southern Lowlands had high proportion of households with poor food consumption; 24% and 18% respectively. The northern lowlands (54%), followed by foothills (59%) had the highest proportion of households with acceptable food consumption were

## FOOD CONSUMPTION GROUPS BY PROGRAMME ACTIVITY



| | poor | borderline | acceptable |
|---|---|---|---|
| ART/PMTCT/TB | 5% | 38% | 57% |
| MCH (CHILDREN) | 11% | 44% | 44% |
| MCH (PLW) | 12% | 46% | 42% |
| BLANKET (PLW) | 28% | 45% | 28% |
| BLANKET (CHILDREN) | 15% | 49% | 36% |
| FFW | 5% | 33% | 62% |
| OTHER | 43% | 14% | 43% |
| TOTAL | 10% | 39% | 51% |

By programme activity, ART/TB/PMTCT and FFW had the highest proportion of households with acceptable food consumption (57% and 62% respectively) as well as the lowest proportion of households with poor food consumption (both at 5%). This could be attributed to the fact that some ART/TB/PMTCT food supported households received household food baskets; while all the FFW beneficiary households received household food basket. Households recorded under 'other' received non-food support and they had the highest proportion of poor food consumption (43%).

In all the FFW operational districts; Maseru, Mafeteng, Mohale's Hoek and Quthing**,** at least half or more of sampled households had acceptable food consumption. Thaba-Tseka and Mokhotlong recorded the lowest proportion of households with acceptable consumption for the second year in a row.
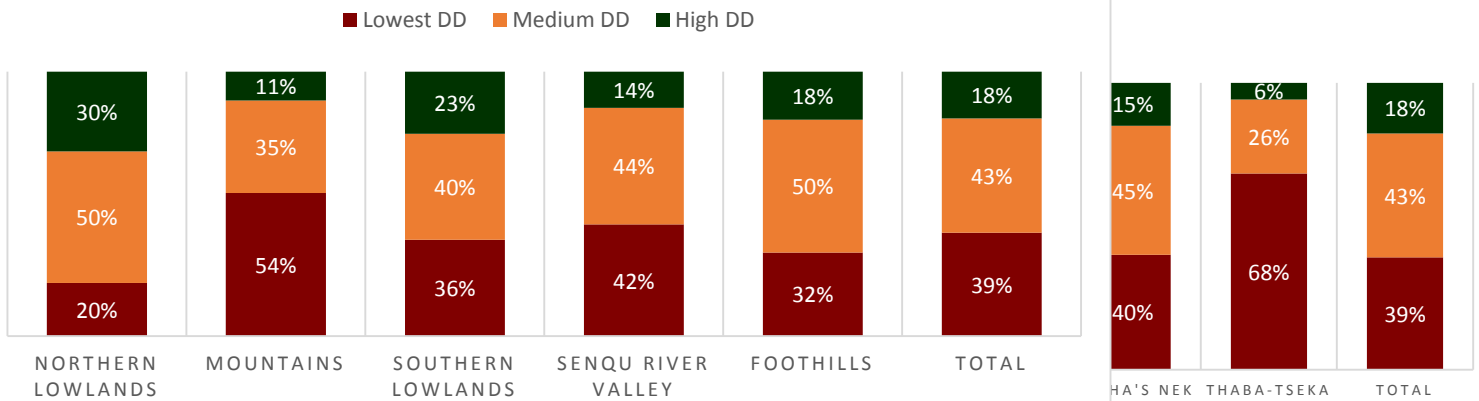
## 6. Dietary diversity

Dietary diversity measures food consumption with emphasis on the quality of food consumed by household members over a period of 7 days. Households are classified as having low, average and high dietary diversity. An analysis of dietary diversity was done to inform whether sampled households consumed foods from different food groups for better nutrition. Thaba-Tseka followed by Mokhotlong had the largest proportion of households with low dietary diversity, 68% and 58% respectively; while the Berea and Leribe recorded the highest proportion of households with high dietary diversity (23% and 20% in that order).

The mountains had the highest proportion of households with low dietary diversity. Similar to last year, even districts that recorded low levels of poor food consumption had high levels of low dietary diversity. This implies that although a good number of households had enough food, they still lacked the variety to meet their nutritional needs.
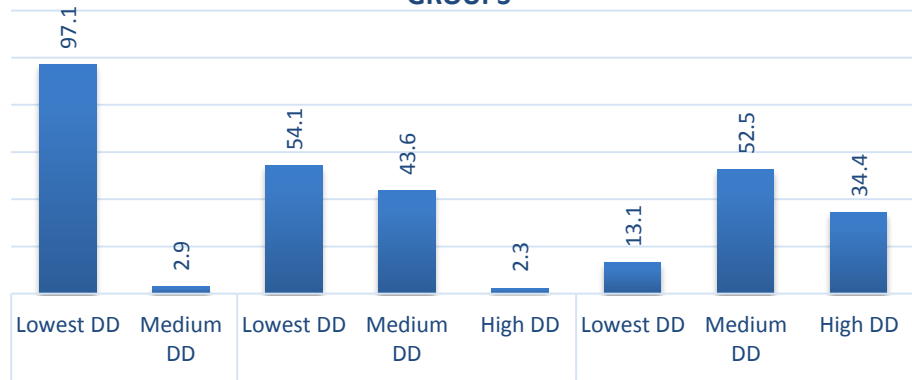
## HOUSEHOLD DIETARY DIVERSITY BY LIVELIHOOD ZONES

**Legend:** ■ Lowest DD  ■ Medium DD  ■ High DD

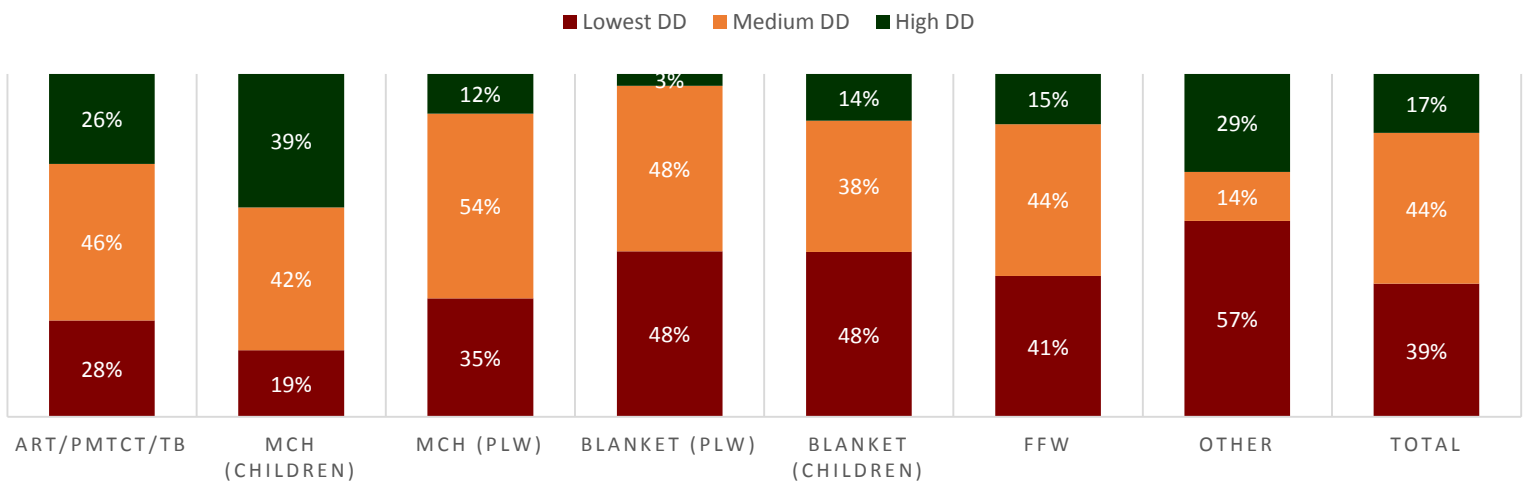| Zone | Lowest DD | Medium DD | High DD |
|------|-----------|-----------|---------|
| NORTHERN LOWLANDS | 20% | 50% | 30% |
| MOUNTAINS | 54% | 35% | 11% |
| SOUTHERN LOWLANDS | 36% | 40% | 23% |
| SENQU RIVER VALLEY | 42% | 44% | 14% |
| FOOTHILLS | 32% | 50% | 18% |
| TOTAL | 39% | 43% | 18% |
| HA'S NEK | 40% | 45% | 15% |
| THABA-TSEKA | 68% | 26% | 6% |
| TOTAL | 39% | 43% | 18% |

This graph indicates that almost all households that had poor food consumption recorded the lowest dietary diversity, with only 2.9% of households recording medium diversity. Slightly more than half of the borderline food consumption group recorded the lowest dietary diversity. Even this group has only 2.3% of households with high dietary diversity. The majority of households with acceptable food consumption had medium dietary diversity (52.5%) while 34.4% recorded high dietary diversity.

## DIETARY DIVERSITY BY HOUSEHOLD FOOD CONSUMPTION GROUPS

| | Lowest DD | Medium DD | Lowest DD | Medium DD | High DD | Lowest DD | Medium DD | High DD |
|--|-----------|-----------|-----------|-----------|---------|-----------|-----------|---------|
| Value | 97.1 | 2.9 | 54.1 | 43.6 | 2.3 | 13.1 | 52.5 | 34.4 |

## HOUSEHOLD DIETARY DIVERSITY BY PROGRAMME ACTIVITY

**Legend:** ■ Lowest DD  ■ Medium DD  ■ High DD

| Programme | Lowest DD | Medium DD | High DD |
|-----------|-----------|-----------|---------|
| ART/PMTCT/TB | 28% | 46% | 26% |
| MCH (CHILDREN) | 19% | 42% | 39% |
| MCH (PLW) | 35% | 54% | 12% |
| BLANKET (PLW) | 48% | 48% | 3% |
| BLANKET (CHILDREN) | 48% | 38% | 14% |
| FFW | 41% | 44% | 15% |
| OTHER | 57% | 14% | 29% |
| TOTAL | 39% | 44% | 17% |

By programme activity, households that benefited from blanket feeding had lowest dietary diversity as compared to those that benefited from other nutrition programmes. However, households that benefited from 'other' (the non-food) programmes recorded the highest proportion of households with low dietary diversity.

9

The table below presents the average number of days different foods were consumed by different food consumption groups. Households that had poor food consumption had few types of foods consumed than borderline and acceptable food consumption groups. The most common food groups consumed were cereal, oil/fats and green leafy vegetables. For the acceptable food consumption group, legumes, other cereal, tubers and legumes were also commonly consumed.



AVERAGE NUMBER OF DAYS DIFFERENT FOODS WERE CONSUMED BY FOOD CONSUMPTION GROUPS
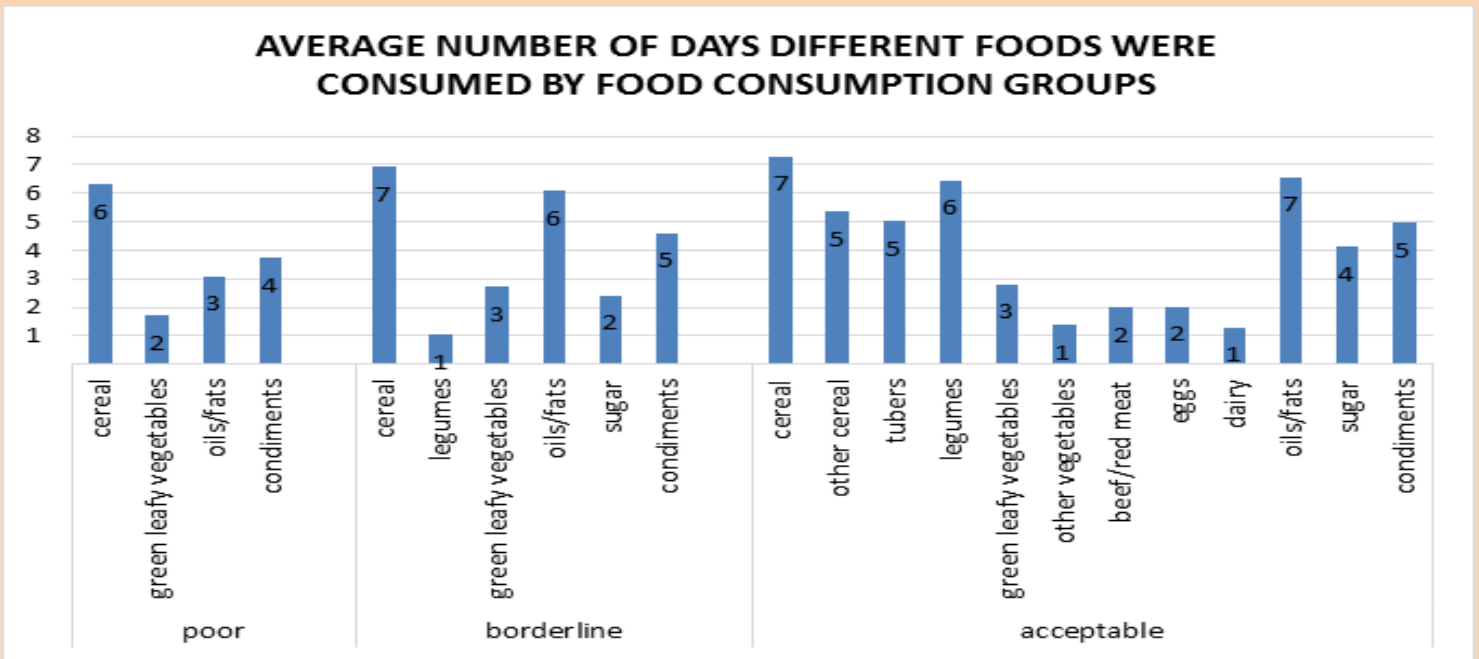
Households were asked to indicate the source of each food they consumed. This analysis indicates that the most common source of foods for majority of households was market purchases with cash. Buying food on credit was done by few households. Own production was a good source for cereal, eggs and orange fruits; food assistance provided cereal, legumes and oil/fats. Gathering was the good source for green vegetables. Gifts was common as source of meats, legumes and other foods although not significant.



SOURCES OF FOODS CONSUMED
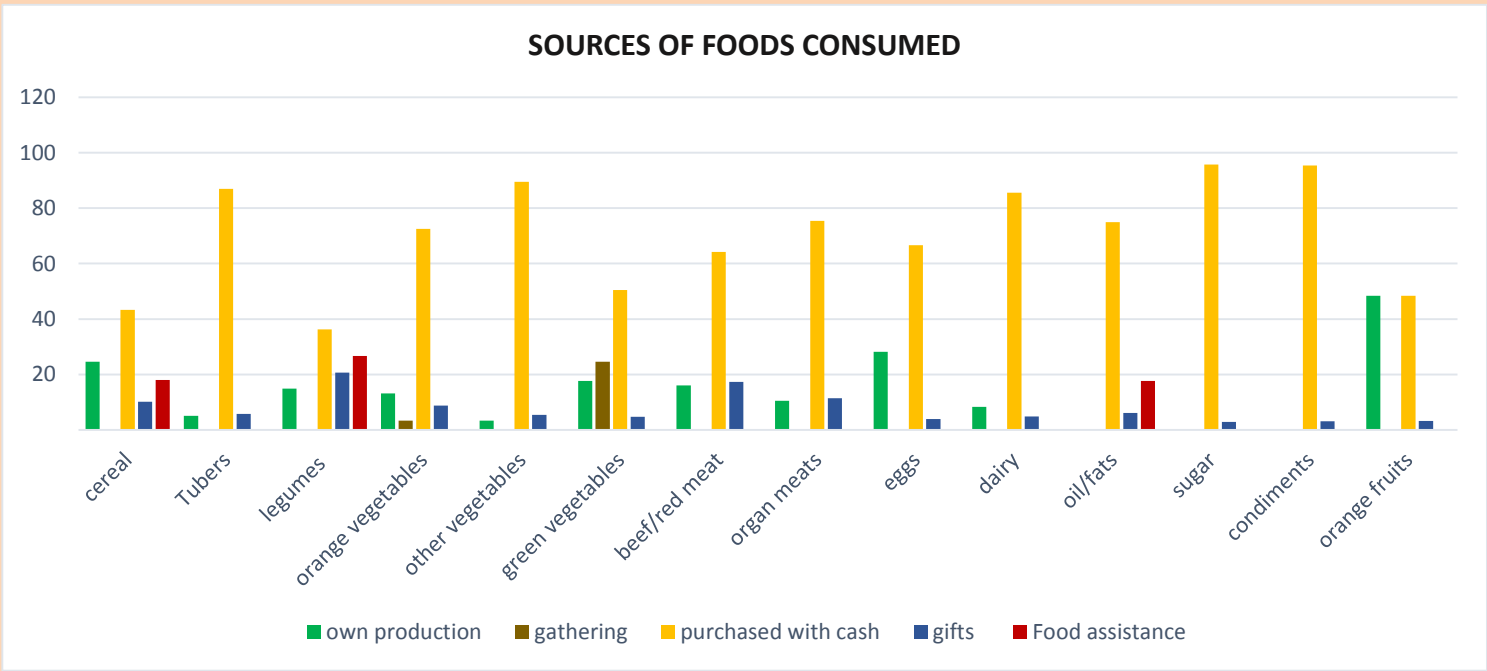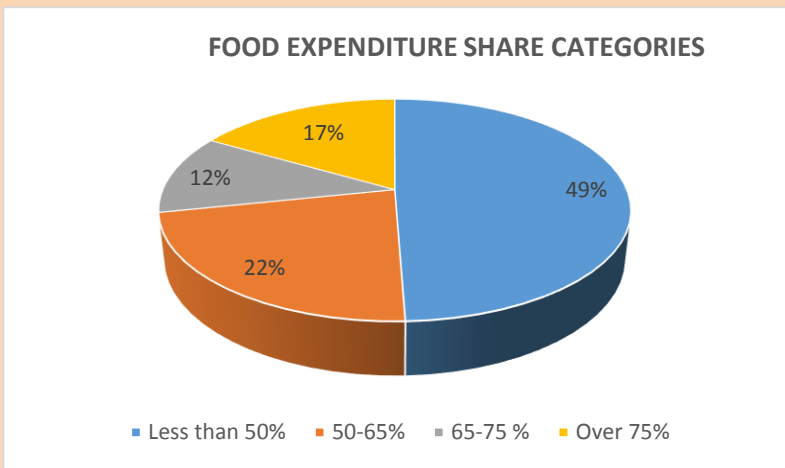
## Household Food Expenditure

The food expenditure share was calculated to measure the household economic vulnerability. This indicator estimates the expenditure on the food purchased in the last 30 days prior to the study. It also estimates cash value of the foods which were consumed but not purchased.

The total cash value of the food purchased and non-purchases is used to determine how important the food is relative to the household budget. Households were also asked to estimate the amount of cash they spent on non-food items. The expenditure period was split into 30 days and 6 months depending on the type of items.
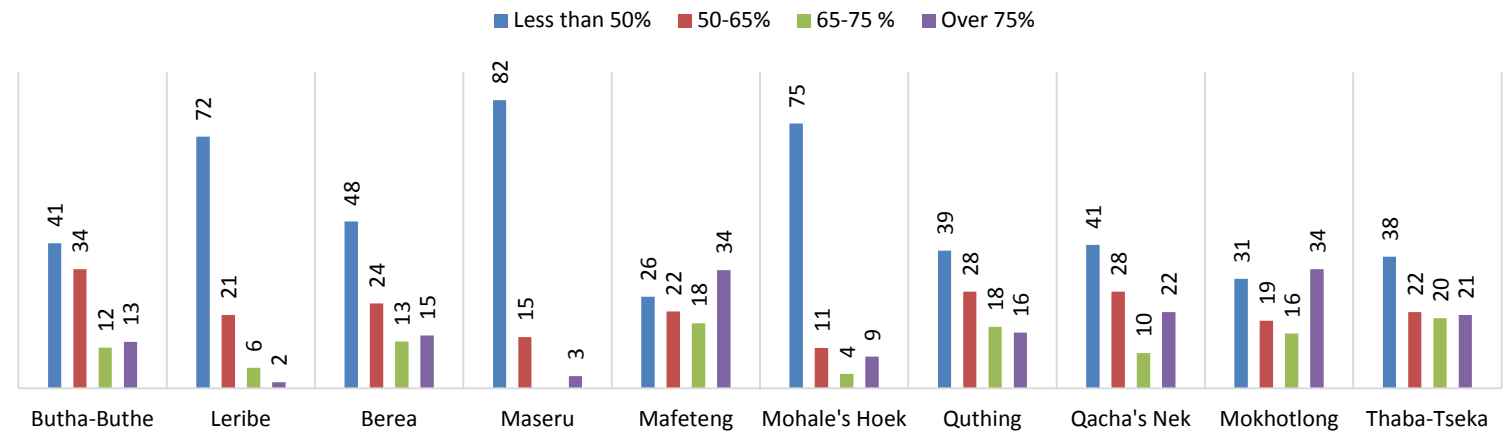
On average, 49% of sampled households spent less than 50% of their money on food, 22% spent 50-<65%, 12% spent 65-75% while 17% spent over 75%.

Based on this indicator alone, 12% of households were moderately food insecure and 17% were severely food insecure.

| Domain | | Indicator | Food secure (1) | Marginally food insecure (2) | Moderately food insecure (3) | Severely food insecure (4) |
|---|---|---|---|---|---|---|
| Coping capacity | Income status | Food expenditure share | <50% | 50% - <65% | 65% - <75% | ≥ 75% |
| | | | 49% | 22% | 12% | 17% |

**FOOD EXPENDITURE SHARE CATEGORIES**



- Less than 50%
- 50-65%
- 65-75 %
- Over 75%

**Food expenditure share categories by districts**

- Less than 50%
- 50-65%
- 65-75 %
- Over 75%



| District | Less than 50% | 50-65% | 65-75 % | Over 75% |
|---|---|---|---|---|
| Butha-Buthe | 41 | 34 | 12 | 13 |
| Leribe | 72 | 21 | 6 | 2 |
| Berea | 48 | 24 | 13 | 15 |
| Maseru | 82 | 15 | | 3 |
| Mafeteng | 26 | 22 | 18 | 34 |
| Mohale's Hoek | 75 | 11 | 4 | 9 |
| Quthing | 39 | 28 | 18 | 16 |
| Qacha's Nek | 41 | 28 | 10 | 22 |
| Mokhotlong | 31 | 19 | 16 | 34 |
| Thaba-Tseka | 38 | 22 | 20 | 21 |

Maseru (82%) and Mohale's Hoek (75%) where FFW activities were operational had the highest proportion of households that spent less than 50% of their money on food; followed by Leribe with 72%. Mafeteng and Mokhotlong districts had the highest proportion of households (both estimated at 34%) which spent over 75% of their money on food.

There was no significant difference between the beneficiary and non-beneficiary households in terms of their spending. About 48% and 51% for beneficiaries and non-beneficiaries respectively spent less than 50% on food; while 17% and 16% in the same order spend over 75% of their money on food.

**FOOD EXPENDITURE SHARE CATEGORIES BY BENEFICIARIES AND NON-BENEFICIARIES**



| | BENEFICIARIES | | | | NON-BENEFICIARIES | | | |
|---|---|---|---|---|---|---|---|---|
| | LESS THAN 50% | 50-65% | 65-75 % | OVER 75% | LESS THAN 50% | 50-65% | 65-75 % | OVER 75% |
| | 47.8 | 23.1 | 11.9 | 17.2 | 50.7 | 21.7 | 11.4 | 16.2 |
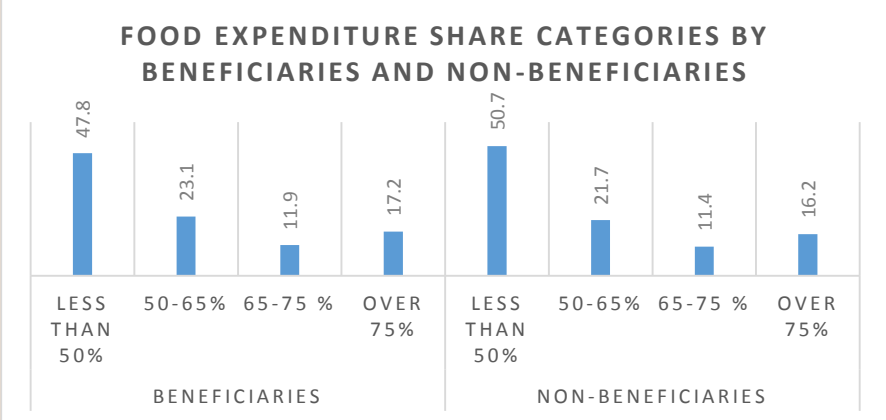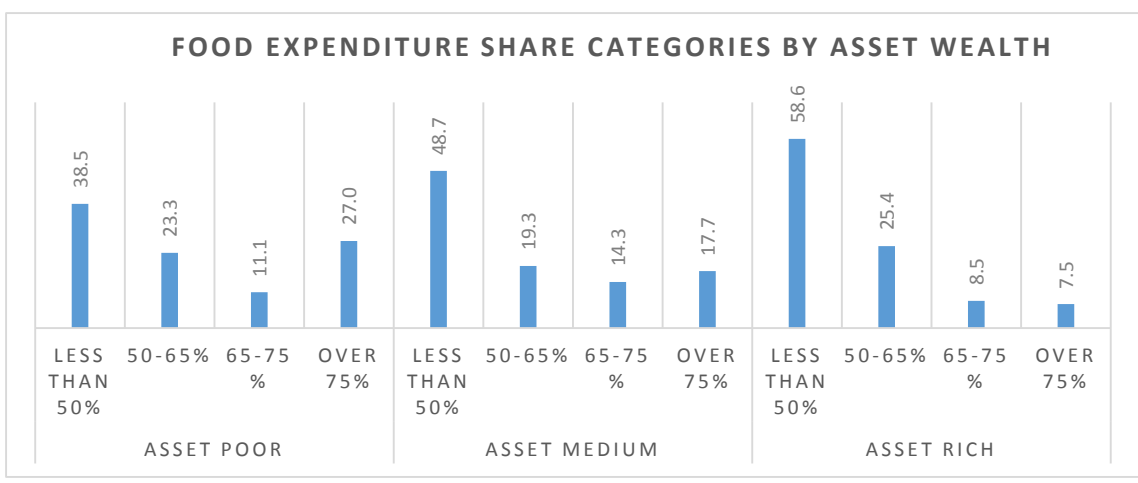
By asset wealth categories, 59% of the asset rich; 49% of the asset medium and 39% of the asset poor spent less than 50% of their money on food. This implies that households which have fewer assets spend more on food than households which have many assets.

## FOOD EXPENDITURE SHARE CATEGORIES BY ASSET WEALTH

| | ASSET POOR | | | | ASSET MEDIUM | | | | ASSET RICH | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | LESS THAN 50% | 50-65% | 65-75% | OVER 75% | LESS THAN 50% | 50-65% | 65-75% | OVER 75% | LESS THAN 50% | 50-65% | 65-75% | OVER 75% |
| Value | 38.5 | 23.3 | 11.1 | 27.0 | 48.7 | 19.3 | 14.3 | 17.7 | 58.6 | 25.4 | 8.5 | 7.5 |

## Market Prices

Average prices of 1kg pocket of maize meal has remained almost unchanged from the previous analysis. The cost of 1kg pocket remained at M9.26 with a range of M7.3 in Leribe to M12.3 in Maseru; 12.5kg pocket increased from a range of M51- M66 to M65.5 - M85 with Thaba-Tseka recording the highest price of M85.

By livelihood zones, prices of maize meal were higher in the mountains and lower in the northern lowlands.

An analysis was also done to investigate the costs of survival basket[1] and livelihood protection basket[1]. On average, the cost of survival basket was estimated at M108.78, a 34% increase from M81 which was estimated last year. Thaba-Tseka had the highest prices of 12.5kg maize meal estimated at M85 while Berea had the lowest prices at M65.50. Thaba-Tseka is the only district that does not have an outlet into South Africa and relies entirely on local markets. High prices in this district are probably influenced by its remoteness.

The livelihood protection basket ranged from M607.70 – M1773.20 with the mountains livelihood zones recording the lowest cost M607.70; while the northern lowlands recorded the highest cost M1773.20.

Some commodities in the livelihood protection basket (seeds and fertilizers) costM311 in Qacha's Nek and Thaba-Tseka; the lowest cost comparative to other districts. The cost of these farm inputs were high Butha-Buthe (M392) and Mafeteng (M390). Thus, by livelihood zones,

## Asset Ownership

Of the total sampled households 25% were asset poor which indicates an increase from 20.7 % previous CHS round 15 in 2013. 42.3% were asset medium reflecting a slight deterioration from 55.4% in 2013, while 32.7% were asset rich which also indicates an increase from 24% of previous round 15.In comparisons to 2013 CHS round 15, there is much increase both on the households who were report assert poor and assert rich by 20.7% to 25% and 24% to 32.7 respectively) .By livelihood zones, Mountains had the highest proportion of asset poor households (35%), followed by Senqu River Valley with 29.2%.Southern Lowlands (24.7%), foothills (17.9%) and Northern Lowlands with 13.2%.  By districts, asset poverty ranged from 12.4% in Butha-Buthe to 42.2% in Thaba-Tseka (See Chart below).

The CHS collected data on asset ownership from each household; a total of 21 different assets (both productive and nonproductive).  Data was then analysed considering the number of assets that households own. Households were then classified as asset poor: having 0-4 different asset types, asset medium: 5-9 assets and asset rich: 10 or more assets.
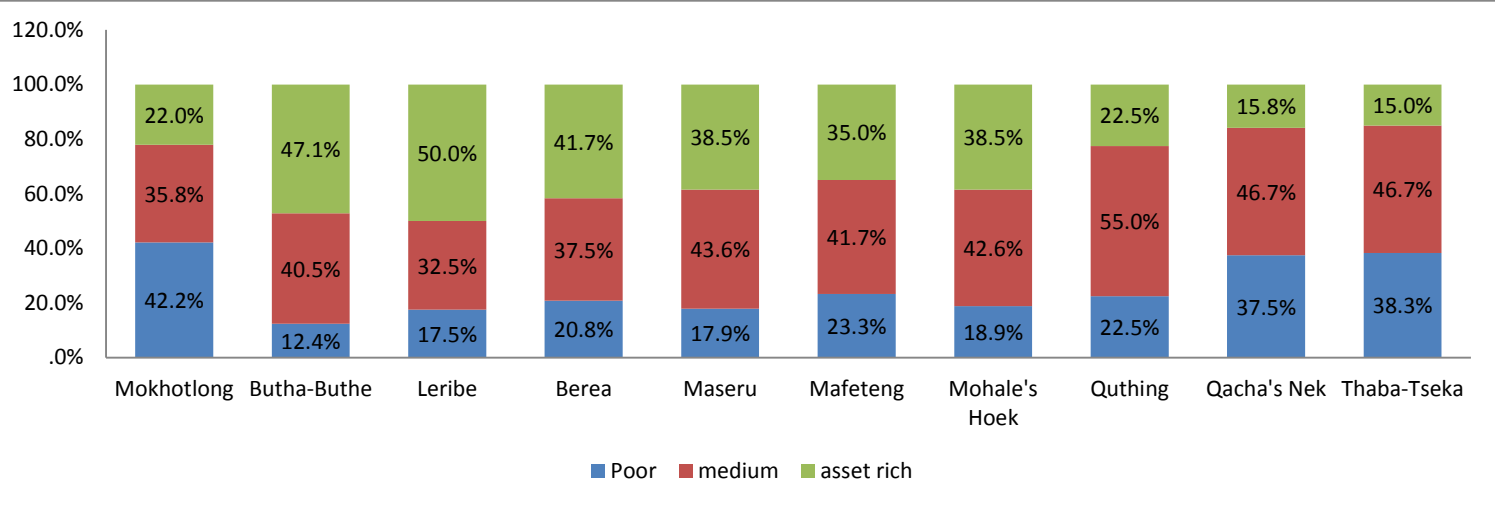
## Livestock Ownership

| DISTRICT | Cattle ownership | | | | Sheep ownership | | | | Goats owned | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | none | poor ownership | moderate ownership | well off | none | poor ownership | moderate | well off | none | poor ownership | moderate ownership | well off |
| Berea | 65.8% | 15.0% | 10.0% | 9.2% | 83.3% | 3.3% | 5.8% | 7.5% | 80.0% | 11.7% | 6.7% | 1.7% |
| Butha-Buthe | 65.3% | 10.7% | 19.0% | 5.0% | 84.3% | 1.7% | 9.1% | 5.0% | 86.0% | 6.6% | 5.8% | 1.7% |
| Leribe | 58.3% | 17.5% | 16.7% | 7.5% | 89.2% | 3.3% | 6.7% | .8% | 92.5% | 5.8% | 1.7% | .0% |
| Mafeteng | 50.8% | 15.8% | 25.8% | 7.5% | 67.5% | 7.5% | 17.5% | 7.5% | 85.0% | 6.7% | 7.5% | .8% |
| Maseru | 40.2% | 26.5% | 22.2% | 11.1% | 65.8% | 2.6% | 19.7% | 12.0% | 73.5% | 11.1% | 8.5% | 6.8% |
| Mohale's Hoek | 64.8% | 12.3% | 14.8% | 8.2% | 73.8% | 4.9% | 15.6% | 5.7% | 73.0% | 12.3% | 9.0% | 5.7% |
| Mokhotlong | 42.2% | 33.0% | 16.5% | 8.3% | 55.0% | 7.3% | 22.0% | 15.6% | 73.4% | 7.3% | 12.8% | 6.4% |
| Qacha's Nek | 69.2% | 15.0% | 12.5% | 3.3% | 80.0% | 6.7% | 5.8% | 7.5% | 78.3% | 10.0% | 9.2% | 2.5% |
| Quthing | 56.7% | 22.5% | 12.5% | 8.3% | 76.7% | 3.3% | 8.3% | 11.7% | 63.3% | 10.0% | 18.3% | 8.3% |
| Thaba-Tseka | 46.7% | 27.5% | 16.7% | 9.2% | 51.7% | 4.2% | 21.7% | 22.5% | 66.7% | 15.0% | 10.8% | 7.5% |

### Sale of Assets and Livestock

The proportion of households which indicated that they sold assets to buy food and pay for medical expenditures were 4% and 2.8% respectively.  By district, Butha-Buthe reported the highest proportion of households (11%) that sold assets to buy food followed by while in Thaba-Tseka no households sold assets to buy food.   The highest proportion of households that sold assets to pay for medical expenses were found in Maseru (6.7%) followed by Butha-Buthe (5.9% and Mokhotlong (5.2%) while no households in Thaba-Tseka sold assets to pay for medical expenses.

### Livestock Prices

Average prices of livestock generally increased compared to the previous CHS round. The average price of cattle ranged from M4685 to M7800. Mokhotlong had the lowest price for cattle while Mohale's Hoek had the highest price for cattle. Average prices of sheep increased slightly or remained almost the same as last year ranging from M735 in Mokhotlong to M935 in Butha-Buthe. Leribe and Mokhotlong experienced a decline on average price of sheep from M847 to M810 and M836 to M735 respectively. Average prices of goats ranged from

M410 in Thaba-Tseka to M596 in Butha-Buthe.  Berea and Mokhotlong are only two districts which had a decline on Prices of goats from M529 to M498 and M522 to M450 respectively compared to the previous round.

| Average Prices of Livestock by District (in Maloti) | | | | | | |
|---|---|---|---|---|---|---|
| District | 2013 cattle price | 2014 cattle price | 2013 sheep price | 2014 sheep price | 2013 goat price | 2014 goat price |
| Berea | 5485 | 6577 | 844 | 870 | 529 | 498 |
| Butha Buthe | 5489 | 6124 | 788 | 935 | 495 | 596 |
| Leribe | 5884 | 6119 | 847 | 810 | 456 | 521 |
| Mafeteng | 7471 | 7056 | 823 | 891 | 499 | 508 |
| Maseru | 6229 | 6852 | 842 | 884 | 467 | 525 |
| Mohale's Hoek | 6780 | 7800 | 801 | 932 | 444 | 619 |
| Mokhotlong | 4140 | 4685 | 836 | 735 | 522 | 450 |
| Qacha's Nek | 6188 | 5799 | 873 | 916 | 527 | 577 |
| Quthing | 6890 | 6683 | 703 | 825 | 402 | 591 |
| Thaba-Tseka | 4858 | 4755 | 737 | 780 | 380 | 409 |

By livelihood zone, average prices of cattle were highest in SLL at M7199. Sheep and goats prices were lowest in the mountains (M813 and M503 respectively). However in comparison to 2013, the prices of sheep and goats have increased from M770 to M813 and M440 to M503 respectively.

| Average prices of livestock by Livelihood Zone in Maloti | | | | | | |
|---|---|---|---|---|---|---|
| | 2013 cattle price | 2014 cattle price | 2013 sheep price | 2014 sheep price | 2013 goat price | 2014 goat price |
| NLL | 5867 | 6228 | 836 | 854 | 510 | 522 |
| MTN | 5527 | 5422 | 770 | 813 | 440 | 503 |
| SLL | 7152 | 7199 | 846 | 902 | 470 | 534 |
| SRV | 5826 | 5742 | 825 | 872 | 458 | 532 |
| FTH | 6012 | 6893 | 831 | 878 | 487 | 554 |

# Coping Strategies

This section presents the food or consumption-based coping strategies and livelihood-based coping strategies. This is a revision of the coping strategies index (CSI) that has been used in the previous CHS studies. CSI was used to measure the frequency and severity of a number of common household coping strategies for addressing shortfalls in food supply, combining food-based, livelihood-based as well as insurance strategies into a single CSI score.

This analysis disaggregates between consumption-based and livelihood-based coping strategies and does not include insurance coping strategies.

## Consumption-based strategies

The consumption-based strategies were used to generate *reduced coping strategies index* (rCSI) - an indicator that is used to measure the frequency and severity of food consumption behaviors or strategies that households engaged in when they were faced with shortages of food.

The CHS findings indicate that the three commonly used consumption-based coping strategies (by 30% of households) were buying less preferred food, borrowing food and reducing meals. These were followed by 27% of households which reduced portion sizes of meals and 25% which reduced the number of meals. Skipping entire days without eating and sending household members to eat elsewhere were the least commonly applied strategies by 8% of households. A composite of these strategies is the consumption-based coping strategy index which is referred to as rCSI in this report. A lower rCSI score implies reduced stress on the household ability to meet its food needs and thus, relatively better food security.
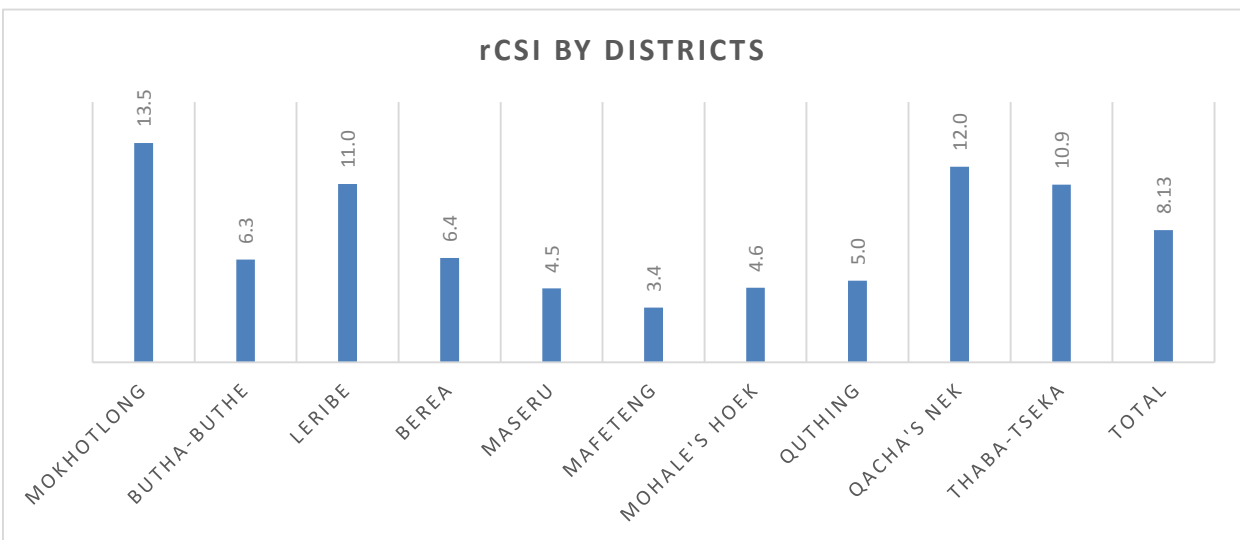
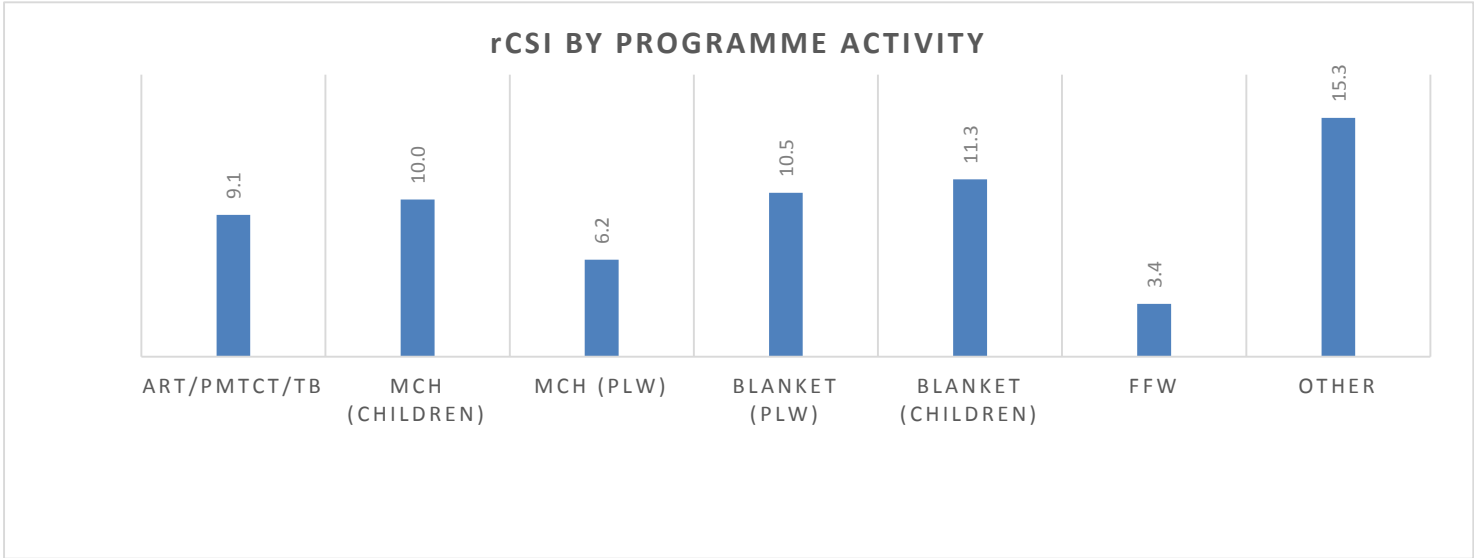> **Consumption-Based Strategies**
>
> 1. Relied on less preferred, less expensive food
> 2. Borrowed food or relied on help from friends or relatives
> 3. Reduced the number of meals eaten per day
> 4. Reduced portion size of meals
> 5. Reduction in the quantities consumed by adults/mothers for young children
> 6. Sent household members to eat elsewhere
> 7. Went an entire day without eating

By districts, Mokhotlong recorded the highest rCSI of 13.5, followed by Qacha's Nek and Leribe with 12 and 11 respectively. The southern districts where FFW activities were implemented, namely; Maseru, Mafeteng, Mohale's Hoek and Quthing recorded the lowest rCSI ranging from 3.4 to 5.0. This implies that few households in these districts had to reduce their consumption due to food shortage.

The southern lowlands had the lowest rCSI of 5.3 followed by the foothills with 5.7. The mountains recorded the highest rCSI of 10.9, followed by Senqu river valley with 9.4 and the northern lowlands with 7.8.

Analysis of programme activity indicates that households that recorded the highest rCSI of 15.3 were those that benefited from non-food based interventions (other). They were followed by households under blanket feeding programme. FFW beneficiary households recorded the lowest rCSI of 3.4, highlighting that households that benefited from FFW had better consumption compared to nutrition and other programmes.

## rCSI BY DISTRICTS

| District | rCSI |
|----------|------|
| MOKHOTLONG | 13.5 |
| BUTHA-BUTHE | 6.3 |
| LERIBE | 11.0 |
| BEREA | 6.4 |
| MASERU | 4.5 |
| MAFETENG | 3.4 |
| MOHALE'S HOEK | 4.6 |
| QUTHING | 5.0 |
| QACHA'S NEK | 12.0 |
| THABA-TSEKA | 10.9 |
| TOTAL | 8.13 |

rCSI BY PROGRAMME ACTIVITY

| Programme Activity | rCSI |
|---|---|
| ART/PMTCT/TB | 9.1 |
| MCH (CHILDREN) | 10.0 |
| MCH (PLW) | 6.2 |
| BLANKET (PLW) | 10.5 |
| BLANKET (CHILDREN) | 11.3 |
| FFW | 3.4 |
| OTHER | 15.3 |

When compared with the food consumption groups, households that had poor food consumption had the highest rCSI of 13.5, while borderline group recorded 8.7 rCSI and acceptable group recorded 5.8 rCSI. This implies that comparative to other households, the poor food consumption group had to borrow food or reduce the number of meals or portion sizes etc. due to shortage of food more often.

## Livelihood-based strategies

The livelihood coping strategies indicator attempts to determine the household coping capacity to withstand potential shocks. It is derived from a number of questions focusing on household's experience with livelihood stress and asset depletion during the 30 days prior to study.  Livelihood coping strategies are classified into three groups including stress, crisis and emergency strategies which are defined as follows:

- o **Stress strategies**, such as borrowing money, selling more animals than usual, purchasing food on credit or borrowing food are those that indicate a reduced ability to deal with future shocks due to a current reduction in resources or increase in debts.
- o **Crisis strategies**, such as consuming seeds that were saved for the next season, cutting down on the expenses on fertilizers, animal feeds etc. directly reduce future productivity.
- o **Emergency strategies**, such as selling land or last female animals affect future productivity, but are more difficult to reverse or more dramatic in nature.
- o Households that did not involve any of these strategies are considered to be **food secure on this indicator**. Based on the type of livelihood coping strategies, households are classified into different food security groups as follows :

| Domain | | | Indicator | Food secure (1) | Marginally food insecure(2) | Moderately food insecure  (3) | Severely food insecure      (4) |
|---|---|---|---|---|---|---|---|
| Coping capacity | | Asset Depletion | Categories based on type of livelihood coping capacity | None | Stress strategies e.g. purchase food on credit | Crisis strategies e.g. consumed seeds that were saved for next season | Emergency strategies e.g. sale of last female animals or sale of land |
| | | | | 54% | 27% | 18% | 2% |

The results indicate that 54% of sampled household did not apply any of the coping strategies, 27% applied stress strategies, 18% applied crisis strategies and 2% applied emergency strategies. Based on this indicator alone, 18% of households were moderately food insecure and 2% were severely food insecure.

The stress strategies were the most common employed strategies, which means that when households experienced food shortage, they sold some of their household assets (non-productive), borrowed or purchased food on credit, borrowed money or sold more animals (non-productive) than usual. Qacha's Nek recorded 43% of households that employed stress coping strategies, followed by Mokhotlong and Leribe with 34% of households.  The crisis strategies were found to be common in Mokhotlong (33%), Berea (32%) and Maseru (31%). Emergency coping strategies were not common across all districts.

**LIVELIHOOD-BASED COPING STRATEGIES BY DISTRICTS**

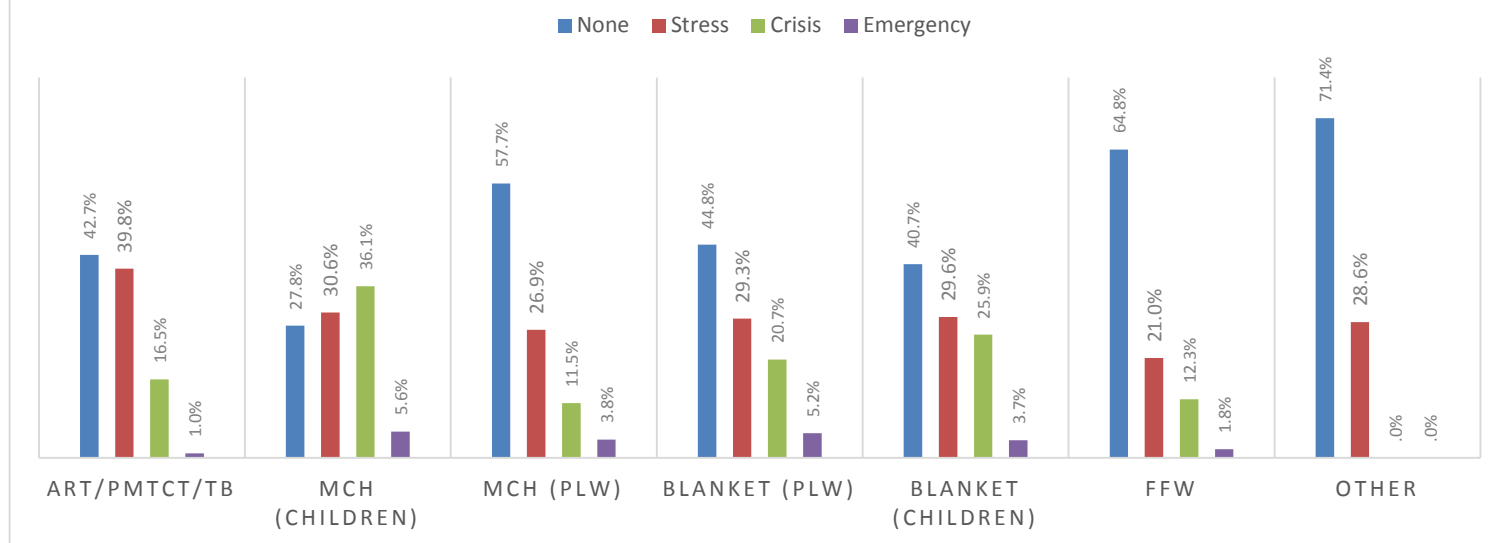■ None  ■ Stress  ■ Crisis  ■ Emergency
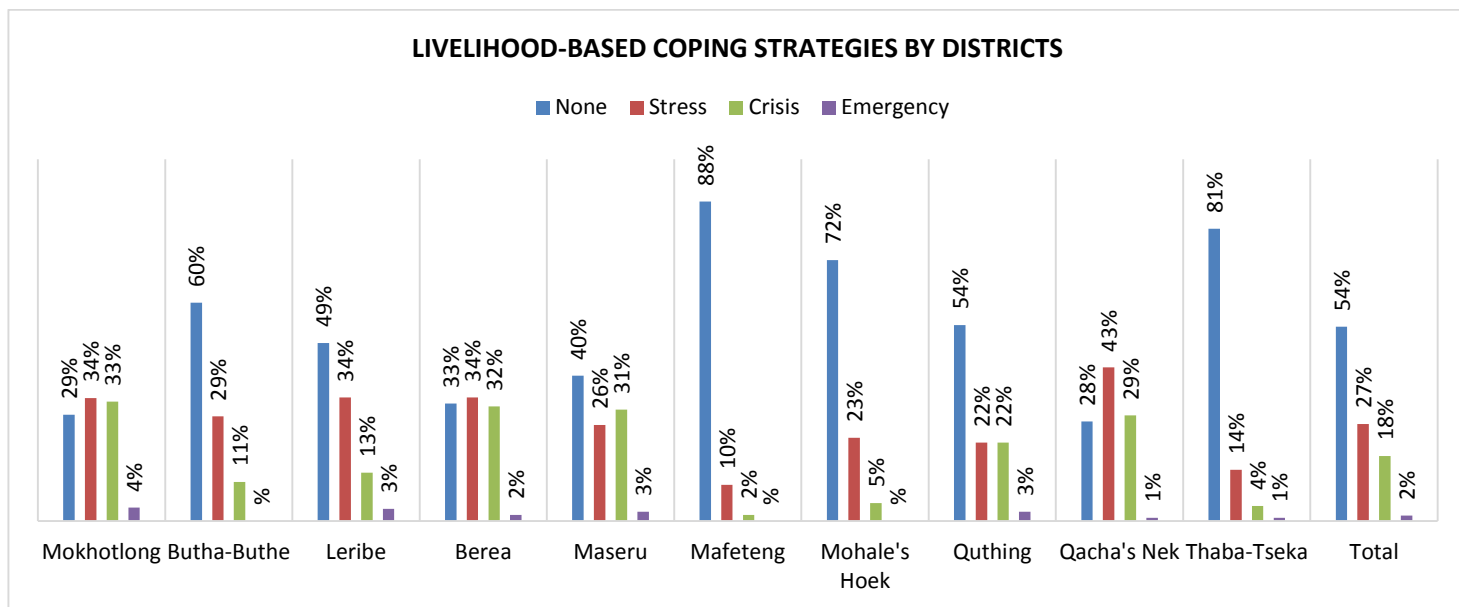
By livelihood zone, households in the mountains engaged more crisis coping strategies than other zones, followed by the foothills. The southern lowlands recorded the lowest proportion of households that engaged livelihood based coping strategies as only 13% employed stress strategies, 7% employed crisis strategies and less than 1% employed emergency strategies.

**LIVEHOOD-BASED COPING STRATEGIES BY LIVELIHOOD ZONES**

■ None  ■ Stress  ■ Crisis  ■ Emergency
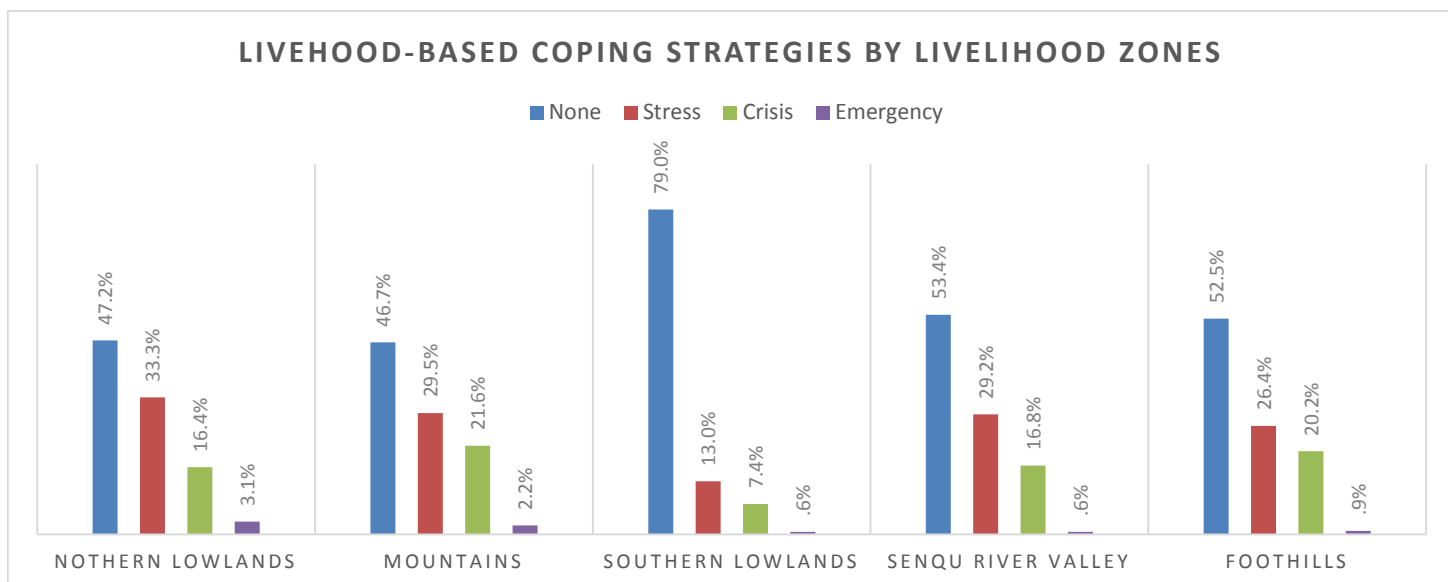
Crisis coping strategies were more common among households benefiting from MCH (children) with 36%; followed by Blanket feeding (pregnant and lactating women) with 21% and Blanket feeding (children) with 12%. Households which benefited from FFW applied few coping strategies than other programmes.

## LIVELIHOOD-BASED COPING STRATEGIES BY PROGRAMME ACTIVITY

Legend: None (blue), Stress (red), Crisis (green), Emergency (purple)

| Programme Activity | None | Stress | Crisis | Emergency |
|---|---|---|---|---|
| ART/PMTCT/TB | 42.7% | 39.8% | 16.5% | 1.0% |
| MCH (CHILDREN) | 27.8% | 30.6% | 36.1% | 5.6% |
| MCH (PLW) | 57.7% | 26.9% | 11.5% | 3.8% |
| BLANKET (PLW) | 44.8% | 29.3% | 20.7% | 5.2% |
| BLANKET (CHILDREN) | 40.7% | 29.6% | 25.9% | 3.7% |
| FFW | 64.8% | 21.0% | 12.3% | 1.8% |
| OTHER | 71.4% | 28.6% | .0% | .0% |

## Post Distribution Monitoring

Post distribution monitoring was conducted as part of community and household surveillance (CHS) to provide feedback on whether food assistance programmes reached deserving people; to investigate the views of beneficiaries and non-beneficiaries on the targeting and selection criteria; and to find out how the benefiting households utilized the food received and whether they were satisfied with the quality of the food commodities.

### WFP Food Assistance

This section focuses mainly on food assistance provided by WFP through ART/TB/PMTCT treatment programmes, supplementary feeding and blanket feeding programmes for children <2years and pregnant and lactating women as well as food for work.

These programmes were implemented across the country with the exception of food for work which was implemented in the southern districts; Maseru, Mafeteng, Mohale'Hoek and Quthing.

Through this study, a total of 1189 households were interviewed, out of which 45% were beneficiary households and 55% were non-beneficiary households. About 78% of total beneficiaries received support from WFP; 15% from NGO's including Caritas/CRS, World Vision and Lesotho Red Cross; while other households received support from the government or other UN agencies such as FAO.

WFP provided super cereal to adult beneficiaries under ART/TB/PMTCT feeding programmes and supplementary feeding; while super cereal plus was provided to children in the same categories. The majority of those who benefited from nutrition programme received individual support with few patients under ART/TB/PMTCT who received household rations. In the four districts where FFW activities were implemented, the beneficiaries received household food basket of cereal, pulses and vegetable oil.

81% of beneficiary households reported that the food was collected by females from the food distribution points (FDPs). About the same proportion (80%) reported that women made decisions on the use of food; 11% said the decision was made by both men and women; while only 9% said men decided on the use of food.

More than half (54%) of the beneficiary households indicated that they walked for less than an hour to reach the FDPs, while 34% walked for 1-2 hours. Only 11% indicated that they walked for more than 2 hours to reach the FDPs. Although the majority of the beneficiaries reached the FDPS within an hour, Leribe and Mokhotlong still had more than 20% of beneficiaries who walked for 2-4 hours.

The majority of the beneficiaries indicated that they waited for 1-2 hours before receiving their food rations at the FDPs; 24%waited between 2-4 hours; while 11% waited for more than 4 hours. Only 27% waited for less than an hour.

## time taken to reach the distribution points
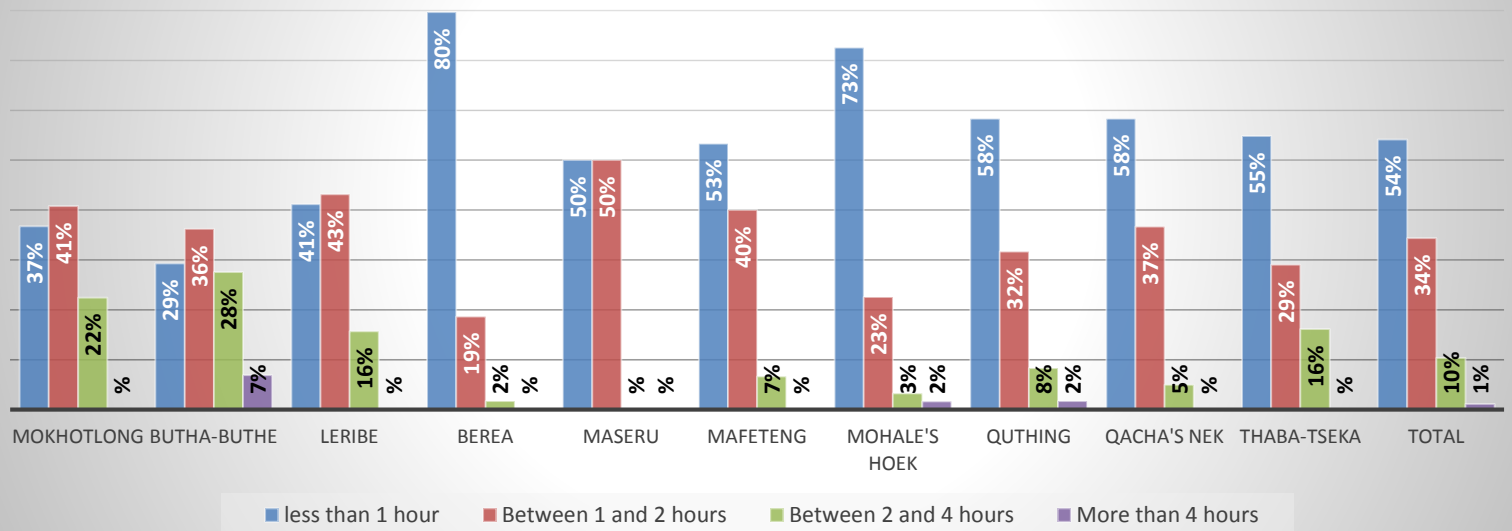


The most common reason mentioned by 41% of the respondents for waiting too long to receive their food was that the trucks arrived late; 27% mentioned long queues; 22% mentioned that the distributing officers arrived late at the distribution points; while 9% said the service was too slow.

Almost all the beneficiaries indicated that they did not sell or barter the food they received. Bartering was done by less than 1% of the beneficiaries who indicated that they bartered less than half of their super cereal for other food commodities. Of beneficiaries who shared the food, 32% shared cereal; 27% shared pulses; 12% shared vegetable oil and 30% shared super cereal. It is worth mentioning that beneficiaries under FFW and few under ART/TB/PMTCT shared cereal, pulses or oil; while other beneficiaries under nutrition support shared super cereal. This was dependent on the types of food commodities they received. The majority of those who shared the food irrespective of the type of food, shared less than half of what they received.

94% of the beneficiary households were satisfied with the taste and physical condition of the food they received; 93% were satisfied with the cooking time; 95% were satisfied with odour and the colour of the food.

Of the total beneficiaries, only 26% indicated that they knew the complaint mechanism. Of those who knew where to they could channel their complaints, 73% stated community help desk/committee; 43% mentioned community leaders; while 13% mentioned the distributing officers. The majority of those who knew the complaint mechanisms were those that were engaged in FFW activities.

It is expected that public gatherings should be conducted to sensitize people on the projects that are going to be implemented and to engage them in the targeting exercises. About 43% of the respondents indicated that they attended sensitization meetings. Those who did not attend (59%) mentioned that there was no meeting; 15% were not informed about the date and time of the meeting; 6% were ill; 7% had to attend another event; 3% were working; 4% were not interested; while 6% mentioned other reasons.

By programme activity, 67% of FFW beneficiaries attended the meeting. Most beneficiaries of nutrition programmes did not attend because there was no meeting. 41% of total respondents knew the targeting criteria out of whom 46% were the beneficiaries and 38% were non-beneficiaries.  However, 45% of the respondents did not did not know who selected the beneficiaries; 30% said community members made the selection; 16% said it was community leaders. 20% of the respondents mentioned that the feeding programme did not include people who are most vulnerable. However, the majority of the respondent (39%) said some people who were perceived to be the most vulnerable were included; 36% said all vulnerable people were included. Only 5% of the respondents felt that very few people

most vulnerable were included. The majority of people who believed that the most vulnerable people were not included in the feeding programmes were among the non-beneficiaries.

About half (51%) of the respondents were satisfied with the registration process. Those who were somewhat satisfied mentioned that favoritism played a role in the registration of the beneficiaries; and deserving members were not included in the programme; 22% of the respondents were not satisfied with the registration process at all.

The respondents were asked whether they knew members of the targeting committee. The majority (71%) did not know the targeting committee members; 12% knew all the members; while 17% knew some members. Of those who knew the committee 59% agreed that these committee members were qualified to determine people in need of food assistance; 25% did not believe that they were qualified; 17% were not sure. The majority of those who believed in the committees were among the beneficiaries.

The majority of the respondents (39%) preferred cash transfer; 32% preferred a combination of food and cash; 23% preferred food transfer; while only 7% preferred voucher. By district, Thaba-Tseka had the highest proportion of the respondents who mentioned that they prefer food transfers (46%). This is followed by Quthing and Maseru with 28% of the respondents. Qacha's Nek recorded the highest proportion of those who preferred cash (53%), while a combination of food and cash was highly preferred in Mohale's Hoek by 58% of the respondents. Voucher preference was mostly preferred in Leribe by 27%.



**Transfer preference by districts**
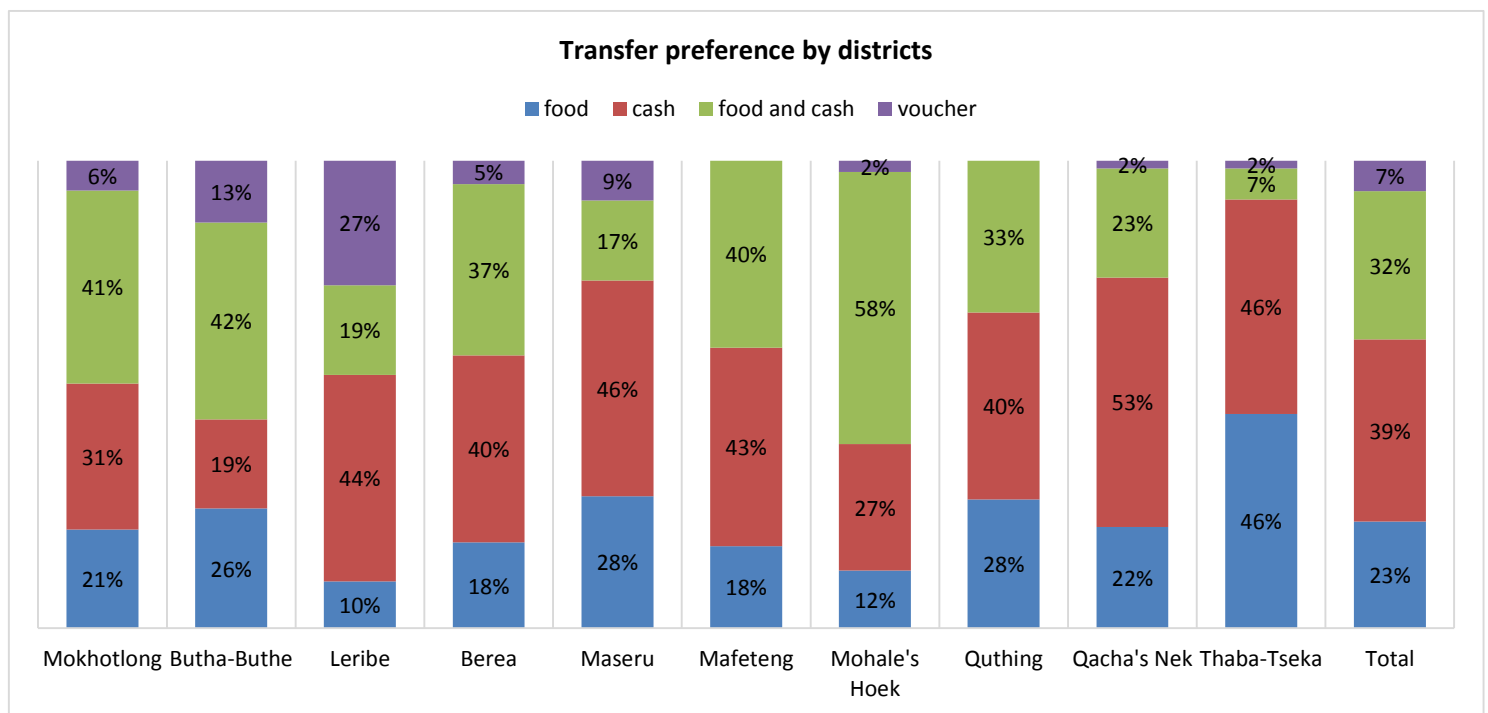
72% of the respondents stated that they preferred food transfers because food satisfies household food shortages; 12% said food prices are high. Other reasons mentioned by 5% or less include that food is easily managed by women, easier to share with other households, better for children and that the markets are either difficult to access or unpredictable.
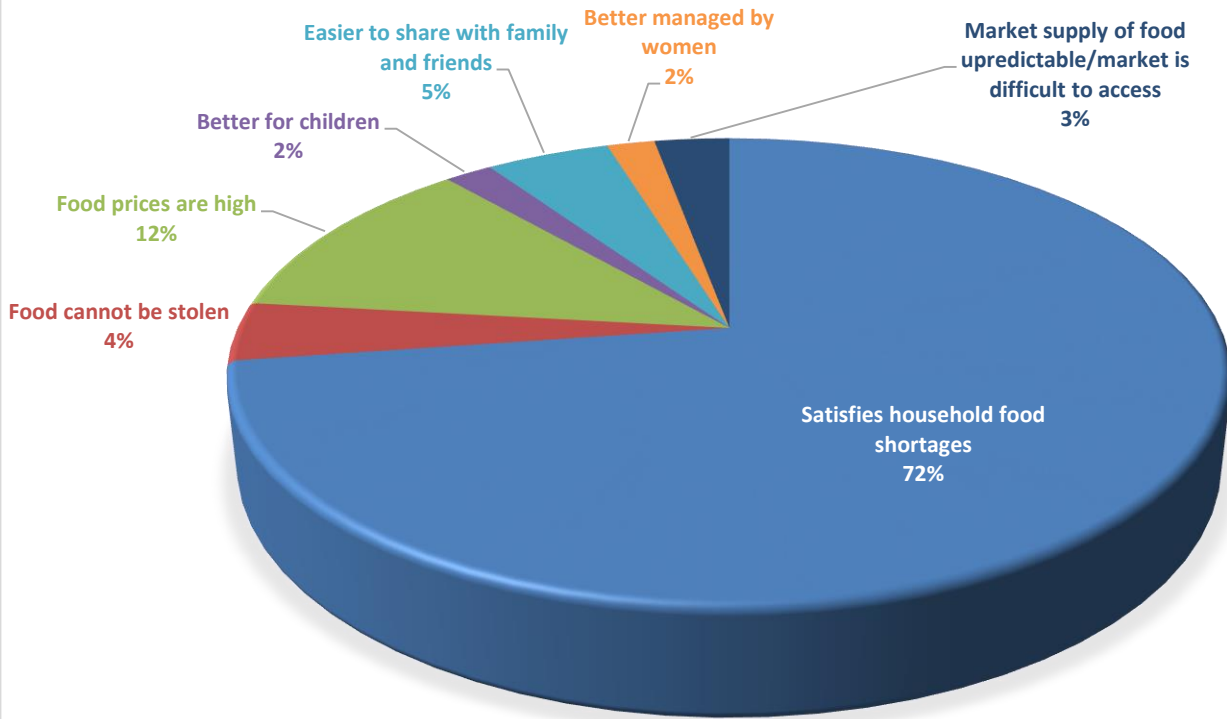
The majority of those who preferred cash transfers (60%) mentioned that with cash they can buy food and other items; 24% said cash can be used for other expenses; while 6% said with cash they can buy a variety of food. Other reasons mentioned by few households included buying foods of their preference or buying agricultural inputs.

Although preferred by few respondents, about 80% of them indicated that voucher can be used to buy a variety of food or can be used to buy food and other items. Most of the reasons provided for voucher transfer preference are similar to those mentioned for food preference.
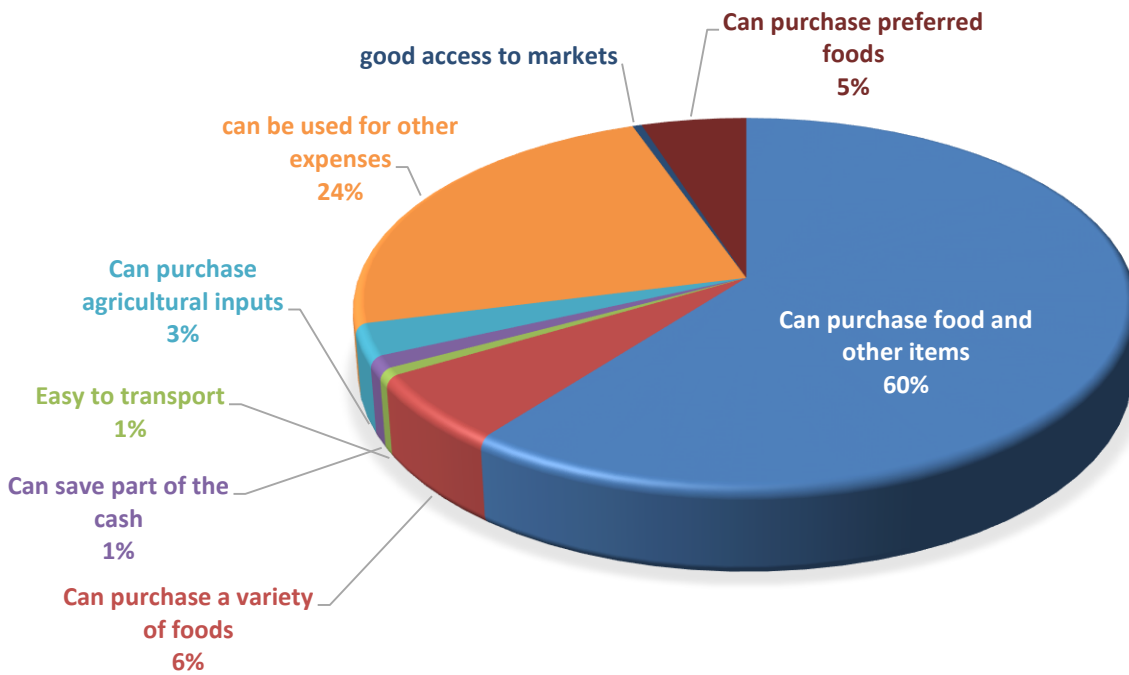
## REASONS FOOD IS PREFERRED

Easier to share with family and friends
5%

Better managed by women
2%

Market supply of food upredictable/market is difficult to access
3%

Better for children
2%

Food prices are high
12%

Food cannot be stolen
4%

Satisfies household food shortages
72%

## REASONS CASH IS PREFERRED

Can purchase preferred foods
5%

good access to markets

can be used for other expenses
24%

Can purchase agricultural inputs
3%

Easy to transport
1%

Can save part of the cash
1%

Can purchase food and other items
60%

Can purchase a variety of foods
6%

# Maternal & Child Nutrition

Malnutrition is responsible, directly or indirectly, for over half of all childhood deaths. Infants and young children are at increased risk of malnutrition from six months of age onwards, when breast milk alone is no longer sufficient to meet all nutritional requirements and complementary feeding needs to be started.

Heights and weights of children aged 6-59 months and women of child bearing age (15-49 years) were measured to determine their nutritional status. Nutritional status is a result of an interaction between food consumption and the overall status of health and care practices. Several indicators were observed to determine maternal and child nutrition, feeding practices and further to this, indicators that have linkages with nutritional status were also measured.

## Maternal Nutrition

Out of 748 caretakers interviewed 98.4% were women and only 1.6% were men. Mokhotlong, recorded the highest number of respondents at 88, while Mafeteng recorded the lowest at49. Among the women respondents, 89.4 % were women of childbearing age (target sample population)

Anthropometric measurements women aged 15 to 49 years were collected in order to determine their BMI. It is defined as a person's weight in kilograms divided by the square of the height of an adult in metres (kg/m$^2$). Measurements for pregnant women were not taken.

Iron supplementation of women during pregnancy protects the mother and infant against anemia, which is estimated to cause one-fifth of prenatal mortality and one-tenth of maternal mortality. Pregnant women are given anti-tetanus injection in order to prevent neonatal tetanus. Five doses are considered adequate to provide lifetime protection. However, the number of doses received was not determined in this study.

About sixty- three percent (63.3%) of the women reported that they took iron supplementation during pregnancy. There is a decline regarding the intake of iron supplementation as compared to the previous year (72.6%). It is also about twenty-four percent (23.9%) of women who were reported that they did not take any iron supplementation. Berea indicated the highest coverage of iron supplementation at 87.9% followed by Butha-Buthe (82.7%) while Maseru had the extremely lowest coverage at 36.1%.

A total of 61.2% of the women interviewed received tetanus shots. The number declined from that of 2013 (81.4%). Berea had the highest proportion (79.3%) of women that received anti-tetanus shot during pregnancy followed by Butha-Buthe and Mafeteng at 76.9% and 76.5% respectively while Mohale's Hoek had the lowest coverage at 37.1%.

The average number of pregnancies and live births is 3, however, the number of pregnancies ranges from 0 to 13 while the number of live births ranges from 0 to 12. The majority of women (66.4%) have been pregnant at least 1 to 3 times and 71% have had 1 to 3 live births.

Age at first birth is one of the factors that determine the fertility in a population. Thus, early childbearing generally leads to a large family size and is often associated with increased health risks for the mother and the child. On average, women gave birth to their first child at 20 years of age. The youngest age that women gave birth to their first child was 11 while the oldest was 39. The most prevalent age group that women gave birth to their first child is 15 to 20 years (61.5%) followed by 21 to 25 years 28.7%. Only 1.0% of the women gave first live birth when they were less than 15 years.

Normal BMI indicates the long life expectancy and resilience to infections. Overweight and obese indicates that an individual can be prone to non-communicable diseases such as heart diseases and diabetes. Height, weight and mid upper arm circumference (MUAC) measurements were taken for a total of 628 women of reproductive age excluding those that were pregnant or very sick at the time of the survey.

The findings indicated that 0.8% had severe BMI,0.3% and 3.0% of the women were moderately and mildly underweight respectively while 54.5% had normal BMI; 23.2% were overweight, and 18.2% obese. The only district which did not experience women who were underweight at the time of the survey is Mohale's Hoek. Botha-Buthe (1.3%), Leribe (1.4%), Berea (3.1) and Quthing (1.7%)had women who had were severe underweight.

The proportion of women that had normal BMI ranged from 43.4% (Mohale's hoek) to 64.4% (Mokhotlong). Leribe (28.2%) and Butha-Buthe (26.9%) had the highest percentage of caretakers who were overweight, while Mafeteng had the highest proportion of women who were obese (32.6%), followed by Mohale's hoek (32.1%) and Thaba-Tseka (25.7%). Comparing current BMI with the findings from the previous CHS (2013) there was no significant variations from all BMI categories as shown in the table below.
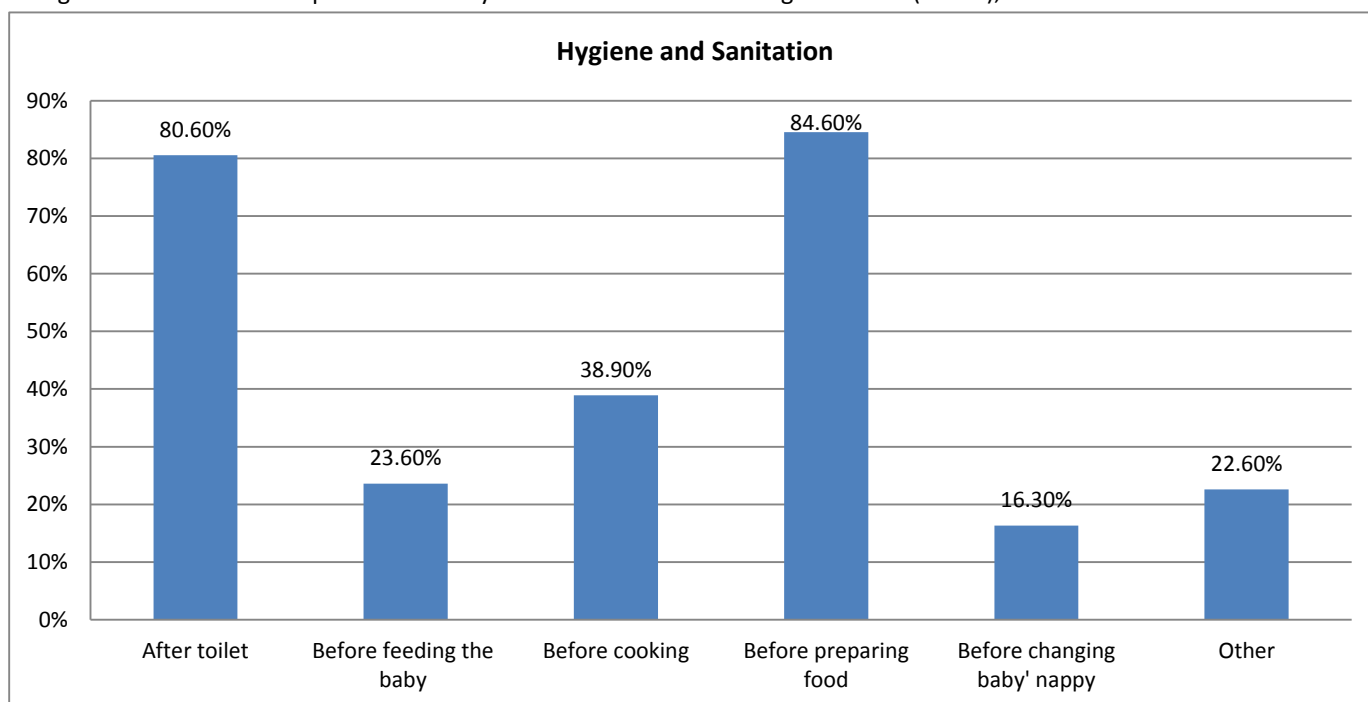
Comparing current BMI with the findings from the previous CHS (2013) there was no significant variations from all BMI categories. The below figure shows body mass index by district.

| Body Mass Index by Districts | | | | | | |
|---|---|---|---|---|---|---|
| | **Severe** | **Moderate** | **Mild** | **Normal** | **Overweight** | **Obese** |
| Berea | 3.1% | 0% | 0% | 56.3% | 20.3% | 20.3% |
| Butha-Buthe | 1.3% | 1.3% | 1.3% | 53.8% | 26.9% | 15.4% |
| Leribe | 1.4% | 1.4% | 2.8% | 43.7% | 28.2% | 22.5% |
| Mafeteng | 0% | 0% | 2.3% | 51.2% | 14.0% | 32.6% |
| Maseru | 0% | 0% | 8.7% | 54.3% | 19.6% | 17.4% |
| Mohale'Hoek | 0% | 0% | 0% | 43.4% | 24.5% | 32.1% |
| Mokhotlong | 0% | 0% | 1.4% | 64.4% | 21.9% | 12.3% |
| Qacha's Nek | 0% | 0% | 8.6% | 57.1% | 21.4% | 12.9% |
| Quthing | 1.7% | 0% | 3.3% | 55.0% | 25.0% | 15.0% |
| Thaba-Tseka | 0% | 0% | 2.9% | 61.4% | 25.7% | 10.0% |

The **table below** indicates MUAC categories for women of child-bearing age whereby 3.5% and 5.7% % were classified as severely and moderately undernourished respectively while 90.7% had their MUAC within acceptable level. Women of child bearing age were asked whether they had experience diarrhea or fever in the past two weeks and 6.2% indicated they had diarrhea while 5% had fever. These might have contributed to loss of weight in some of the women.

Some of the illnesses are associated with poor hygiene practices, for example, failure to wash hands after using the toilet and before handling food. Most women reported that they washed hands after visiting the toilet (80.6%), 38.9% washed hands before cooking while

**Hygiene and Sanitation**

| Category | Percentage |
|---|---|
| After toilet | 80.60% |
| Before feeding the baby | 23.60% |
| Before cooking | 38.90% |
| Before preparing food | 84.60% |
| Before changing baby' nappy | 16.30% |
| Other | 22.60% |

84.6% washed before preparing food, 23.4% washed hands before feeding the baby and 16.3% after changing baby's nappy. Compared to 2013, there is a huge decline in all the categories, there was a slight deterioration in the proportion of women that wash their hands with soap and water from 88.7% in 2013 to 80% in 2014.

## Child Nutrition

The total number of children 6 to 59 months from the 748 sampled household was619.Of the sampled children, were within the age of 6 to 23 months which is the target age group for addressing stunting and supported under complimentary feeding programme of WFP support.

According to World Health Organisation (WHO) 2005 classification of malnutrition, any prevalence below 10% of weight for age, 20% height for age and 5% height for weight is classified as not acceptable. Measurements were taken for 99% of the children 6 - 59 while the 1% was found to have oedema.

The prevalence of stunting in all the children observed was found to be 41.2% while underweight was 19.3% % and wasting 4.7 %. These prevalence are higher than those observed during the previous round of the CHS assessment except stunting which remain the same at 41.2%.

Underweight increased from 10.6% to 19.3% while wasting increased from 1.5% to 4.7%. %. Global malnutrition by district shows that Qacha's nek had the highest prevalence of stunting (47.5%) Mokhotlong had highest prevalence of underweight (27%) while Maseru had the highest recording of wasting (8.3%) followed by Qacha's nek (8.2%) and Thaba Tseka at 5.9%.

**Prevalance of Malnutrition**



**Prevalence of Malnutrition by district**
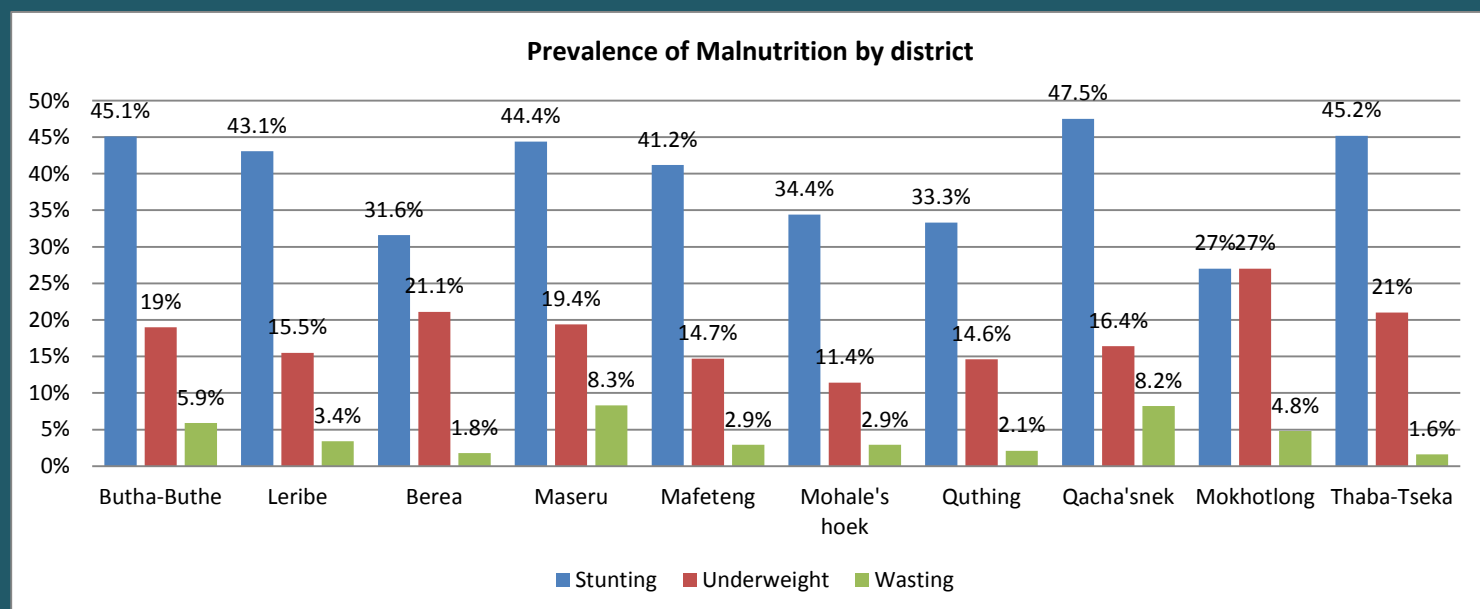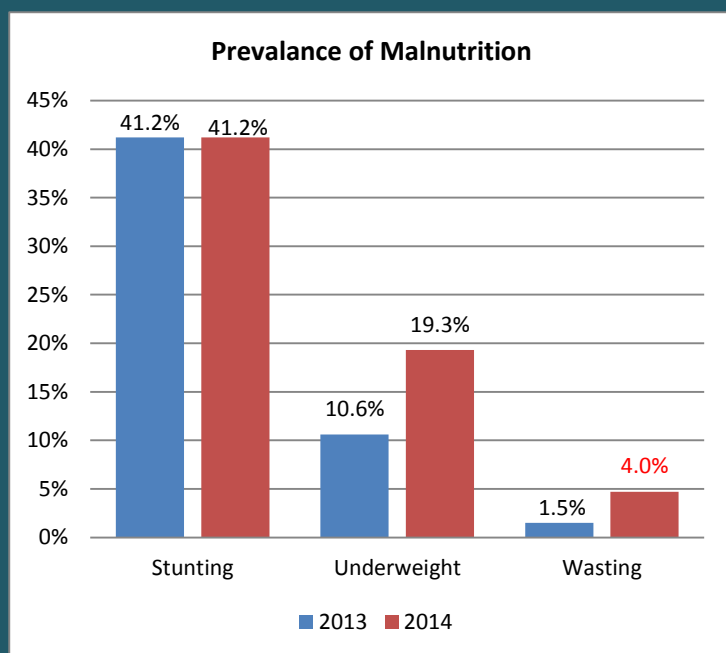
| Severe and Moderate Under-nutrition by District | | | | | | |
|---|---|---|---|---|---|---|
| | Severe Undernutrition | | | Moderate Malnutrition | | |
| | Severe Wasting | Severe Underweight | Severe Stunting | Moderate Wasting | Moderate Underweight | Moderate Stunting |
| Berea | 0 | 7.0 | 10.5 | 1.8 | 14.0 | 21.1 |
| Butha-Buthe | 2.0 | 7.8 | 19.6 | 3.9 | 11.8 | 25.5 |
| Leribe | 0 | 5.2 | 15.5 | 3.4 | 10.3 | 27.6 |
| Mafeteng | 0 | 5.9 | 11.8 | 2.9 | 8.8 | 29.4 |
| Maseru | 5.6 | 13.9 | 22.2 | 2.8 | 5.6 | 22.2 |
| Mohale's Hoek | 2.9 | 2.9 | 11.4 | 07.4 | 8.6 | 22.9 |
| Mokhotlong | 3.2 | 11.1 | 17.7 | 1.6 | 15.9 | 9.7 |
| Qacha's Nek | 4.9 | 1.6 | 21.3 | 3.32 | 14.8 | 26.2 |
| Quthing | 2.1 | 6.2 | 8.3 | 01.7 | 8.3 | 25.0 |
| Thaba-Tseka | 1.6 | 3.2 | 13.1 | 05.3 | 17.7 | 32.8 |

Of the sampled population, 19.3% of children under five years were found to be underweight of which 6.5% was severely underweight and 12.8% had moderate underweight. The figures increased drastically as compared to the previous year (2013). By district, Mokhotlong had the highest prevalence at 27% followed by Berea at 21%, then Thaba Tseka at 21.1% and Botha Bothe at 19.6%. Generally, all districts had prevalence above 10% which not is considered acceptable according to WHO classification of malnutrition.

The mountains had higher prevalence at 23.5% followed by Northern lowlands at 20%. By gender, the prevalence of underweight for girls (10.8%) was slightly more than that of boys (10.6%). Beneficiary households had a higher prevalence of underweight 20.3% when compared to non -beneficiaries at 16.1% with the highest proportion observed for beneficiary households under blanket (PLW) 30.2%. This indicates that while WFP support may be targeting the most vulnerable through different programmes, sometimes individual support may not adequately assist under-nourished children especially if they come from households which are already vulnerable.

The survey results indicated that stunting rates still remained high across the country with mountain districts still among the districts with highest prevalence above 40%. The overall prevalence was 41.2% whereby 15.3% was severe and 24.1% was moderate. Compared to the previous CHS, the overall prevalence is still the same with 2013. By districts, Qacha's nek had the highest prevalence at 47.5% followed by Thaba Tseka at 45.2% while Mokhotlong had the lowest at 27%. Beneficiary households had a higher prevalence at 41.2% for stunting than non-beneficiary households at 36.2% with households supported under Blanket (PLW) reporting a highest prevalence of stunting (30.2%).

The prevalence of wasting was moderate at 4.7% across the country and this is acceptable according to the WHO Child Growth Standards, but it is still high as compared to the year 2013. Only three districts had wasting with the highest prevalence; Maseru (8.3%) followed by Qacha's Nek (8.2%) and Butha-Buthe (5.9%) while Thaba-Tseka and Berea had the lowest prevalence at 1.6% and 1.8% respectively. Beneficiary households still had a higher prevalence of wasting at 4.2% than non-beneficiary households at 4.0%. Households with beneficiaries under Blanket (PLW) at 9.3% had the highest prevalence while households under ART/TB/PMTCT programme and those who receive agricultural inputs from CARITAS had no wasting at all

Lesotho adopted the WHO Growth Standards which indicates that breastfeeding a child within the first hour of birth reduces the chances of malnutrition and increases the chances of higher cognitive development. Breastfeeding should be exclusive for six months. From the sampled households, 42.6% of the children sampled were breastfed within the first hour of birth. The situation has deteriorated as compared to 2013 CHS (59.5%).

Quthing had the highest percentage 77.8% of children that were introduced to breast milk within an hour after birth, while Mafeteng was the lowest 23.3% .Generally; the northern lowlands livelihood zone indicated the highest percentage 52.5% when compared to other livelihood zones while the southern lowlands had the lowest 34.1%.

Appropriate complementary feeding should start from the age of six months with continued breastfeeding up to two years or beyond. Complementary foods are often of lesser nutritional quality than breast milk. In addition, they are often given in insufficient amounts and, if given too early or too frequently, they displace breast milk. Gastric capacity limits the amount of food that a young child can consume during each meal. Infants and young children need a caring adult or other responsible person who not only selects and offers appropriate foods but assists and encourages them to consume these foods in sufficient quantity.

Only 43.3% of the children were introduced to complementary foods, water and un-prescribed medicines during the recommended age of 6 months and above while 45.6% were introduced before 6 months of age and 11% of the sampled children were reported as those whose caretakers did not know whether they were breastfed or not. Butha-Buthe had the highest proportion of children introduced to complementary foods at the appropriate age of 6 months (63.8%) followed by Mafeteng (63.3%) while Mafeteng and Mohale's Hoek experienced the lowest proportion of children introduced to complementary foods, water and unprescribed medicines before the age of 6 months at 16.1% and 8.3% respectively.

Comparing introduction of complimentary foods by livelihood zone, the Northern Lowlands reported the highest percentage of households introducing complimentary foods at the appropriate age at only 49.2%followed by the southern lowlands 43.2%while the Senqu river Valley reported the lowest percentage at 36.6%.

The percentage of children under five years of age that ate at least four meals per day was reported at 58.4%. Leribe had the highest percentage of children that ate at least four meals per day (98%) followed by Mohale's Hoek (85.7%) and Butha-Buthe (85%) while Thaba-Tseka had the lowest percentage (14%).

The findings also indicated that only 28.6% of the children were breastfed for the recommended 24 months and above. Mokhotlong and Qacha's Nek reported the highest percentages of children that were breastfed for at least 24 months at 50% and 42.3% respectively while Maseru had the lowest percentage (7.1%).
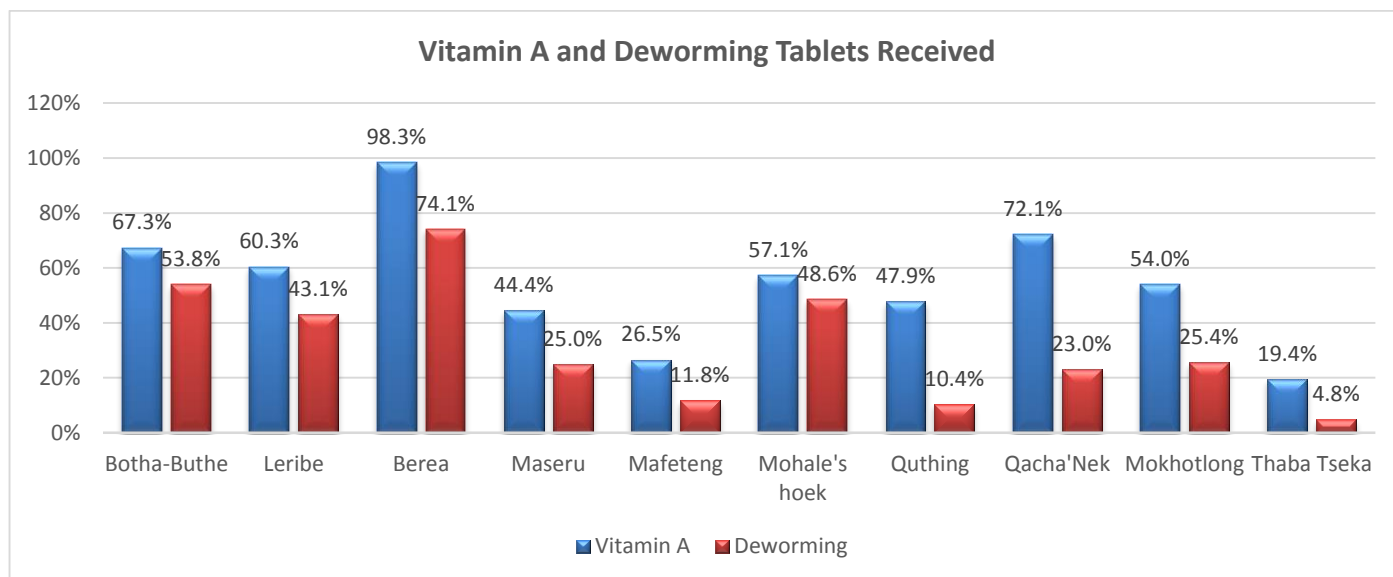


Low birth weight
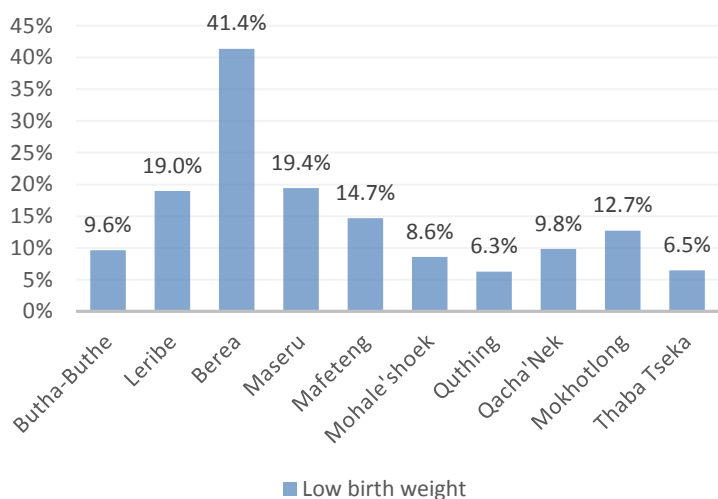
Women were questioned as to whether they went for antenatal care (ANC) and where they received the care from. Most received the care from a nurse at 67.8%, followed by a doctor at 8.4%, trained midwives at7.6% and relatives and friends at 5.7%.

An ideal birth weight for infants is 2.5kg and 10 is an acceptable prevalence of low birth weight a country can attain. Low birth weight is an indication of, amongst other factors, poor nutrition status of a mother during pregnancy period. Infants with LBW can later develop complications such as slow cognitive development that can lead to high stunting levels.
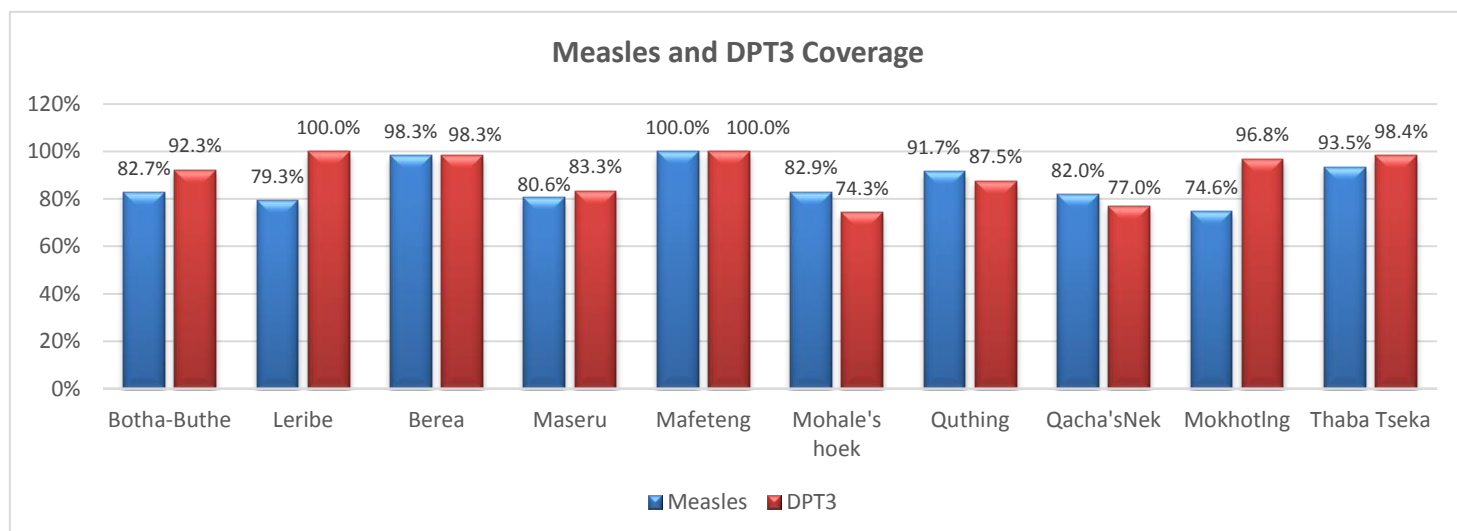
 The overall prevalence of Low Birth Weight was 15%. Compared to the 2013 results, the prevalence of low birth-weight is lower. Berea reported the highest prevalence of LBW at 41.4% followed by Maseru at 19.4% and Leribe at 19% while Quthing had the lowest birth weight( 6.3%).Quthing, Thaba- Tseka, Mohale's Hoek, Butha-Buthe and

Qacha's Nek had an acceptable prevalence of low birth weight (below 10%).

Vitamin A supplementation coverage on average was 56.2% cross all the districts and it is lower than that of 2013 (56.5%). Berea had the highest coverage at 98.3% followed by Qacha's Nek at 72.1% and the lowest was in Thaba Tseka (19.4%). Generally, deworming coverage was 32.3% and Berea had the highest coverage 74.1% followed by Botha Bothe 53.8% and Mohale'sHoek 48.6% while Thaba Tseka had the lowest coverage 4.8%.The findings are higher than the last CHS 2013.

**Vitamin A and Deworming Tablets Received**

| District | Vitamin A | Deworming |
|---|---|---|
| Botha-Buthe | 67.3% | 53.8% |
| Leribe | 60.3% | 43.1% |
| Berea | 98.3% | 74.1% |
| Maseru | 44.4% | 25.0% |
| Mafeteng | 26.5% | 11.8% |
| Mohale's hoek | 57.1% | 48.6% |
| Quthing | 47.9% | 10.4% |
| Qacha'Nek | 72.1% | 23.0% |
| Mokhotlong | 54.0% | 25.4% |
| Thaba Tseka | 19.4% | 4.8% |

Children are immunized against the infections that can be deadly or cause detrimental deformities that prevent a child to develop into a fully functional independent being. When collecting data sometimes the enumerator finds respondents who may not have full information pertaining to the child in question hence the study accommodated the 'do not know' responses in cases such as when the child visited a relative or is left with the babysitter while the guardians is at work.

**Measles and DPT3 Coverage**

| District | Measles | DPT3 |
|---|---|---|
| Botha-Buthe | 82.7% | 92.3% |
| Leribe | 79.3% | 100.0% |
| Berea | 98.3% | 98.3% |
| Maseru | 80.6% | 83.3% |
| Mafeteng | 100.0% | 100.0% |
| Mohale's hoek | 82.9% | 74.3% |
| Quthing | 91.7% | 87.5% |
| Qacha'sNek | 82.0% | 77.0% |
| Mokhotlng | 74.6% | 96.8% |
| Thaba Tseka | 93.5% | 98.4% |

On average, 86.2% of children aged 6 to 59 months were vaccinated against measles and 91.5% received their DPT3 vaccine. Compared to November 2013, the coverage for Measles and DPT3 had slightly increased from 84% and 91.3 respectively. Leribe and Mafeteng had the highest coverage (100%) of DPT3 vaccination followed by Thaba Tseka (98.4) and Berea (98.3%). For measles, Mafeteng had the highest coverage at 100% followed by Berea at 98.3%. Mohale's hoek had the lowest coverage of DPT3 at74.3% while Mokhotlong had the lowest coverage of measles at 74.6%.

# LVAC Indicators and their impact on problem specification

The CHS used the sample frame that the Lesotho Vulnerability Assessment Committee (LVAC) uses for its annual monitoring exercise to enable compatibility of analysis of data collected from the different exercises. The CHS therefore sampled its villages by Livelihood Zone. Fieldwork was undertaken by ten teams of three participants per team. Each team covered the sampled villages from the livelihood zones found in its district.

Data on some key parameters monitored by the LVAC was collected during the CHS field work. This data was then analysed using the Household Economy Approach by generating a problem specification for each livelihood zone.

*The following assumption was made during the Analysis:*

1.  Production was assumed to be the same as it was during the 2014 Vulnerability Assessment for all livelihood zones

*Key Parameters Analysed*

### Staple food

The price of maize meal (staple) from CHS Round 16(October/November 2014) had increased by 16% when compared with LVAC June 2014 and increased by 309% compared to baseline year prices (2009/2010). The price of staple was M3 in the baseline while in June 2014 the price was M8.00 and in October/November the prices had increased to M9.26 which tripled baseline price.

### Prices of Livestock

The prices of cattle, goats and sheep had increased by 3% as compared to prices in the baseline year while prices increased by 7% compared to June 2014 prices. The increase in price will benefit livestock owners if they decide to sell and buy staple food.

### Survival (essential minimum non-staple) and Livelihood Protection household items

The prices of the household items making up the Minimum non-staple (survival) basket had increased by 5% compared to LVAC June 2014 and as compared to baseline year the prices of household items increased by 60%. By livelihood zone, SLL had highest price (67%) increase while other zones ranged between 45% and 60%. The analysis indicated that Livelihood Protection Threshold increased by 27 % compared to both Baseline year information and 20% compared to LVAC June 2014.

### Population in need of Humanitarian Assistance as of October/November 2014

The updated LVAC results show that approximately 497, 339 people from the poor and very poor wealth group will need humanitarian assistance showing an 11% increase from June and this is equivalent to approximately either 35 363 MT of maize or M327, 461, 380.00 (using current rural prices M9.26 of maize meal). It is important to note that maize tonnage required to fill the gap has increased by 10% from 32 108 MT because of the increase in population with a survival deficit especially in the Northern Lowlands where the very poor face a 4% gap according to the CHS Round 16 October/November 2014 findings.

The following tables give a summary of findings for VA as updated by CHS Round 16 October/November 2014

## SURVIVAL DEFICIT, BY WEALTH GROUP

| LZ | FTH | MTN | NLL | SLL | SRV |
|---|---|---|---|---|---|
| V .Poor | 39% | 20% | 4% | 38% | 35% |
| Poor | 41% | 2% | 0% | 36% | 10% |
| Middle | 0% | 0% | 0% | 0% | 0% |
| Better Off | 0% | 0% | 0% | 0% | 0% |

## ESTIMATED RURAL POPULATION FACING BOTH SURVIVAL AND LIVELIHOOD PROTECTION DEFICITS, BY LZ

| LZ | FTH | MTN | NLL | SLL | SRV |
|---|---|---|---|---|---|
| V .Poor | - | 43,090 | 49,579 | 59, 434 | 20,228 |
| Poor | 57,755 | 106,862 | 0 | 134, 717 | 25,674 |
| Middle | 0 | 0 | 0 | 0 | 0 |
| Better Off | 0 | 0 | 0 | 0 | 0 |
| Sub-Total | 57,755 | 149,952 | 49,579 | 194,151 | 45,902 |
| Total for Survival Deficit | 497,339 | BENEFICIARIES | | | |

## TONS REQUIRED TO FILL SURVIVAL DEFICIT & LIVELIHOOD PROTECTION DEFICIT

ration level (kg grain pppd) = 0.58

| LZ | FTH | MTN | NLL | SLL | SRV |
|---|---|---|---|---|---|
| Survival | 8,192 | 2,277 | 420 | 15,048 | 2,042 |
| Livelihood Protection | 505 | 2,299 | 977 | 3,301 | 301 |
| Total | 8,697 | 4,576 | 1,397 | 18,349 | 2,343 |
| GRAND TOTAL | 35,363 | MT grain | | | |

## CASH REQUIRED TO FILL SURVIVAL AND LIVELIHOOD THRESHOLD DEFICIT

| LZ | FTH | MTN | NLL | SLL | SRV |
|---|---|---|---|---|---|
| Survival | 75,857.92 | 21,085.02 | 3,889.20 | 139,344.48 | 18,908.92 |
| Livelihood Protection | 4,676.30 | 21,288.74 | 9,047.02 | 30,567.26 | 2,787.26 |
| Total | 80,534.22 | 42,373.76 | 12,936.22 | 169,911.74 | 21,696.18 |
| GRAND TOTAL | 327,461,380.00 | Maloti/ Rand | | | |

## NATIONAL SUMMARY

### Survival and Livelihood Protection Threshold Deficit

| | |
|---|---|
| No. beneficiaries | 497,339 |
| Food required to fill deficit (MT) | 35,363 |
| OR cash required to fill deficit (Maloti) | 327,461,380.00 |

# Conclusions and recommendations

Stunting rates still remain very high and have not changed; at 41.2%, while the national rate according to the 2009 Demographic Health Survey was 39%. Wasting and underweight prevalence have increased drastically at 4% and 19.3 % respectively increasing from 1.5% for wasting and 10.6% underweight in the previous period. Qacha's Nek has the highest stunting record (47.5%) and Mokhotlong had the highest underweight while Maseru had the highest wasting levels. This might be due to the decline in season production that was realised. The increase in underweight and wasting is a significant challenge with levels way above the WHO acceptable child growth standard despite the interventions that are going on this districts.

Reducing childhood malnutrition requires a multi-sectoral approach that includes a variety of interventions to address its major/underlying causes. Nutrition Surveillance as well as nutrition education needs to be intensified.

The findings indicate that a significant proportion of households had cultivated or intended to do so. Ways should be sought to help all the households engaging in crop production to improve their output since own harvest is still the main cereal source of most households while lack of draught power and seeds were the main reasons for not cultivating for other households. However overall households highlighted casual labour, remittances and pensions as most important livelihood strategies and these have overtaken agricultural production because of low realized harvest in the previous agricultural season.

At the time of the surveillance most of the households were found to have no cereal stocks with the remaining proportion only left with a month or two month supply. This means that the households especially the non-beneficiary households will mostly rely on purchases for their cereal needs until next harvest. The food security situation needs close monitoring as households have been found to already devote a significant amount of their household expenditure on food. Even though beneficiary households still prefer cash over other means implying the purchasing of food will be intensified significant proportion also highlighted both food and cash. There is therefore need to closely monitor the prices of basic food commodities.

Humanitarian assistance, especially the food for work programme is having a positive impact on household food consumption and its diversification and thus improvement in households' ability to cope. Consistency of the receipt of assistance needs to be maintained to ensure movement toward permanent food security of households.

A little over half of respondents were satisfied with the registration process but favoritism that results in exclusion of deserving community members was the main concern of those who were not satisfied. More has to be done to ensure the capturing of vulnerable non beneficiaries and exclude beneficiary households with a low vulnerability characteristic. Emphasis on better targeting for all programmes is therefore recommended so that vulnerability addressing is more effective. Priority by livelihood zone and district is also necessary in order to address both food security and nutrition problems in these areas.

# Acknowledgements

Disaster Management Authority would like to thank all people who participated in making Community Household Surveillance Round 16 a success particularly data collectors, analysts and report writers. The organization would also like to express special appreciation to World Food Programme for providing funding and technical expertise provided during training and analysis.

Special gratitude is extended to government of Lesotho for providing funding for community household surveillance fieldwork or collection of data and all necessary arrangements in making this surveillance a success. More importantly we give thanks to the men and women in various villages who provided information for this exercise, without their assistance the CHS team could have not succeeded.

CHS has been anchored within the Lesotho Vulnerability Assessment Committee (LVAC) under the Disaster Management Authority (DMA) with the aim of employing an effective national tool for monitoring the effectiveness of humanitarian assistance interventions to compliment LVAC food security monitoring initiatives in the country. This is a gradual process and to this date 16 rounds have been completed.

The Community and Household Surveillance (CHS) aims to monitor the short and long term effects of food assistance interventions. Since January, 2007, CHS has been anchored within Lesotho Vulnerability Assessment Committee (LVAC) under the Disaster Management Authority (DMA), with the aim of strengthening and complimenting LVAC food security monitoring initiatives in the country. This report is based on the CHS round 16 which was conducted in October/November, 2014.

The participants and technical officers comprise of staff members from the following institutions:

- DMA in the Office of the Prime Minister
- Food and Nutrition Coordinating Office
- Ministry of Agriculture, and Food Security
- Lesotho Red Cross Society
- Lesotho Meteorological Services
- Lesotho Correctional Services
- United Nations World Food Programme