

Lesotho Fact Sheet

Community and Household Surveillance (CHS)

October 2006

Highlights of October 2006

- ⇒ More than 60% of the sample households indicated they had **no food stocks** at the time of the survey. This is the same as in Oct 05 and lower than the 70% in March 06.
- ⇒ Two-thirds of beneficiary households indicated that **food assistance** was their most important source of cereal while one-third each of non-beneficiary households rely on own harvest or purchase for cereals and 20% rely on **gifts**.
- ⇒ 22% of the HH had received **food remittances** in the six months prior to the survey; 23% had received cash remittance and 9% had received agricultural inputs.
- ⇒ One-third of the households had **borrowed money** in the 3 months prior to the survey, mostly to pay for health care, food or education.
- ⇒ Round 7 showed that only 3% of households **sold assets** to pay for food or health care.
- ⇒ Between 2-3% of households reported **selling livestock** (goats, sheep, pigs poultry or cattle).

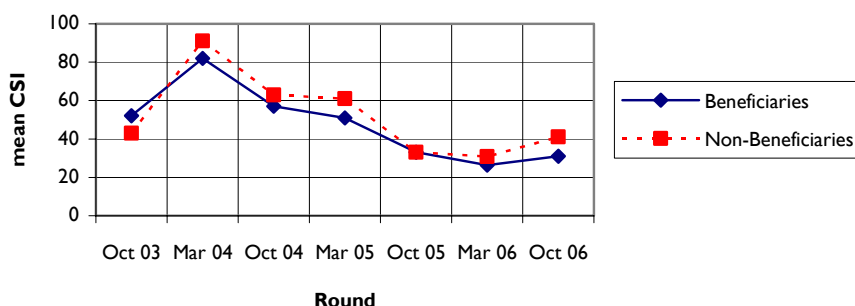
Effects of Food Assistance

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 indicated in the graph, the average CSI score of beneficiary households is significantly ($p < 0.01$) lower than that of the non-beneficiaries, indicating the positive effects of food assistance on the households' ability to cope with the situation.

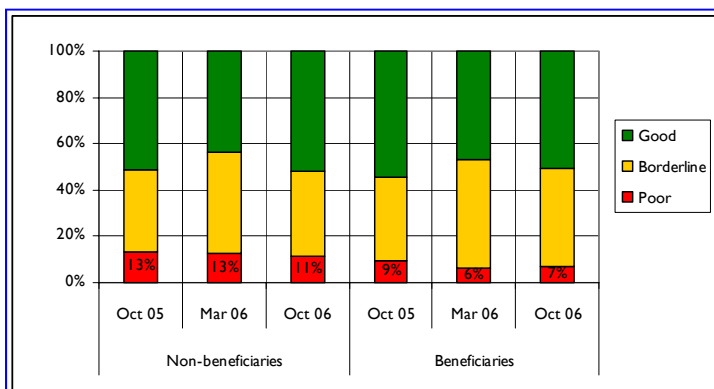
- October 2006 shows a slight increase in CSI for beneficiaries compared to March 2006 and a greater increase for non-beneficiaries. However, when compared to October 2005, the score is about the same for beneficiaries but higher for the non-beneficiaries.
- By programme activity, the HIV/AIDS and OVC beneficiary households have a lower CSI than the FFW/FFA and VGF households.
- The average CSI was highest (44) among non-beneficiaries in Mafeteng.
- In Quting the mean CSI for beneficiaries was higher than non-beneficiaries.
- The beneficiaries in Maseru and Mafeteng had a significantly lower CSI than the non-beneficiary households.

Trends in Coping Strategies Index



Dietary Adequacy

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 remains low but has not changed from March 2006. However, the percentage of HH with good consumption has increased. The percentage of **non-beneficiary** households with poor consumption has decreased over time. From the trends, it appears that the main seasonal changes are between borderline and good consumption as the percentage of households with poor consumption has remained fairly constant over time.



Consumption classifications

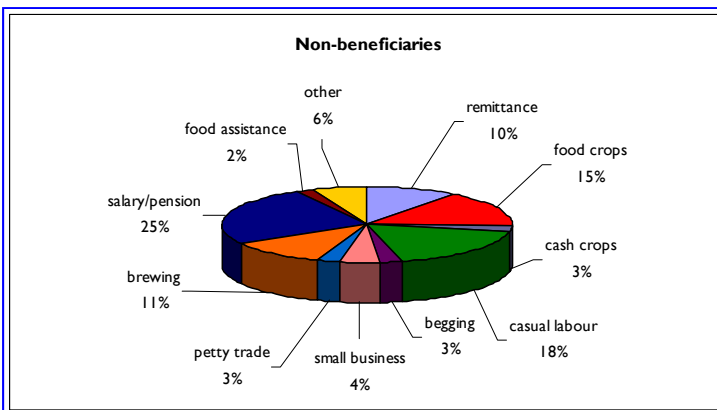
Using a 7-day recall period, information was collected on the variety and frequency of different foods and food groups to calculate a weighted food consumption score. Weights were based on the nutritional density of the foods.

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

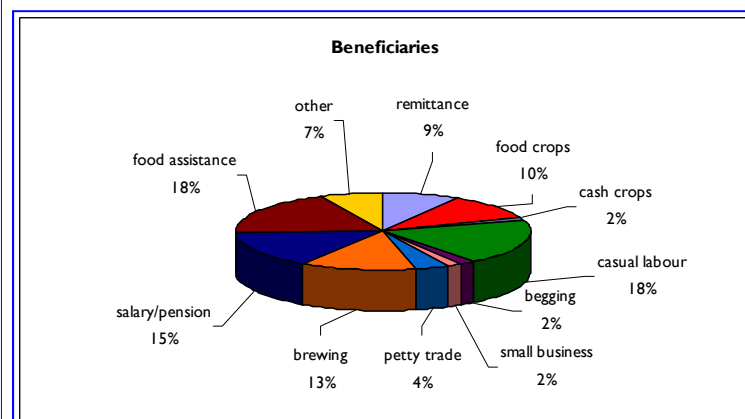
Households with **'borderline'** consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week. Those with **'poor'** consumption managed to eat the equivalent of only cereals and vegetables on a daily basis. This is considered a bare minimum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

Contribution to Total Income

In order to better understand the relative importance of different livelihood sources the heads of households were asked to estimate the contribution of each source to the total household income. The graph on the right shows that the **greatest contribution to total income** for **non-beneficiary** households is from salary/pension, accounting for one-quarter of total income. Other sources include casual labour, sales of food crops, and brewing.



The graph below shows that for **beneficiary** households, the greatest contribution to total income is from casual labour and food assistance. For both groups, reliance on remittance decreased greatly from March 2006.



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

Information is collected on:

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

Livelihood Sources and Expenditure

Main livelihood sources of households

| Beneficiaries | Non-beneficiaries |
|-----------------------|-----------------------|
| Food assistance (38%) | Salary/pension (35%) |
| Casual labour (36%) | Casual labour (35%) |
| Brewing (27%) | Food crop sales (31%) |
| Food crop sales (21%) | Brewing (26%) |

For both beneficiary and non-beneficiary households, casual labour was a main source for about one-third of the sample. Food assistance was the most common source of livelihood for beneficiaries while salary/pension was for the non-beneficiaries. Food crop sales **are not** main sources of livelihood in the sample areas.

Compared to the last round reliance on remittances was reduced from more than 25% in March 2006 to around 20% for each group in October 2006. Reliance on brewing also decreased some for the beneficiaries as indicated in the table on the left.

- Significantly more ($p < 0.05$) **non-beneficiary** households are likely to name only one livelihood source (34%) as compared to beneficiary households (25%) who can count food assistance as a source of livelihood.
- About one-third of the households in the Mohale's Hoek, Quting and Qacha's Nek district samples named only **one livelihood** source.
- Around 20% of OVC and FFV households rely on **remittances** as compared to 25% of HIV/AIDS beneficiaries, which was lower than in March 2006.
- However, HIV/AIDS beneficiary households are more likely to rely on food assistance and less likely on casual labour than the other beneficiary groups.

Avian Influenza Issues

Poultry and sales of poultry products are important sources of income in some rural households in Malawi. The October 2006 CHS again attempts to investigate the potential impact of an outbreak of avian influenza on these households.

- In Round 7, 37% of **non-beneficiary** and 47% of **beneficiary** households reported owning at least one chicken
- For **all** households, those owning poultry are significantly ($p < 0.001$) more likely to have good consumption.
- For **non-beneficiary** households, those without poultry are significantly more likely to have poor consumption.
- Only 10% of the households had **consumed chicken or eggs** in the week prior to the survey, which was higher than 2-3% in March 2006.

Expenditure information was collected for the first time in Round 7.

- Beneficiary households had a significantly ($p < 0.001$) lower share of monthly expenditure for **food** (27%) than non-beneficiaries (38%).
- Of the beneficiaries, FFV/FFA have the highest share of expenditure for food (42%), followed by HIV/AIDS (31%) and OVC (24%) households.
- Monthly **per capita expenditure** was M 34.6 for beneficiaries and M 48.4 for non-beneficiary households - a statistically significant ($p < 0.05$) difference.
- **OVC beneficiaries** had the lowest per capita monthly expenditure, at M 22.
- Households with **poor food consumption** had a significantly lower share of monthly expenditure for food than the other groups while households with **good food consumption** had a significantly higher per capita monthly expenditure.

Vulnerability

Demographic indicators

| | Beneficiaries | Non-beneficiaries |
|------------------------------|---------------|-------------------|
| HH size* | 5.6 | 5.1 |
| % Dependents* | 61% | 57% |
| Female head | 54% | 53% |
| Elderly head | 36% | 38% |
| Disabled member | 15% | 12% |
| Keeping Orphans* | 62% | 36% |
| Member died in past 3 months | 11% | 8% |
| Chronically ill member* | 21% | 13% |
| Asset poor | 18% | 17% |

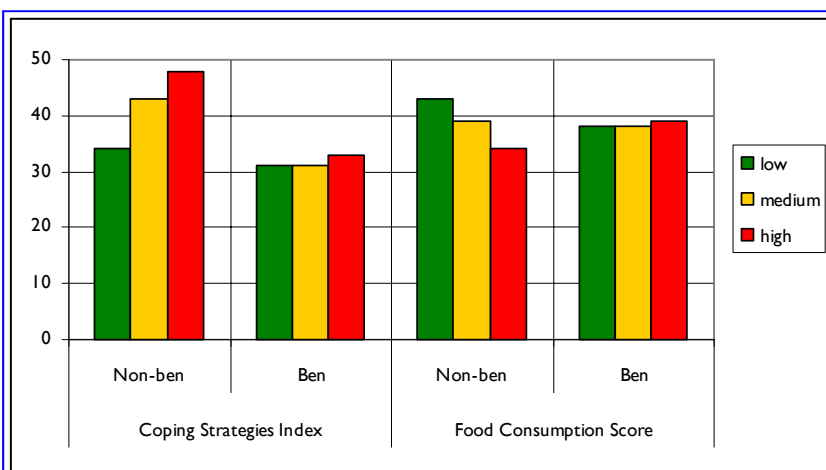
*statistically significant difference

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

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

In this round, vulnerability was assessed by considering the number of vulnerable characteristics (out of 9) each household had.

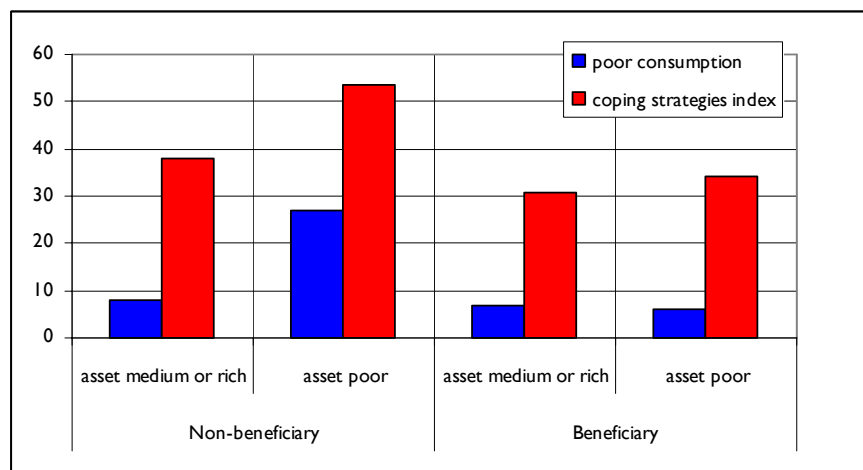
- Asset poverty, female or elderly head, poor consumption, chronically ill member, hosting orphans, disabled member, recent death of a member, 80% or more dependents and having no livestock were used.
- Households were described as having either low (0-1 characteristics), medium (2-3) or high (4+) **vulnerability**.
- Significantly more ($p < 0.01$) **beneficiary** households had high vulnerability (27%) as compared to non-beneficiary households (17%).
- The chart below compares the mean coping strategies index (CSI) and food consumption score (FCS) by **vulnerability level and beneficiary status**. For non-beneficiaries the relationship between CSI and FCS and vulnerability is clearly illustrated. However, this relationship does not exist for beneficiaries, most likely showing an impact of food assistance.
- By **programme activity**, significantly more ($p < 0.01$) OVC beneficiary households had high vulnerability than HIV/AIDS (16%) or FFW/FFA (13%) beneficiaries.
- By **district**, significantly more ($p < 0.01$) households in Quting (31%) had high vulnerability when compared to Mafeteng (15%). In addition, 24% of households in Mohale's Hoek, 21% in Qacha's Nek and 15% in Maseru had high levels of vulnerability.



Targeting Efficiency

Targeting of programmes could be improved, depending on the criteria for the different programmes. Targeting should be reviewed for Mohale's Hoek and Qacha's Nek.

Only 17% of sampled households were asset poor households with little difference between beneficiary and non-beneficiary households. For **non-beneficiary** households, the **asset poor** were significantly ($p < 0.001$) more likely to have poor food consumption levels and more likely to use risky coping strategies. There was no relationship between asset poverty and consumption or coping for **beneficiary** households. The asset poor are more likely to be OVC beneficiaries (22%) than FFW (13%) or HIV/AIDS beneficiaries (9%).



For the entire sample, beneficiaries were significantly more likely to have a **chronically ill member** (CI) or to be **households hosting orphans** (HHO) but significantly less likely to have high share of monthly expenditure for food (FEX). However, for the district samples, the following statistically significant differences were found between beneficiaries and non-beneficiaries in terms of characteristics:

- Maseru (HHO), Mafeteng (CI, HHO, FEX), Quting (HHO, Recent death of member).
- Targeting should be reviewed for Mohale's Hoek and Qacha's Nek since there were no significant differences in household characteristics between beneficiaries and non-beneficiaries.

Child and Women Nutrition and Health

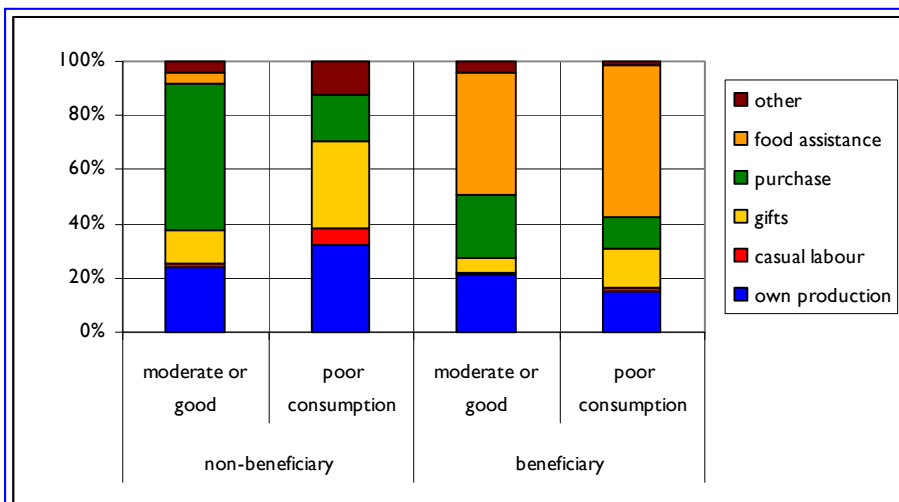
In Round 7, weight and height measurements were taken on nearly 320 children 0-59 months of age and 350 women of reproductive age (15-49 years) in the sample.

- For children 6-59 months of age, 4% each of non-beneficiary and beneficiary children were suffering from **acute malnutrition** (low height-for-age), or wasting.
- One-third of the sample children were **chronically malnourished** or stunted (low height-for-age) with no difference between beneficiary and non-beneficiary children.
- In addition, 16% of the children were **underweight** (low weight-for-age) again, with no difference between beneficiary and non-beneficiary children.
- By **programme** type, 7% of children from HIV/AIDS beneficiary households were wasted while 20% from OVC households were underweight. There were no differences in stunting by programme.
- Children with **recent acute respiratory infection** are significantly ($p < 0.01$) more likely to be underweight (25% vs 11%) or stunted (42% vs 28%) than those without. Similar but insignificant trends were found for fever and diarrhoea.
- **Child nutritional status** is not related to maternal nutrition, but more to recent illness and maternal education.
- Boys were significantly more likely ($p < 0.05$) to be stunted (41%) as compared to girls (30%).
- The percentage of underweight children was highest in **Mohale's Hoek** (22%), followed by Mafeteng (15%) while only 10% of children in the Maseru sample were underweight.
- Chronic malnutrition was highest in the **Maseru** sample of children (41%) followed by Mohale's Hoek (36%) and Mafeteng (33%). Only 24% of the Quting sample children were chronically malnourished.
- The average body-mass index (BMI) for **beneficiary** women (24.6 kg/m^2) was significantly lower ($p < 0.05$) than for non-beneficiary women (25.9 kg/m^2).
- Just over 3% of the **women were undernourished** ($\text{BMI} < 18.5 \text{ kg/m}^2$) while 32% were overweight ($\text{BMI} = 25.1\text{-}29.9 \text{ kg/m}^2$) and 14.3% were obese ($\text{BMI} > 30 \text{ kg/m}^2$).
- The **lowest average BMIs** were found in Qacha's Nek and Quting and the highest in Mafeteng.
- By **programme type**, the highest average BMI was found in FFV/FFA beneficiaries and the lowest in HIV/AIDS beneficiary 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:

- **Non-beneficiary** households accessed most of their food from production; those with poor consumption also rely significantly more on casual labour, gifts and other sources and less on purchase ($p < 0.001$) to access food. Compared to October 2005, a greater share of consumption is coming from purchase, casual labour and other sources for those with poor consumption.
- **Beneficiary households** relied mostly on food assistance with some from own production and purchase for their food. However those with poor consumption rely significantly more ($p < 0.01$) on gifts. For those with poor consumption, access from own purchase and food assistance has increased since October 2005.



Nutrition and Household food security

- Beneficiary households with a stunted child had a higher **food consumption score** than those with non-stunted children.
- Households with undernourished women have a significantly higher ($p < 0.05$) **coping strategies index** than those with overweight or obese women.
- **Share of expenditure for food** is higher in households with malnourished children, especially for non-beneficiary households.
- **Non-beneficiary** households with a wasted or underweight child are significantly more likely to have had a death in the family and to have a greater share of expenditure for funerals.
- For **beneficiary** households, wasted children are more likely to be found in households with an elderly head ($p < 0.05$).
- Although there is very little **under-nutrition in women**, there is a clear relationship between BMI and vulnerability characteristics.

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)

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