Vulnerability Assessment and Analysis Report

Lesotho Vulnerability Assessment Committee (LVAC)

TABLE OF CONTENTS

List of tables

List of figures

A.ACKNOWLEDGEMENTS

The Lesotho Vulnerability Assessment Committee (LVAC) would like to acknowledge the management of Disaster Management Authority (DMA) for its coordinated effort for conducting the annual Vulnerability Assessment and Analysis in June 2017 as well as the financial support provided for paying for vehicle costs that were used during data collection and also for covering costs for data analysis. The LVAC would like to further acknowledge SADC RVAA for financial support to cover all the costs for pre-assessment training, Daily Subsistence Allowance for enumerators during data collection and a Technical Expert that was engaged to assist LVAC during data analysis. Further acknowledgement goes to GSU through FAO for financial and technical support during IPC Level 1 and acute IPC analysis. LVAC would also like to thank WFP as a service provider for releasing funds from SADC RVAA on time to facilitate the process of VAA. Special thanks therefore goes to Government Ministries and departments, UN agencies and NGOs that participated in the assessment, analysis and report writing and Bureau of Statistics through the Sampling Unit for facilitating sampling process. The names of participants and the institutions will be found in Annex C at the end of this report.

Moreover, LVAC would like to express its sincere gratitude to Mr. Sebastian Gavera a consultant engaged by SADC RVAA to support LVAC during a one week of data analysis, as well as to Ms. Ria Lewis who made time to review and make comments during analysis especially on LIAS. More thanks go to SADC Secretariat, IPC Technical Working Group, IPC Regional Coordinator and Trainer for making IPC Level 1 training and Analysis possible for LVAC, and then to Syria Food Security Cluster group for participating during the IPC training and analysis for their incredible contribution in those categories. Last but not least, the LVAC further acknowledges Mr. Daison Ngirazi for making time to support LVAC during data cleaning and analysis for both HEA and Household survey data sets.

Special gratitude goes to the men and women who participated in the focus group discussions at the community level and those who opened their doors to receive enumerators and provided their valuable time and vital information that has shaped the results of the 2017 vulnerability assessment. We truly thank them and hope that they will continue to assist the LVAC in monitoring the vulnerability situation of Lesotho and Basotho in the future.

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HARETSEBE MAHOSI (Mr)

CHIEF EXECUTIVE – DISASTER MANAGEMENT AUTHORITY.

1 INTRODUCTION

The Lesotho Vulnerability Assessment Committee (LVAC) was established in 2002. It is a government led multi-disciplinary committee within the Office of the Prime Minister- Disaster Management Authority (DMA). Its membership consists of Government Ministries and Departments, United Nations Organizations, Non-Governmental organizations and the Private Sector. It is mandated to carry out livelihood vulnerability analysis and its aim is to provide timely analysis for emergency interventions as well as medium to long-term programming. The process of vulnerability assessment and analysis is currently centralized, although moving towards decentralization whereby district teams are now responsible data collection in their respective districts.

LVAC has been conducting annual vulnerability assessments (VA) of food security and livelihoods situation for rural population since 2003 to date. In Lesotho, like in most countries the VAA methodology is based on the Household Economy Approach (HEA) that takes a holistic approach to food security based on livelihood systems including all strategies that households apply to make their living and the external context that may support and/or restrain them.

The current year assessment combined HEA methodology with household survey in order to integrate Nutrition, HIV and gender into Vulnerability Assessement and Analysis and also to understand in depth the impact different shocks on different sectors.

1.1.OBJECTIVES:

The main objective was to analyse food security, nutrition and vulnerability of the population of Lesotho in 2017/2018 with the aim to provide policy makers, government and other stakeholders with information for decision making.

Specific Objectives were as follows:

1. To estimate the number of vulnerable population in Lesotho *for 2017/18 Consumption year.*
2. To identify the underlying and immediate causes of food and nutrition insecurity
3. To provide the recommendations for assistance/interventions.

2 THE INQUIRY PROCESS – METHODOLOGY

2.1 STUDY DESIGN

The assessment was done using an integrated approach following guidance on Integration of Nutrition, HIV and Gender in Vulnerability Assessment and Analysis**.** The study made use of Household Economy Analysis (HEA) complimented by a household survey tool on gender, HIV and Nutrition. Secondary data review (literature), key informant interviews (community leaders and key stakeholders) and household questionnaires were used to collect a combination of quantitative and qualitative information regarding food security, nutrition, HIV and gender outcomes. As an overall guide, the analytical framework that informed the structure of the study and design of applied tools was the Food and Nutrition Security Conceptual Framework agreed between SADC member states for integrated assessment and analysis. This was the point of departure in the choice of information that was collected for the study as well as the type of analysis conducted to answer the assessment objectives. Lastly all relevant evidence from the assessment findings and other secondary data.

2.2. IMPLEMENTATION STRATEGY

2.2.1 PRIMARY DATA COLLECTION

Primary data for this study was gathered through individual household sample survey and focus group discussions with key informants providing a process through which data at household and associated analysis outcomes are linked to underlying livelihood system and strategies employed by different wealth groups, providing more disaggregated statistical analysis particularly for nutrition, HIV and gender outcomes. Data collection tools that were used are appended at the end of this report. The following is the sampling that was followed to establish the sample size for the study.

2.2.2.SAMPLING FRAME

The survey had employed a representative sample selected from the Sample Master Frame created by the BoS from the 2016 Lesotho Population and Housing Census. The sample design for the survey is a stratified multi-stage cluster sampling and the districts were considered as domains of the survey upon which stratification was considered by rural, peri-urban and urban settlements. Enumeration Areas (EAs), served as Primary Sampling Units (PSUs), were selected at the first stage with probability proportional to size such that population in the EAs served as the

measure of size. However, households within the selected EAs were selected in the second stage using systematic sampling technique.

2.2.3.SAMPLE SIZE DETERMINATION

Sample size determination was based on specific assumptions and calculations, hence a sample of 244 EAs with 3,660 households was designed with an aim to yield estimates at a tolerable margin of error of point estimates set a low of 2.0%, and this means that the estimates from this sample are not expected to be in error by more than almost 2.0%. Alternatively, the estimates are expected to be correct at a least by 95% level of confidence. Also using the results from the previous LVAC sampling methodology report, the proportion of the households with the desired characteristics was estimated (estimated prevalence of GAM) at 3.5% and a fixed number of 15 householdswere therefore interviewed within each EA.

The tables below show the allocation of the sample of EAs by the administrative units (District, Ecological Zone and Settlement Type).

Table 1: Allocation of Sampled EAs by Administrative District

District Code	District Name	No of Selected EAs	Households to be studied within selected EAs
1	Botha Bothe	19	292
2	Leribe	33	489
3	Berea	30	448
4	Maseru	44	654
5	Mafeteng	25	371
6	Mohale's Hoek	23	346
7	Quthing	18	274
8	Qacha's Nek	15	218
9	Mokhotlong	18	265
10	Thaba-Tseka	20	303

Total	**Lesotho**	**244**	**3660**

Table 2: Allocation of Sample EAs by Ecological Zone

Ecological Zone Code	Ecological Zone Name	No of Selected EAs	Households to be studied within selected EAs
1	Lowlands	109	1630
2	Foothills	41	608
3	Mountains	57	852
4	Valleys	38	570
Total	**Lesotho**	**244**	**3660**

Table 3: Allocation of Sampled EAs by Settlement Type

Settlement Type Code	Settlement Type Name	No of Selected EAs	Households to be studied within selected EAs
1	Urban	93	1396
2	Peri-urban	41	618
3	Rural	110	1645
Total	**Lesotho**	**244**	**3660**

2.2.4. HOUSEHOLD SURVEY:

The household survey collected information on anthropometric measurements (weight (kg), height metres, MUAC (cm) and presence of oedema for children under the age of five, livelihoods, and access to health, HIV, gender, water and sanitation. The anthropometric measurements data allowed the computation of current nutrition

outcomes. With regards to livelihoods, it should be noted that livelihoods information collected at this stage was used to strengthen computing of problem specifications that were used to run an outcome analysis for the current consumption year (2017/2018). In addition, the household tool contained several wealth indicators which were used to compute wealth groups and thereby linking the household survey data collected to HEA information, correlating HEA outcomes with HIV, Gender and nutrition outcomes. In total 3042 household interviews were done and 1014 children under the age of five were reached during in rural and urban settlement.

2.2.5. FOCUS GROUP DISCUSSIONS WITH KEY INFORMANTS

A total of 110 interviews were done, one from each of the 110 enumeration areas within the rural settlement. The group discussions were carried with 6 to 10 key informants who were mainly the community leaders and other key stakeholders especially government staff working in the area. The discussions with key informants provided in depth information about the livelihood key parameters which was used for calculating problem specification for; production, livestock herd sizes, labour availability, market prices/rates for income source and expenditures.

2.2.6. FIELD PROCESSES

A 3-day training workshop was held for 65 enumerators in Berea. The topics covered included: HEA framework overview, Food and Nutrition security Conceptual framework and the link of the two frameworks for the study. Training also covered administering of the data collection tools and taking of anthropometric measurements.

2.2.7. FIELD WORK TIMING

The field work for the study was undertaken in June 2016 for 14 days. Trained participants were deployed to carry out the assessment with guidance from experienced practitioners from both national and district level.

2.2.8. DATA ANALYSIS AND REPORT COMPILATION.

The data analysis process involved developing analysis of household livelihood strategies and nutrition status for respective wealth groups. A peer review of the analysis and report writing was done by independent practitioners to improve on analysis quality. Household interview data was analysed using SPSS whilst livelihoods HEA data was analysed using HEA spreadsheets. Finally, Integrated Food Security Phase Classification (IPC) Acute Analysis was done to estimate the number of rural population estimated to be food insecure in the current consumption year (2017/18) and to classify each district into IPC Phase based on its level of

severity of food insecurity. The Consolitated Approach of Reporting Food Insecurity Indicators (CARI) was used to estimate population in need of humanitarian assistance within urban settlement.The overall analysis only segregated data into rural and urban settlements. The EAs peri-urban were included either under urban or rural based on the location for each EA.

2.3 CONCEPTUAL FRAMEWORK

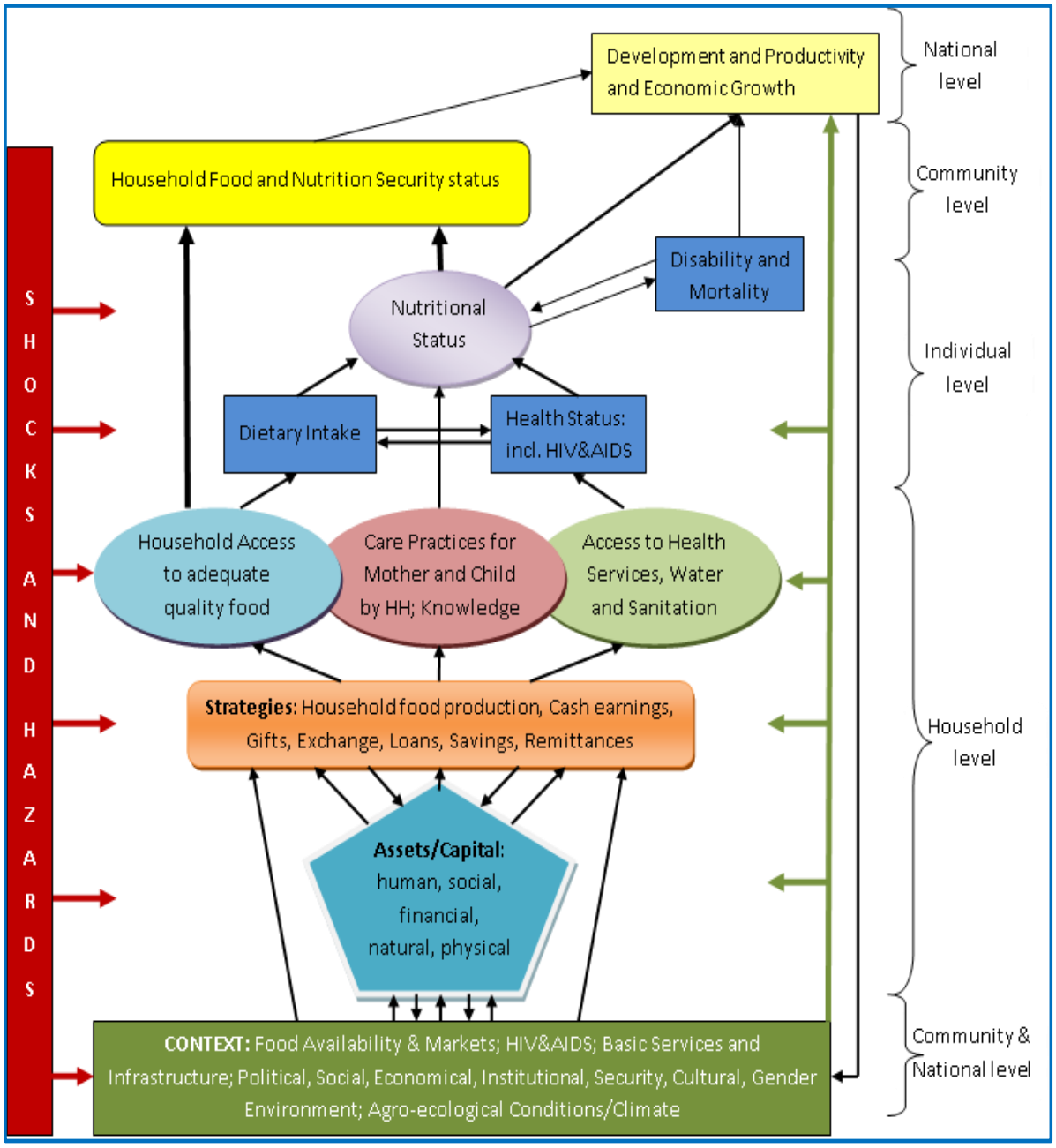


Figure 1: Causal framework for household food and nutrition security, development, productivity and economic growth

3 ASSESSMENT FINDINGS

3.1 NATIONAL CONTEXT

Lesotho is a landlocked enclave country surrounded by South Africa. The estimated area is 30,344m^2 of which three quarters is mountains and the population is estimated at 1.9 million (BOS Population Projections 2006). It is a lower middle income country ranked 160 of 187 countries on Human development index and 38 of 46 countries on the economic freedom scores in Sub-Saharan Africa Region (UNDP 2016). The Central Bank of Lesotho estimated that real Gross Domestic Product (GDP) grew by 3.4% in 2015. Inflation rate has decreased to 4.5% in April 2017 compared to 14.8% in April 2016.The agricultural sector, which accounts for only 8.6% of GDP, is the main source of income for majority of rural population. In recent years, increasing foreign investments in textile industry and commerce have created more jobs and strengthened the economy. However, widespread poverty, estimated at 57%, youth unemployment (28%) and high prevalence rate of HIV (23.1%) remain the main obstacles to economic growth.

Life expectancy is estimated at 52 years (WHO 2015), national stunting prevalence at 33%, Underweighyt) at 10.3% and both above the WHO acceptable thresholds while GAM (Wasting)prevalence is 2.8%and within acceptable levels, mortality rate remained at 85 deaths per 1000 live births ,all according to LDHS 2014. According to UNDP 2013 report, unemployment rate is at 28.7%, while access to education facility is 82.1% nationwide. Access to safe drinking water and controlled sanitation are both estimated at 80% according to LVAC report for 2017.

Crop production in communal and block-shared cropping areas is predominantly rain-fed. Compared to last year, the food security situation of the country improved due to increased agriculture production which is the best compared to the past ten years. However production of cereal will still fall below amounts recorded in the past decade hence the country will have to argument this with imports from South Africa.

Price projections indicates that national prices for maize will be relatively stable throughout 2017. Purchasing power also remained relatively stable across the first 4 months of 2017, with one day's worth of labour purchasing 8kgs of maize meal. The country mostly depends on purchases of cereal and is therefore vulnerable to any cereal price fluctuations in the neighbouring South Africa. The current staple price is M12.00 per kg compared to M3.00 in the reference year (2009/10).

The vulnerability assessment indicates a decrease in food insecure population from 679,437 last year (May 2016) to 224,664 in the current consumption year (2017/18)

from the rural settlement while about 82,278 people are estimated to be food insecure within urban settlement countrywide.

3.2 HOUSEHOLD DEMOGRAPHICS

Household Size: The average household size was found to be five (5) in rural areas while in urban areas it was four (4).

Sex of Household Heads: In both urban and rural households, household head gender follow the same pattern whereby nationally female headed households were at 53% and male headed households were at 47%.

Marital Status of Household Head: Of the sampled households, 44.7% were married and living together with their partners followed by 34.4% who were widowed. 8.7% were married but living apart from their partners, 7.7% were never married, 4.2% were divorced or separated while only 0.3% were co- habiting.

Education Level of Household Head: Most of head of the households (57.7%) indicated to have the highest level of education as primary followed by secondary and high school at 15.6% and 8.3% respectively. Other household heads responded to have achieved technical and university levels at 3.1% and 1.65 respectively most of which came from urban areas as compared to rural areas. However 13.7% of the sampled household heads responded that they did not attend school from and most of them were from rural areas.

School Enrolment: 63.1% of the sampled households indicated to have children of the school going age while 36.9% did not have children of school going age. The assessment indicated that 10.2% of the school going children were not attending school while 89.8% were attending school. Most of the children who were not attending school came from rural areas at 12.3% compared to 6.9% in urban areas.

Reasons for Not Attending School: Around one third (31.0%) indicated having no money as the main reason for children not to attend school followed by 17.8% showing children were not interested on attending school. An indication of children not attending school because of high educational expense (8.6%), illness (7.1%), a child being too young (6.7%), work for food (6.4%), help with house work (4.6%), children being disabled (4.6%) and because of child's failure at school was noted amongst other reasons for children not attending school.

Household Head Age Category: Of the sampled households, 64.8% were adult headed followed by 35% of the elderly headed while 0.2% of the households were child headed.

Households with Orphans: 96.3% of the sampled households indicated not to have orphans under five (5) years.

and 81.6% reported to have orphans above five (5) to 17 years.

Households with Disabled Members: Most of the households indicated that they did not have any member with disability for different age category at 99.8% for children under 5 years, 97.4% for 5 to 17 years, 95% for 18 to 59 years and 96.5% for 60 years and above.

Ownership of dwelings: Over 87% of the households cited to own their dwelings while about 9% rented their dwelings. Other households claimed to be tenants (occupying the whole house) and lodgers (occupying part of the house). About 97.1% of the households indicated that they live in permanent structures.

3.3 SEASONAL PERFORMANCE

The country experienced normal to above normal rainfall during the 2016/17 rainy season. The country also recievedheavy snowfall in July 2016 which provided enough moisture for summer cropping to take off especially in the highlands. The Normalised Difference in Vegatation Index (NDVI) indicated that the level of vegetation was normal in the months of October and November 2017 and was above normal for the period January to April 2017 for most parts of the country with exception of Southern region where it was slightly below normal. There was significant improvement in water levels in many catchment areas and groundwater as well as some water bodies. According to the Department of Water Affairs, water tables were not fully recharged, and as a result water levels at rivers, springs and reservoirs remained lower than normal, however there was a significant improvement compared to the previous year (2016). Owing to the above conditions , the agricultural season started on time (September 2016).

3.4. ACCOMODATION, SHELTER,WATER AND SANITATION

3.4.1.SHELTER OWNERSHIP

The majority of urban people (87%) owned houses they stay in, 8.9% rented houses, 3% were tenants (Occupying the whole house) and only 1% of households occupied part of the house (lodgers) .

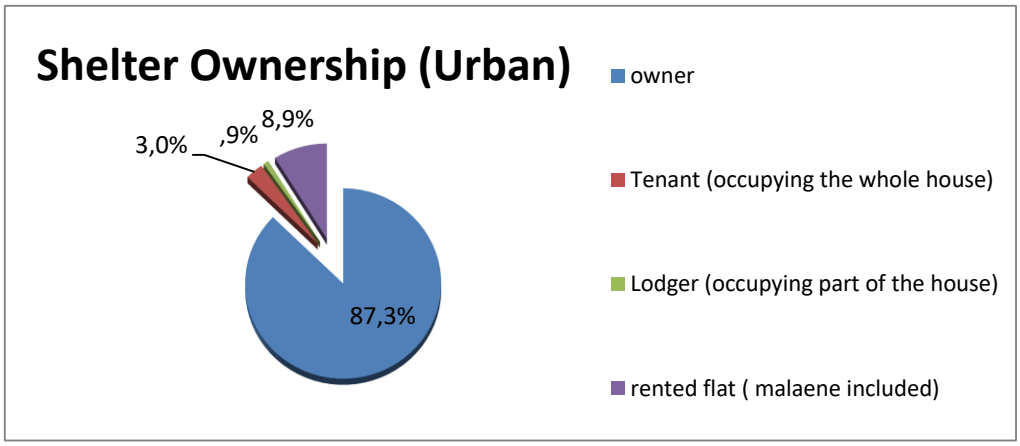


Figure 2: Distribution of shelters by ownership

3.4.1.SHELTER STRUCTURE

Most of the respondents within urban indicated that they have been staying in permanent structures, meaning the settlement type occupied by the people is a safe type of settlement structure.

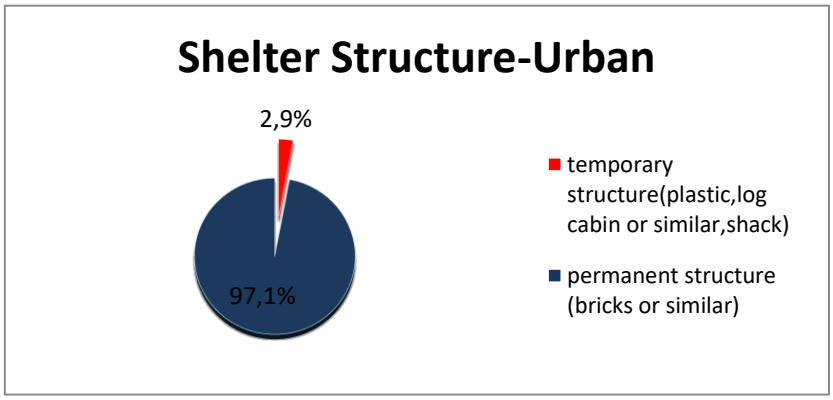


Figure 3: Shelters by type of structure

3.4.1. ACCOMODATION LENGTH/PERIOD

Most of the respondents indicated that they have been staying in the same accomodation for over three years, meaning migration of the entire household is basically not pratctised but we can expect few members in the household to migrate for the purpose of bringing additional income into the household.

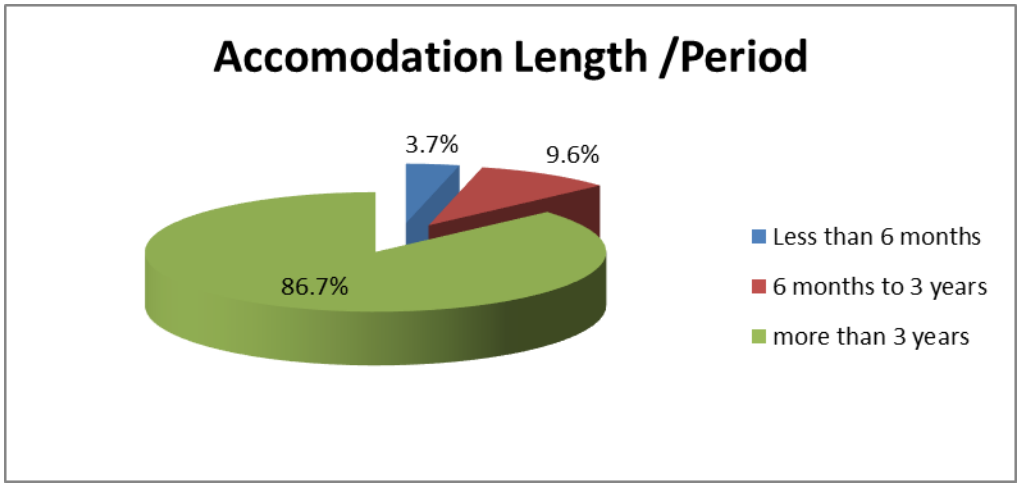


Figure 4: Length or period of stay in current shelter

3.4.2 LIGHTING SOURCE

In order of importance, electricity from public utility and candles, were the most common sources of lighting with the higher proportion of urban households using electricity and vice versa for the rural households using candles. Another form of lighting included solar electricity and wood.

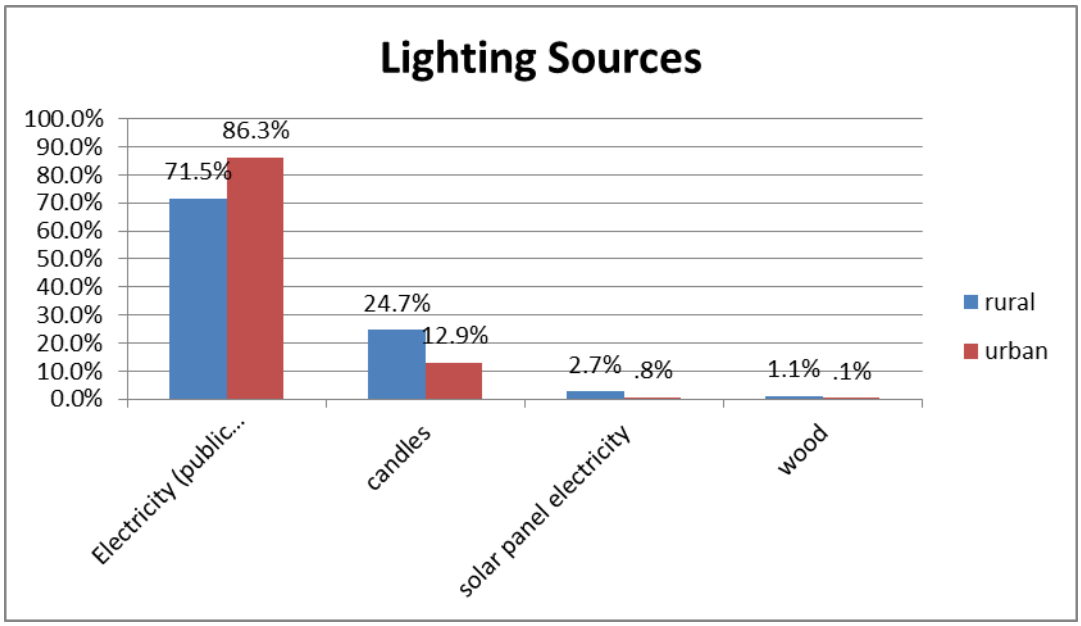


Figure 5: Distribution of usage of electricity, candles, solar and wood as lighting sources

3.4.3.HEATING AND COOKING SOURCES

The usage rates of wood and charcoal were similar for heating compared to usage for cooking in both rural and urban areas. Usage of electricity as a heating and

cooking source source was much lower in rural areas compared to urban areas. Rural areas use paraffin as a heating source more than in urban areas.

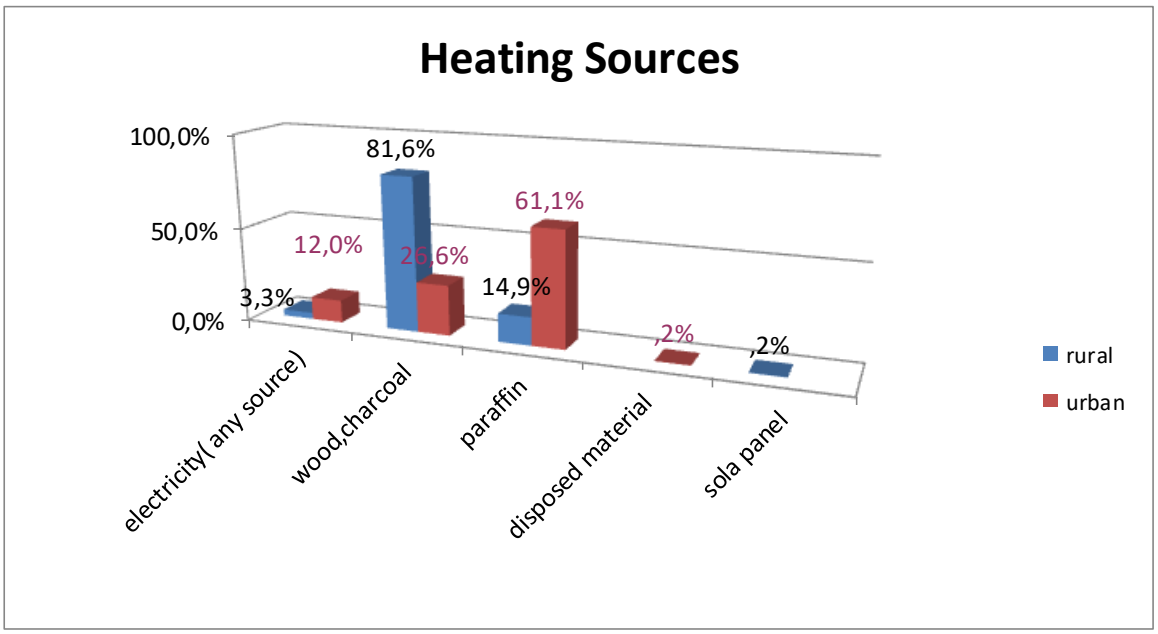


Figure 6: Distribution of usage of heating sources

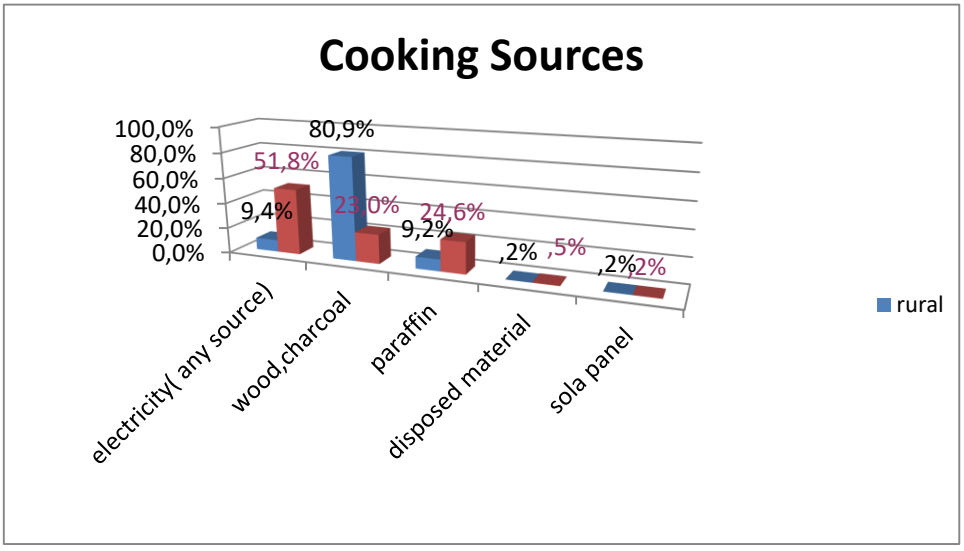


Figure 7: Distribution of usage of cooking sources

3.4.4.WATER SOURCES

Almost 70% of households interviewed in rural areas, collect water from a communal/public tap, with 7% having piped water into the house. Almost 60% of household in urban areas have water piped into the house, while more than 20% have access to a communal tap.

Less than 15% of households access water from unprotected sorurces, of which the larger proportion comes from the rural setting.

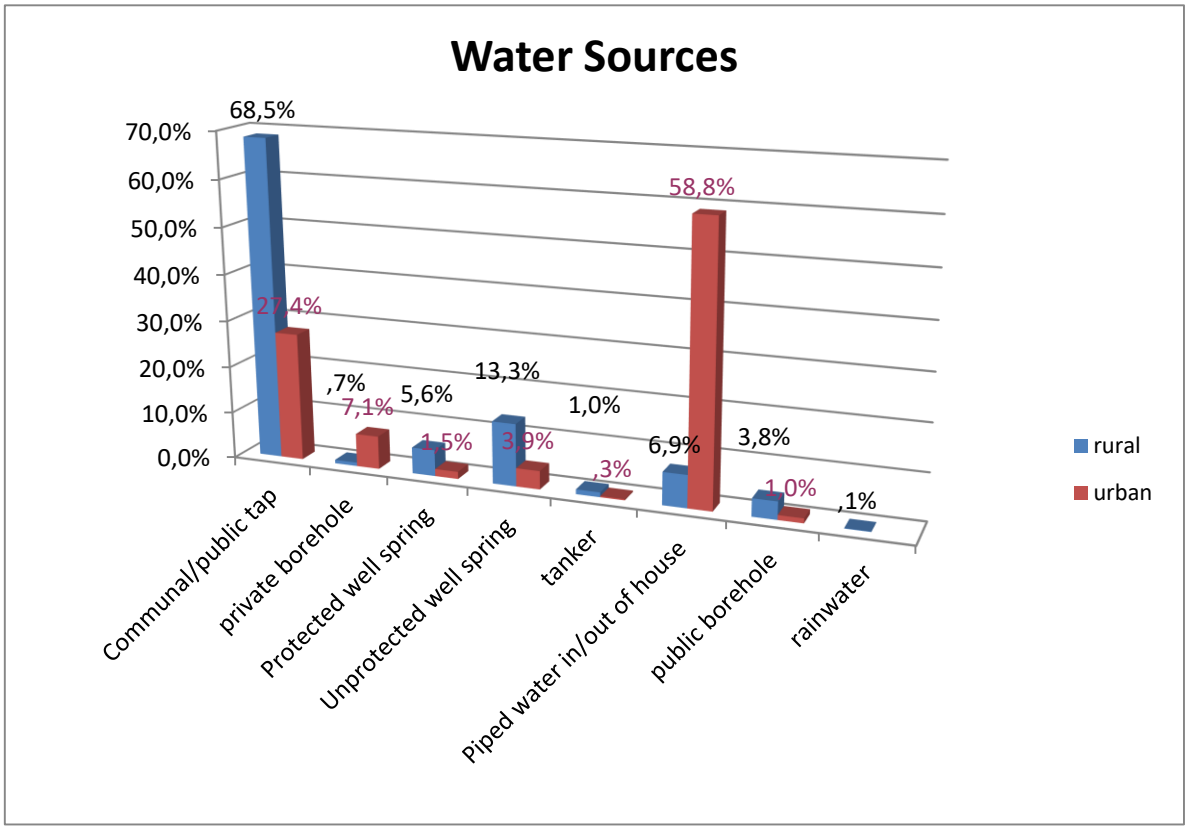


Figure 8: Distribution of main water sources

3.4.5 ACCESS TO SAFE DRINKING WATER

Over 90% of the population in communities interviewed seem to be accessing safe water from various sources and less than 10% still use unsafe sources.

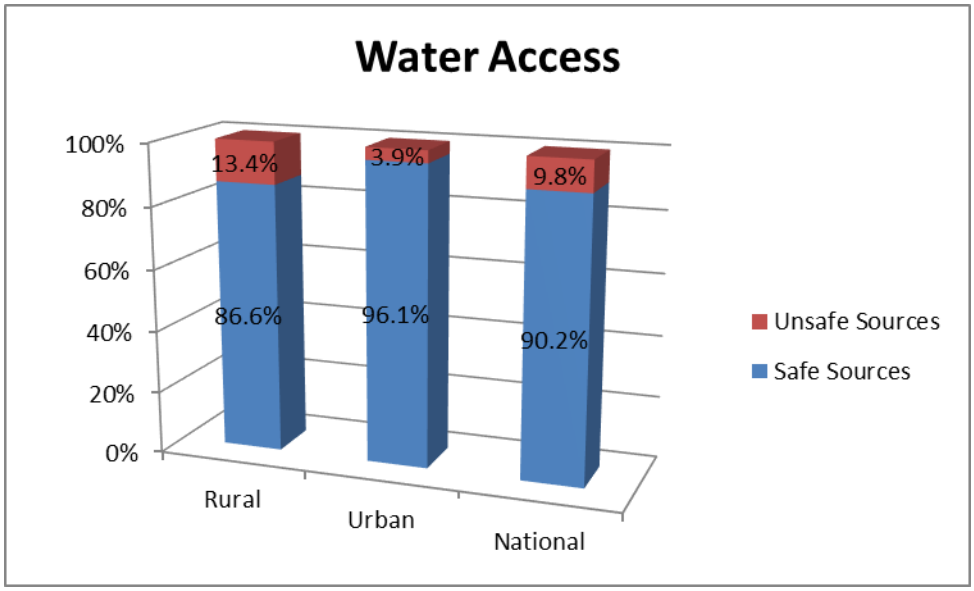


Figure 9: Accessiblity to safe water sources

3.4.6 WATER TREATMENT:

Less than 20% of households interviewed treated drinking water. This could be linked to the high percentage of households accessing piped water. Around 8.5% of the rural households indicated that they treat water, and this is a concern because it was earlier noted that 13% of the rural population used unsafe water for domestic purposes.

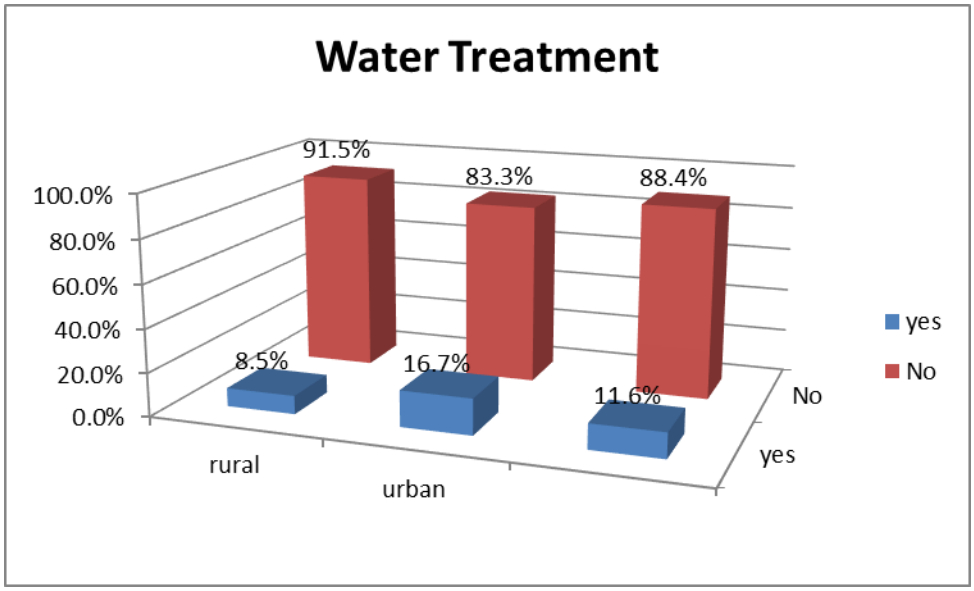


Figure 10: Percentage of households treating water

Of the households that treated water in both settlements, boiling method was mostly used to treat water.

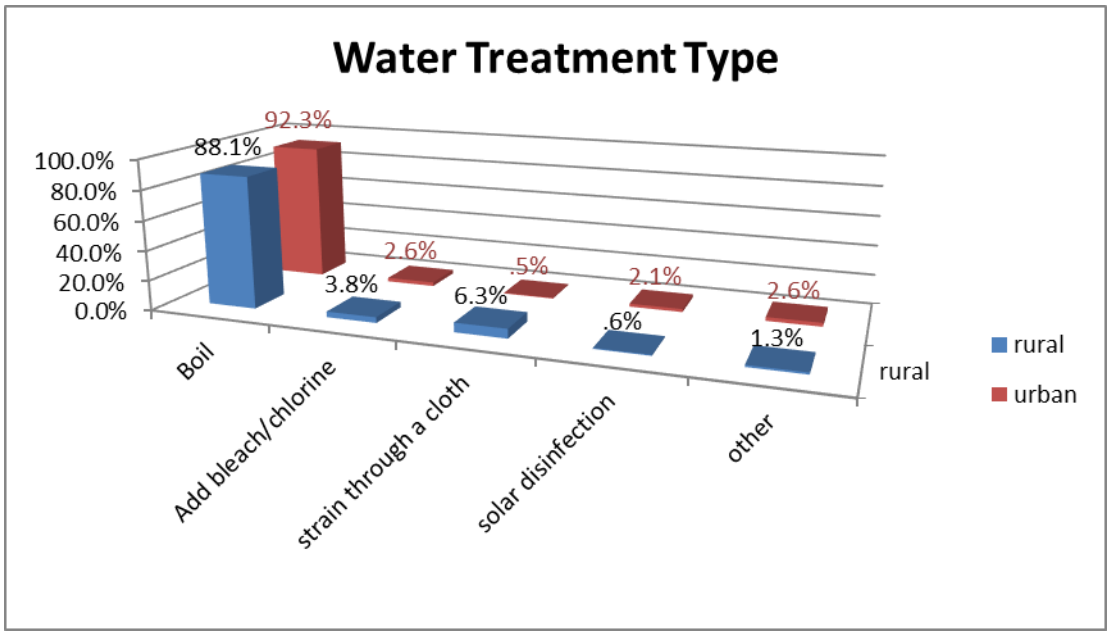


Figure 11: Distibution of main types of water treatment

3.4.7. WATER UTILISATION

The main uses of water for both rural and urban households was domestic, with very few households who indicated that they used water for home gardening and livestock.

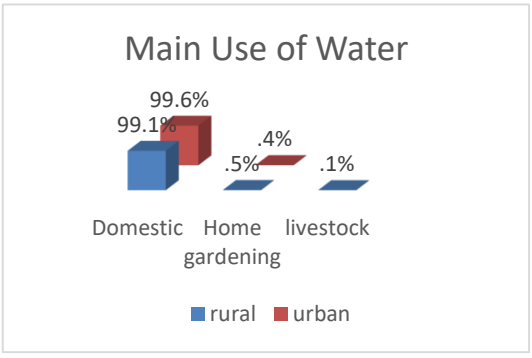


Figure 12: Distibution of main types of water treatment

3.4.8 WATER DEMAND

Overall, 65% of households used more than 30 Litres of water per day and about 35% used 30 litres or less. The less quantity of water consumed in a day could

signal limited sources in terms of coverage and also the few water demanding activities the communities are faced with.

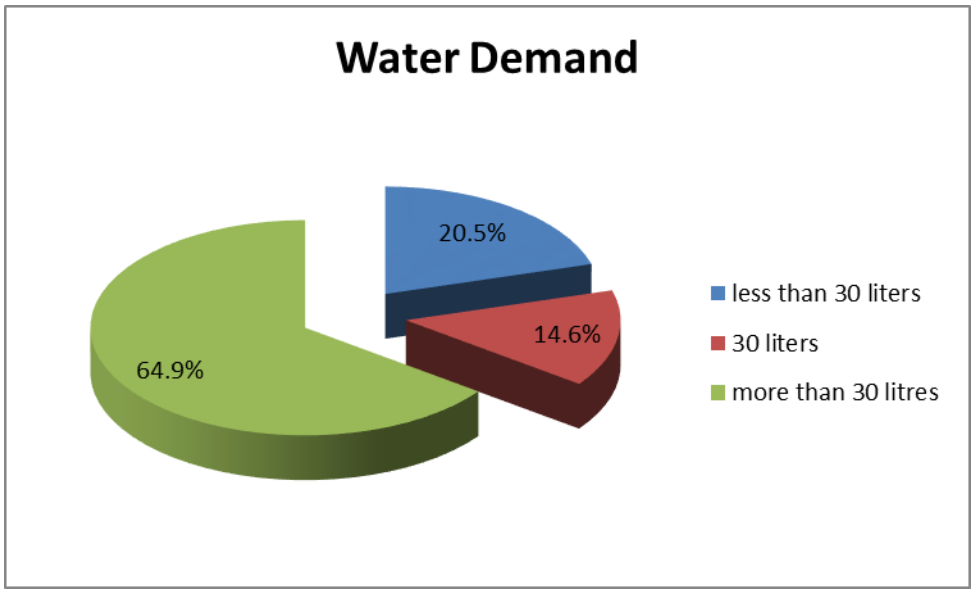


Figure 13: Water usage/demand

3.4.9.WATER COLLECTION BY SEX AND AGE

The majority of household members who collected water were women (73%). The proportion of boys and girls were the same with girls slightly higher. Less than 10% of those who collect water were men. This suggests that gender inequities still exist where females continue to bear the majority of the burden for collecting water at a household level.

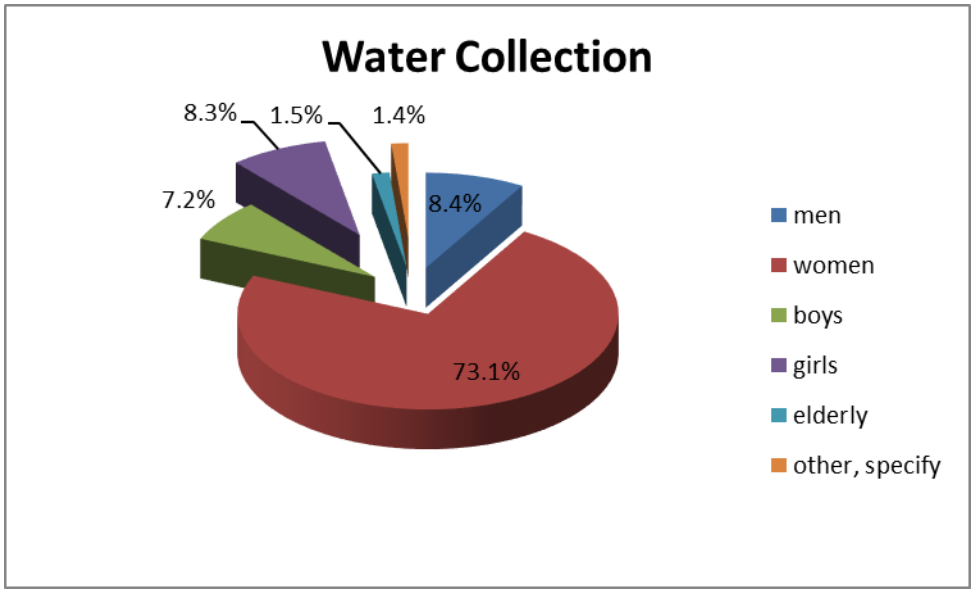


Figure 14: Distribution of responsibility for water collection by gender

3.5. SANITAION

3.5.1. TOILET TYPE

The majority of urban and rural households had access to controlled toilet facilities. Almost 30% of the rural population used bush, compared to 7% in urban.

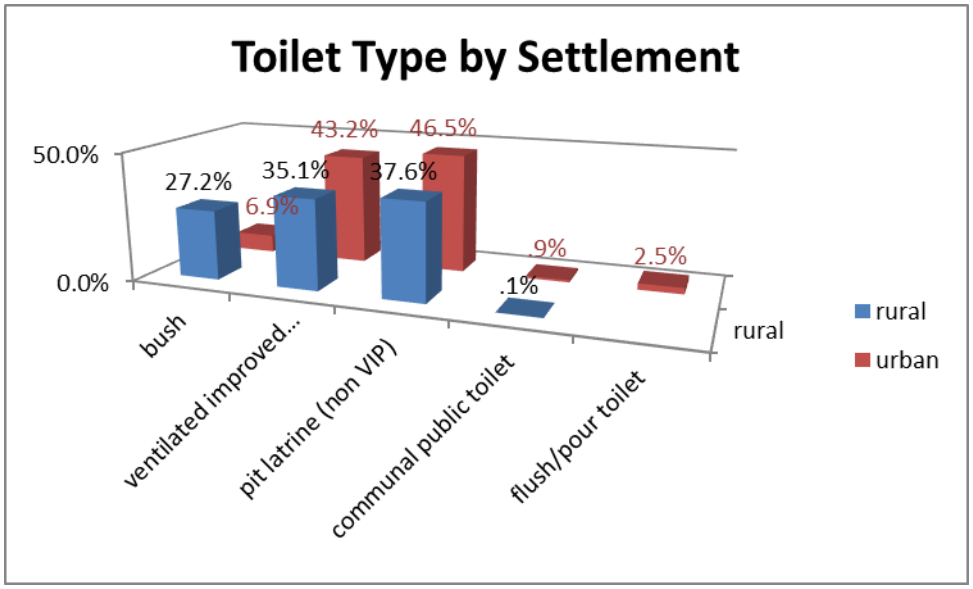


Figure 15: Distribution of types of toilets by settlement area

For most districts, pit latrine was common followed by ventilated improved pit latrine. The highest percentage of households that use open defacaetion/bush is found in Mokhotlong, Mohale's Hoek,Qacha's Nek,Thaba-Tseka and Quthing districts.

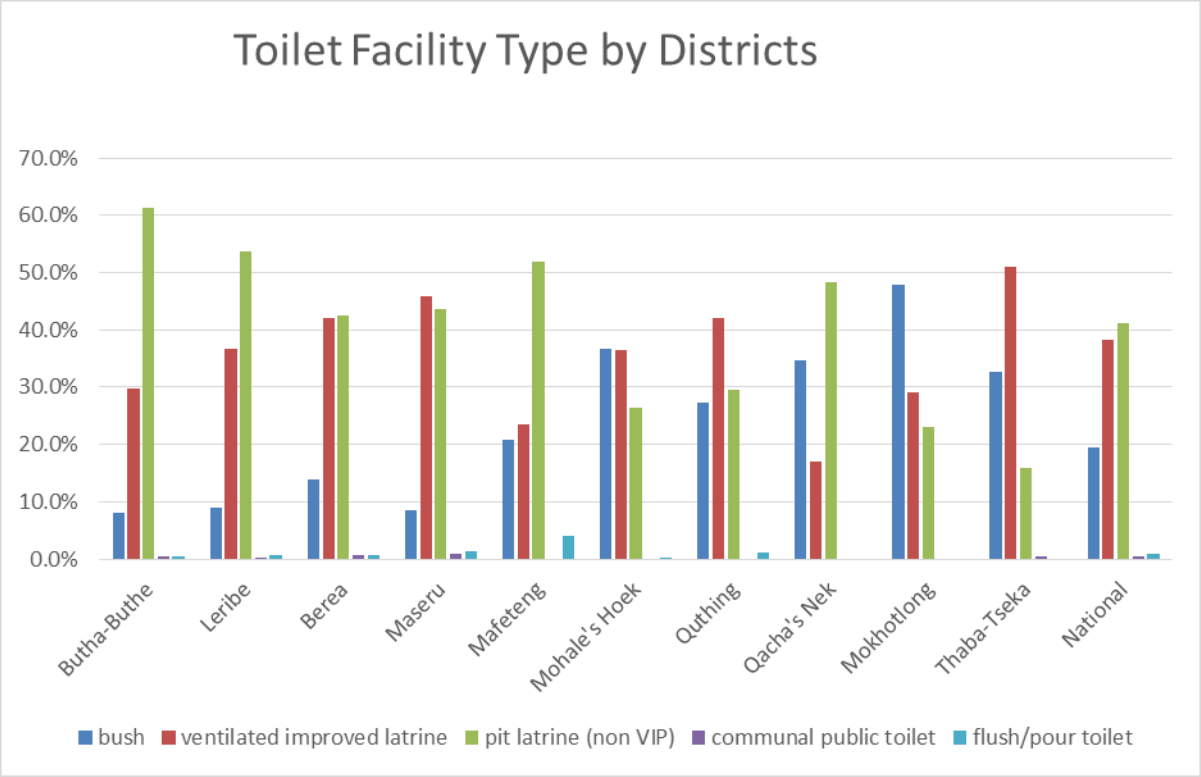


Figure 16: Toilet type break down by district

3.5.2 TOILET DISTANCE

For households (>90%) toilets were within 50m radius which supports the data indicating that 70% of the population own or share a toilet facility. About 27% indicated that they share a toilet facility. The sharing of toilets on a hygiene point of view is not good especially in very areas because cross contamination of diseases can likely take place, this shows that more initiatives on one toilet per house hold to reduce a risk of cross spread of infectious diseases.

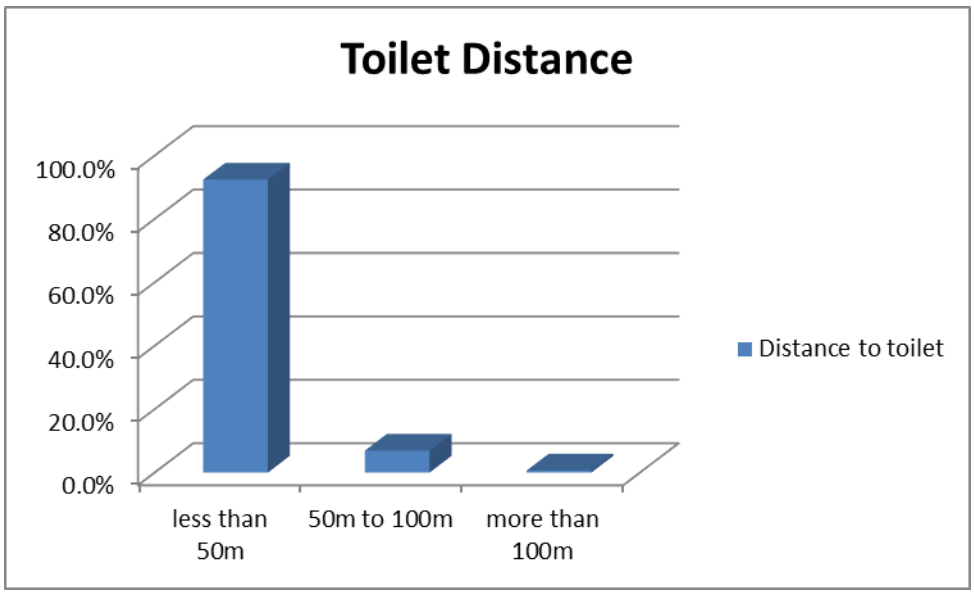


Figure 17: Distance to toilet facility

3.5.3 HAND WASHING FACILITIES

Hand wash facility near the toilet is important on hygiene and interventions as well as awareness must be done in order to educate the communities on hygiene. About 75% of the responses did not have a hand wash facility near the toilet, meaning there is a potential of an individual to forget washing their hands after using the toilet, thus increasing poor hygiene practices.

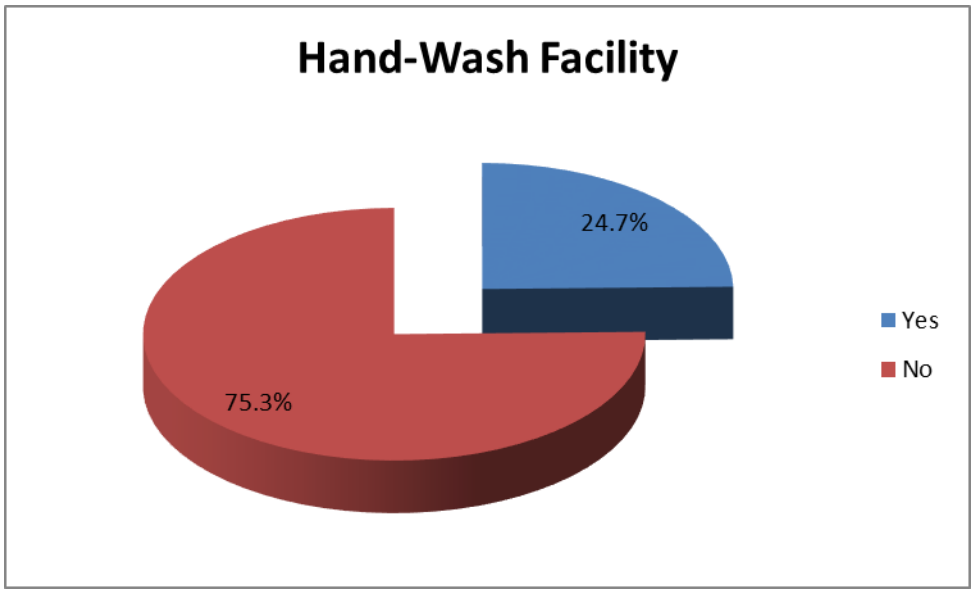


Figure 18: Presence or absence of hand wash facilities near the toilet

3.5.4 POLLUTION RISK

The data shows that the country has managed to develop a controlled sanitation facility types but as for pollution control more efforts must be invested in the improved safe sub-structure of the toilet facilities because most of the rural populations depend highly on natural water resources found in the area. Therefore, protection of water reources includes proper sanitation with controlled pollution measures.

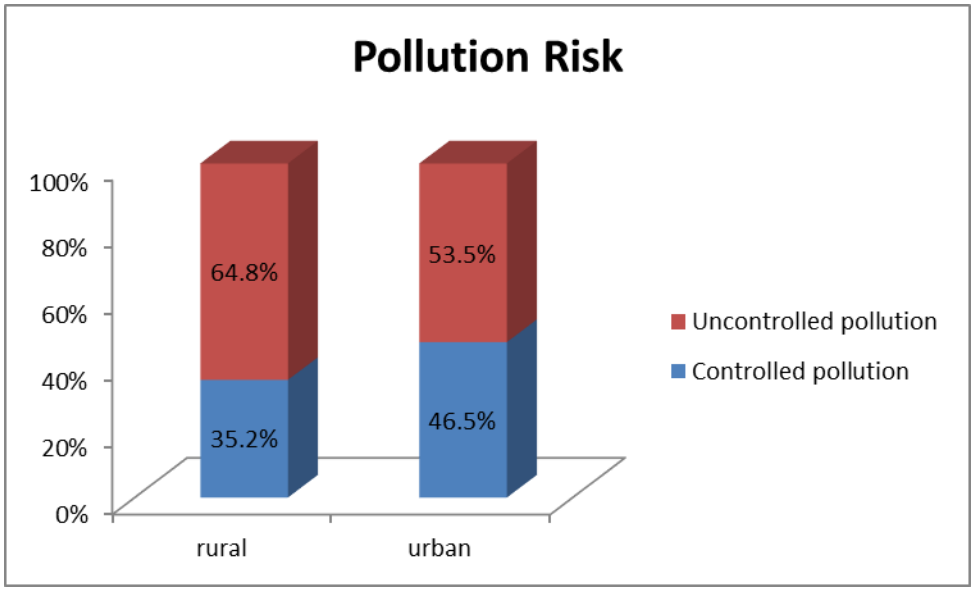


Figure 19: Distribution of pollution risk by settlement area

4.AGRICULTURE AND FOOD SECURITY

4.1 CROP PRODUCTION

The 2016/17 agricultual season started on time with average to above average rainfall. Area planted to all crops(maize,sorghum and wheat) was slightly higher than refence year, estimated at 263, 971 ha; compared to 261, 663 ha in the reference year,and 139% higher than last year. Crop production increased significantly. Gross cereal harvest was estimated at 238,362 MT for 2017 harvest. Maize production increased by 42%, sorghum production increased by 48% and wheat production declined by 50% all compared to the reference year (2008/09). However there were districts which recorded low maize production including Berea, Mohale's Hoek, Quthing and Mafeteng. Mohale's Hoek also recorded a decline of 40% sorghum production while all districts recorded a decrease in wheat production except Leribe and Quthing which had increased wheat production.

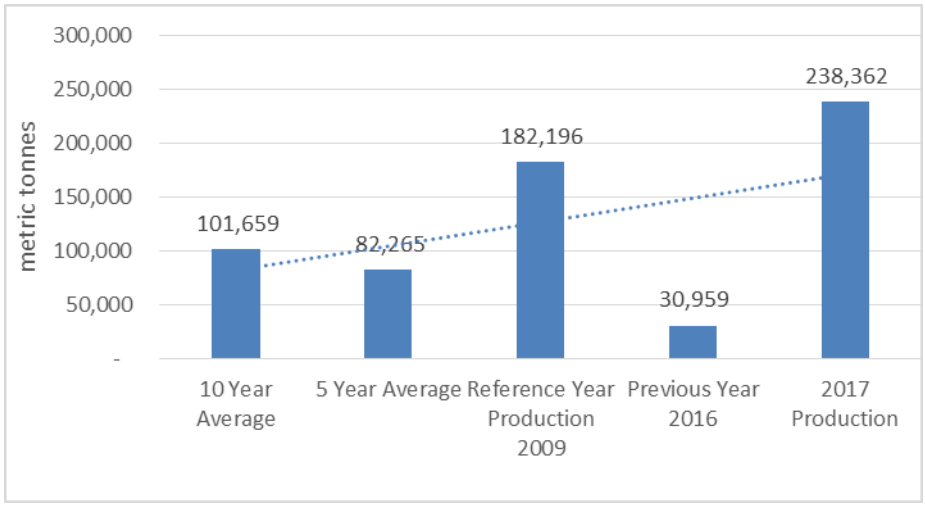


Figure 20: Cereal production in 2017 comapring with ten,five year averages reference year and last year (Source: Bureau of statistics)

4.1.1. ACCESS TO AGRICULTURAL LAND

In Overall 58% of households had access to land. A higher number of rural households (78%) had access to land compared to 40% of urban households. Generally the same proportion of households headed by men and women had access to land irrespective of the settlement type. About 60% of urban households had access to less than 1 acre of land while the remaining households had between 1 acre to above 4 acres. Less than a quarter of households in the rural setting had access to less than 1 acre of land, this means majority of rural population had more access to land than their counterpart in the urban setting.

Irrespective of the settlement type, women were found to be in control of land,agricultural machinery and livestock, this could be that most households were headed by females because most men seemed to have migrated in search of jobs due to last year's poor production. More than one third (37%) of rural households planted larger area, while around the (33%) in the urban cultivated the same area as compared to last season. Generally 22%-29% of households did not cultivate their fields mainly due lack of draught power,money to hire tractors and seeds.

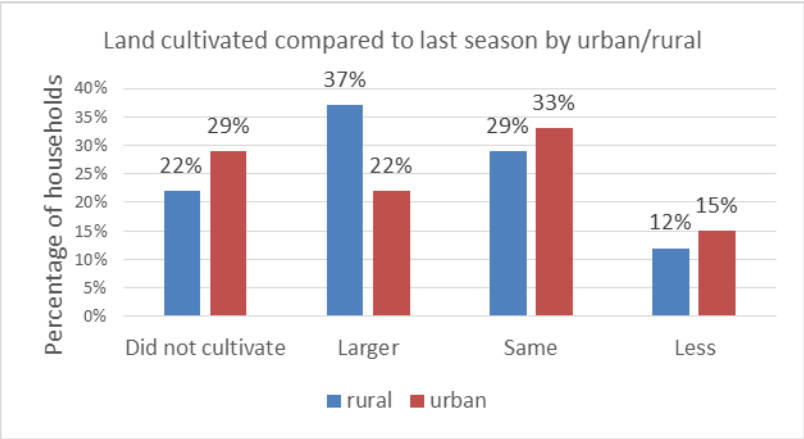


Figure 21: Cultivated area

4.1.2. ROLES IN CROP PRODUCTION BY GENDER

In the rural and urban settings; ploughing, planting and cultivation seemed to be carried out mostly by men and boys. Women and girls participated more in weeding and harvesting. Chemical spraying did not seem to be common in majority of households, although it seemed to be carried out by all sexes, with slightly lower participation of females.

Figure:4.1.2

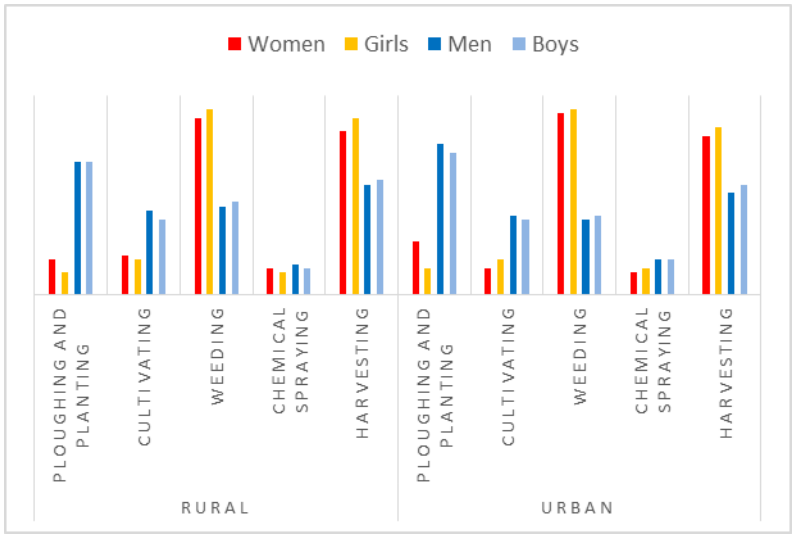


Figure 22: Distribution of agricultural roles by gender

4.1.3.USE AND ACCESS OF IMPROVED AGRICULTURAL INPUTS

In both urban and rural areas, general purchases and own production were common sources of seeds, though purchases in urban setting seemed to be higher(35%-68%) than rural setting (26%-44%). Own production as a source of seeds was more prominent in the rural. Use of fertilizer was more prevalent in the rural compared to urban. However in both settings, use of fertilizer in the mountain districts of Thaba-tseka, Mokhotlong and Qacha's Nek was lower than the lowlands. In all areas fertilizer was used mostly on maize(6%-18%), followed by sorghum(3%-8%) and as for wheat and beans the proportion of households was below 1%. Use of chemicals (pesticides) was not common in both rural and urban context, insecticides(11%-14%) and herbicides(3%).

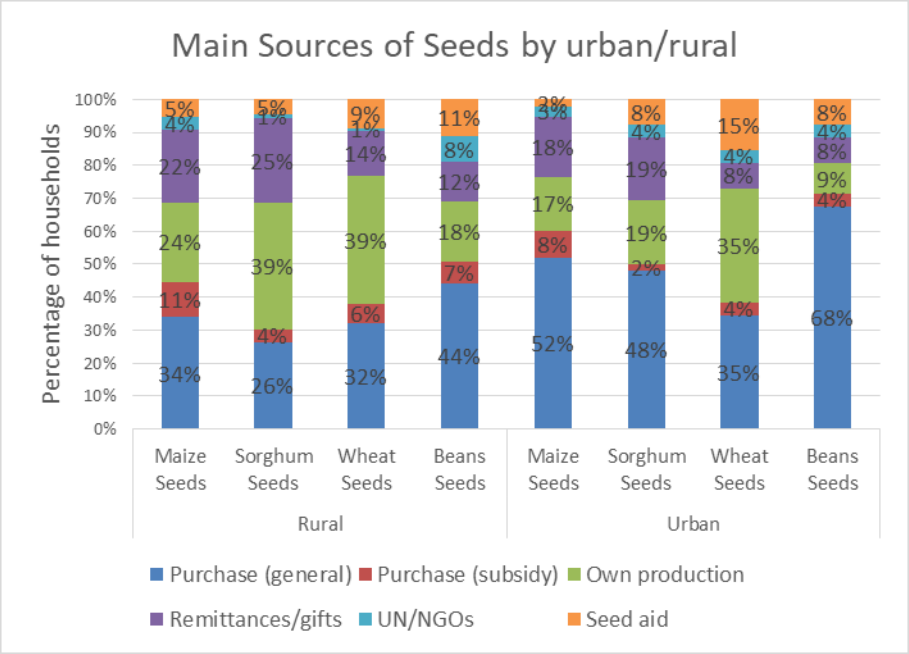


Figure 23: Seed sources by settlement area

4.1.4. MAIN CROPS HARVESTED

Main crops harvested were maize, sorghum wheat and beans. In both urban and rural context maize was harvested more, followed sorghum and the rest of the crops. However the rural households' harvest in all crops is expected to be higher than urban, for example on average a household in the rural is expecting around 235 kilograms of maize compared to 119 kilograms in the urban and the trend is the same to all crops. Moreover, the northern districts; Butha-Buthe,Leribe and Berea,

including Maseru are expecting more harvest in all crops compared to all other districts. Most households indicated that they will sell very few of their harvest.

4.1.5.VEGETABLE PRODUCTION

Four main vegetables produced and expected to be produced were spinach, rape,cabbage and mustard respectively. However,across all months from March 2017 to February 2018 some households did not have crops or are expecting not to produce vegetables due to lack of inputs,insufficient rainfall,animals intruding the plots and pests. Peak months for households not to have these crops are the months of June,July and August due to frost. During months when vegetables are not available, main sources of vegetables for households were or expected to be purchases (62%), gifts and remittances (26%),wild vegetables(11%) and preserved vegetables (1%).

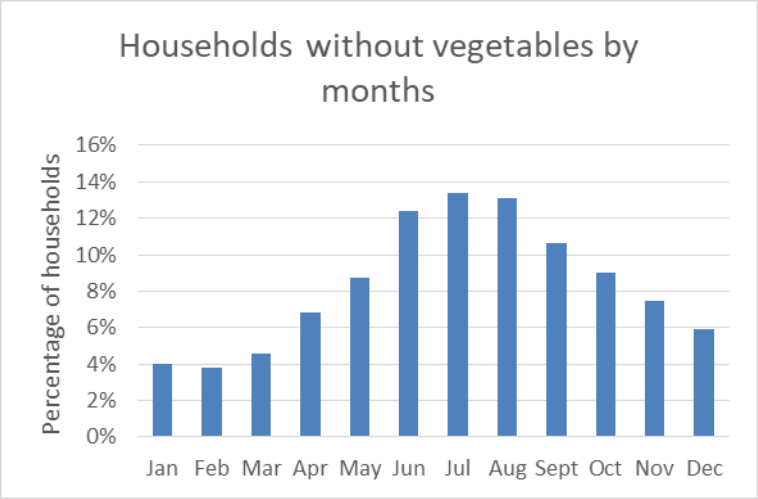


Figure 24: Households without vegetables by month

4.1.6. WINTER CROPPING

As of April 2017, few households (13%) in both urban and rural households had seed stocks of wheat and peas. Around 32% and 19% of urban and rural households respectively were engaged in winter cropping for 2017. However households from mountain districts were less or not engaged in winter cropping mainly because of unfavourable weather conditions during winter. Of those that were engaged in winter cropping more than half (55%) in the urban were cultivating similar or same area compared to 2016 winter cropping season. While 44% in the rural will increase the area cultivated. For those that were not engaged in winter cropping,main reasons included uncertainity about the weather, lack of inputs and some

areas unsuitable for winter cropping (mainly mountain parts). Peas, vegetables and wheat were the main crops to be planted in winter.

4.2. LIVESTOCK PRODUCTION

Overall about 46% and 17% of the rural and urban households owned livestock respectively. The livestock that was considered were cattle, sheep and goats only. Comparatively, rural communities were found to be depending more on livestock and their products than the urban communities. On the other hand, male headed households seemed to be more engaged in livestock production compared to females across both rural and urban settlements. More households were more into cattle production than sheep and goats in both settlements. Fig. 25 demonstrates livestock ownership by gender of households in both rural and urban areas.

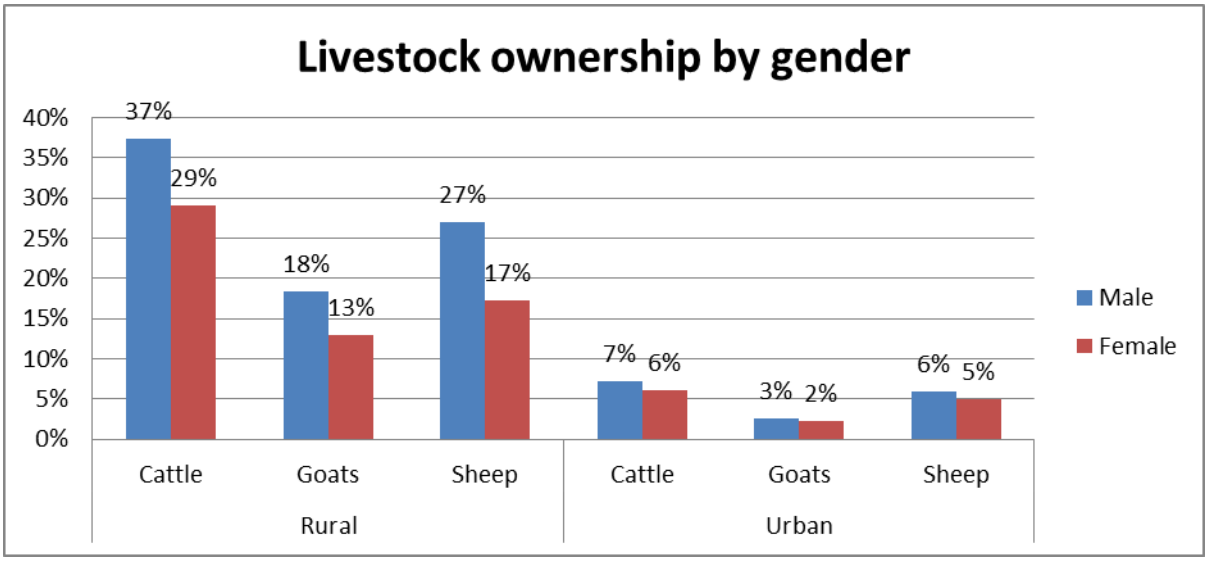


Figure 25: Livestock ownership according to gender of household head

Livestock ownership is however susceptible to different types of shocks like drought, stock theft and disease outbreaks which result in reduction in herd sizes. On average, 1-3 livestock deaths were reported per livestock producing households across both settlements. Table 4 shows the difference between livestock acquisition and loss in the past twelve months. The results indicated that the numbers gained were less than those lost which shows a decline in production.

Table 4: *Difference between livestock acquisition and loss in the past 12 months*

	ACQUISITION			LOSS			DIFFERENCE
	Birth	Bought	Other acquisition	Sold/given	Died	Slaughtered	

CATTLE	239	48	78	79	290	73	-77
GOATS	115	21	27	38	170	101	-146
SHEEP	227	50	31	106	259	168	-225

Most households indicated that number of livestock births did not reach to normal even though it improved from last year when it was very low due to El Nino enduced drought. In addition, it reported that most livestock died during the first rains of the 2016/2017 agricultural season (September/October). Pasture conditions were said to have improved significantly this year for the entire country hence improved livestock condition. Access to drinking water for livestock was also reported to be satisfactory in the current period but not promising to be sustainable for the coming four months should the rainfall cannot be received within such period.

4.2.1.LIVESTOCK DISEASES AND TREATMENT

Amongst the recorded diseases which affected livestock were anthrax, black quarter as well as foot and mouth. Fig. 26 depicts the prevelance of different diseases by livestock type.

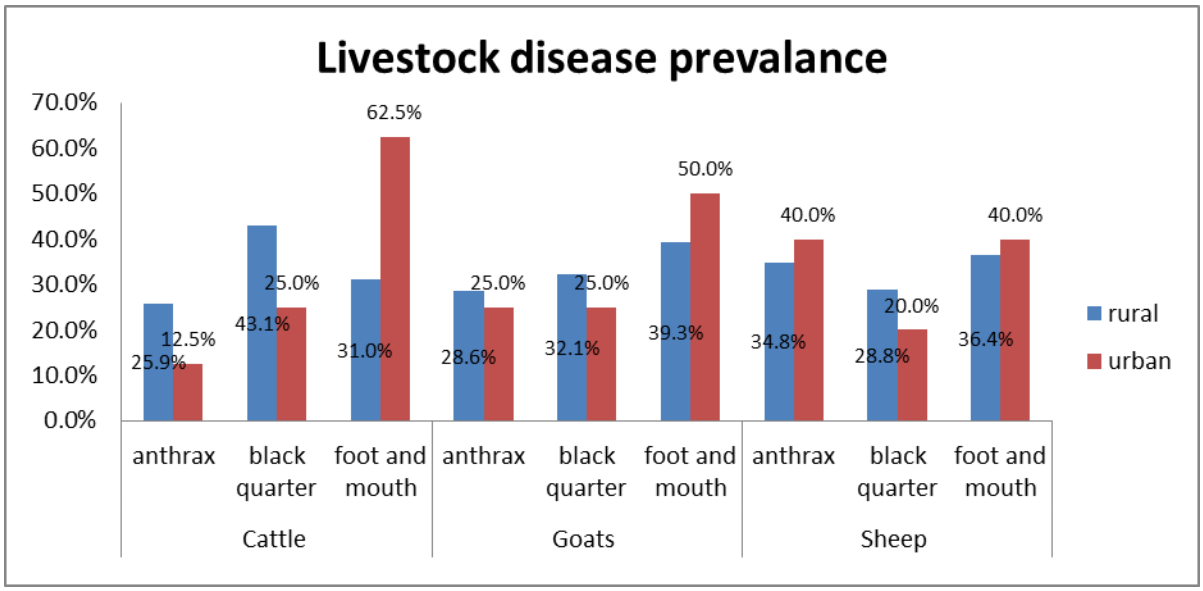


Figure 26: Prevalence of disease in livestock

Foot and month was found to be more prevalent in urban areas than in rural areas. On the other hand, anthrax was more prevalent on rural areas with the exception on sheep. It must be noticed that as much as disease prevalence is high in urban areas, livestock numbers are few as compared to rural areas.

Most of the households in both settlements depend more on veterinary/extension services than home made remedies to treat livestock diseases. Urban households depend on veterinary at 76% and rural at 63%. The reason for the difference was due to better access to services for the urban households while the rural households are a bit far from the services.

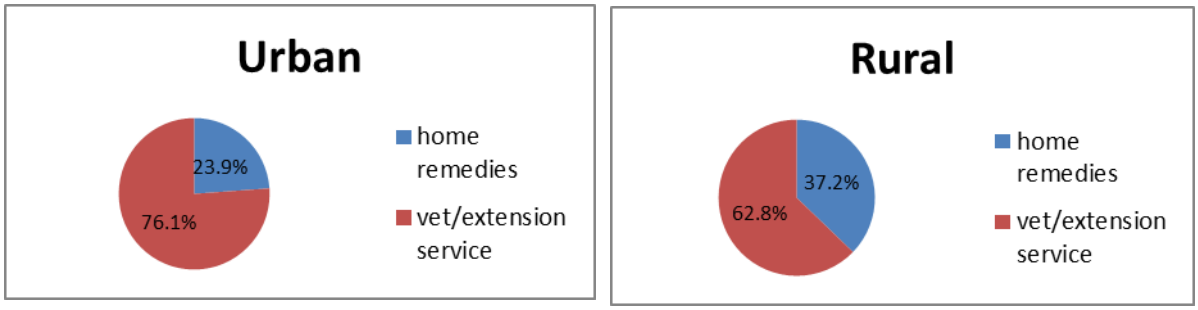


Figure 27: Existence of vetinary services by settlement area

5.LIVELIHOODS SOURCES IN RURAL SETTLEMENTS

At the time of the assessment households from rural settlement indicated that their three main source of livelihoods were remittances/ gifts, casual labour (on-farm because of increased crop production) and old age pension. It should also be noted that locally brewed beer sales and crop sales were significantly increasing as a result of improved agriculture production. ***See Fig. 28*** for livelihood sources by district within rural settlement.

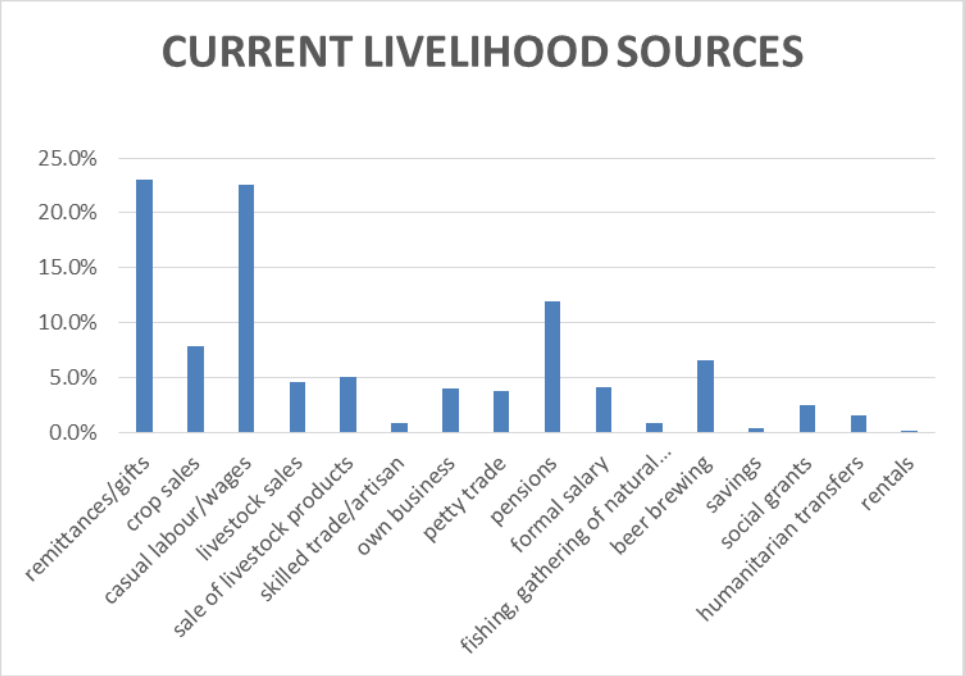


Figure 28: Livelihood sources by district within rural settlement

The same three main income sources for the current period still apply even for the projected 12 months from the time of the assessment. Remittances seemed to be the major source at 24% which is followed by pension and caual labour at 21% and 11% respectively. However, households are ecpecting to receive income from these sources at different times (monthly, quarterly or once in a while). ***See Fig. 29*** below:

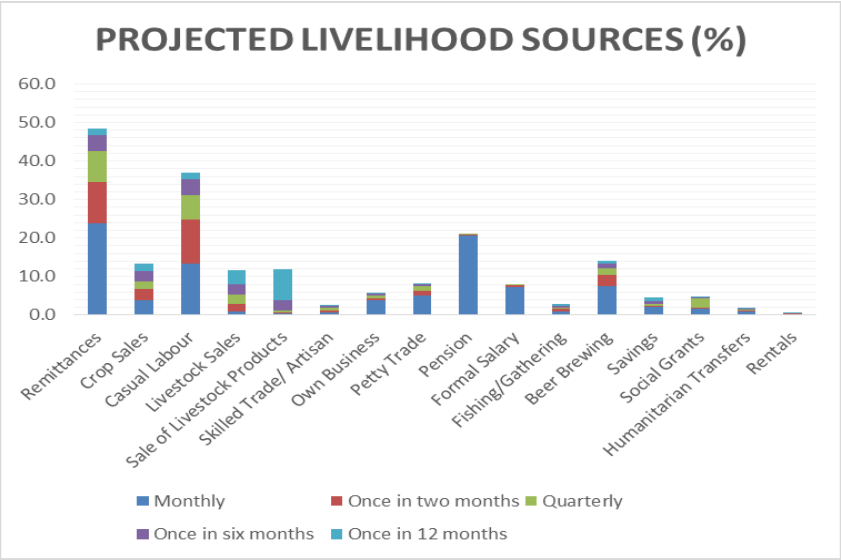


Figure 29: Household income sources in rural settlement

5.1 HOUSEHOLD INCOME SOURCES IN URBAN SETTLEMENTS

The most important income sources in urban settlements were casual labour, formal employment followed by remittances, social grants and own business. Urban households were asked to give an estimate of the cash contributions from each household member as well as the in-kind contributions they received, estimated in monetary terms.

The findings indicate that on average urban households had monthly cash constributions estimated at M1,795.00 and in-kind contributions estimated at M100.00. These constributions ranged from zero as there are households which received nothing to M25,500.00 which was recorded as maximum. In-kind was the smallest constribution ranging from M67.00 to M141.00. Mafeteng recorded the highest cash contribution comparative to all other districts.

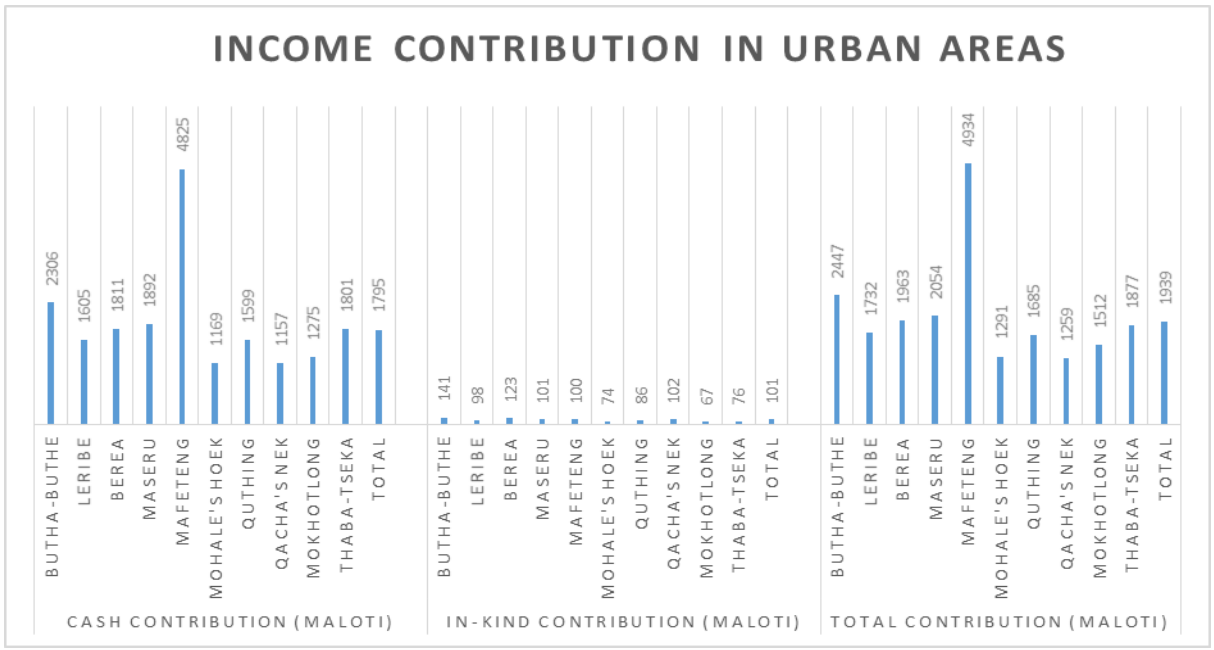


Figure 30: Income contribution in urban areas

Male-headed households had cash contributions averaged at M2,166.00 while female-headed households had lower cash contributions at M1,468.00. female-headed households received higher in-kind contributions estimated at M105.00 compared to M97.00 received by male-headed households.

6.MARKET PRICES:

6.1.STAPLE PRICE

The price of one Kg of maize meal has increased by more than 200% across all the districts compared to the reference year (2009/10). Currently 1 kg of maize meal cost M12.00 compared to M3.00 in the reference year during the same preriod.

6.2 LIVESTOCK MARKET AND PRICES

Sheep and goats prices indicated the same range across all the districts in both rural and urban settlements. The range was between M400.00 to M600.00 and M700 to M800.00 for goats and sheep respectively. Cattle prices were found to be high in Mohale's Hoek at around M7300.00 and low in Mokhotlong at about M5000.00 per cattle in 2017. ***Fig. 31*** compares prices for the years 2009 (baseline year), 2016 and 2017 for different types of livestock by district.

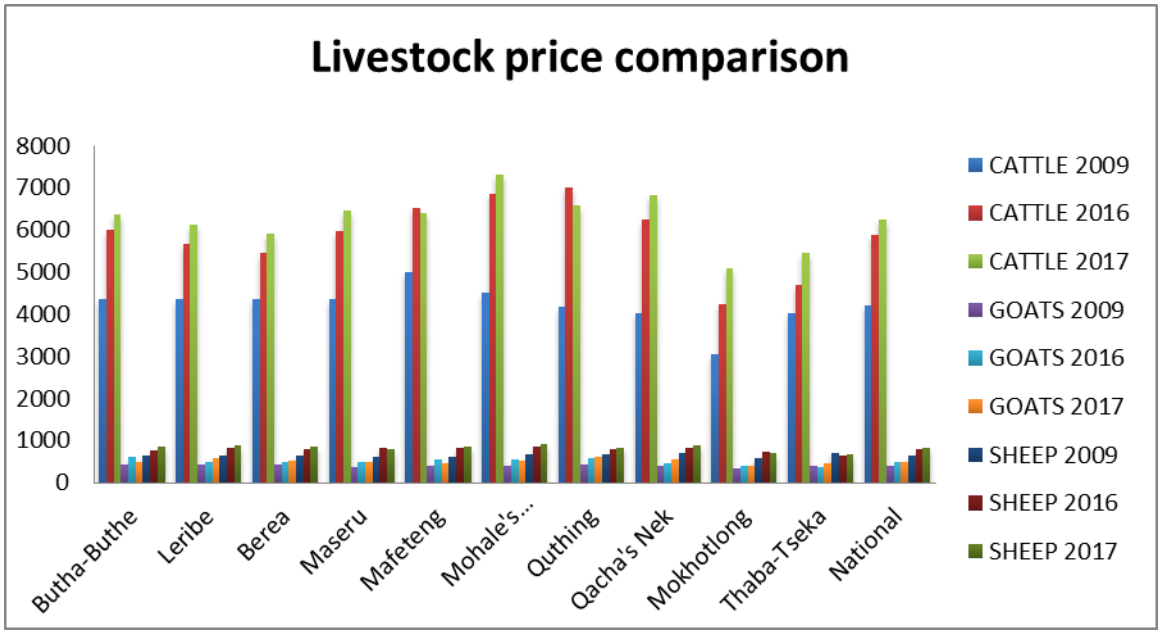


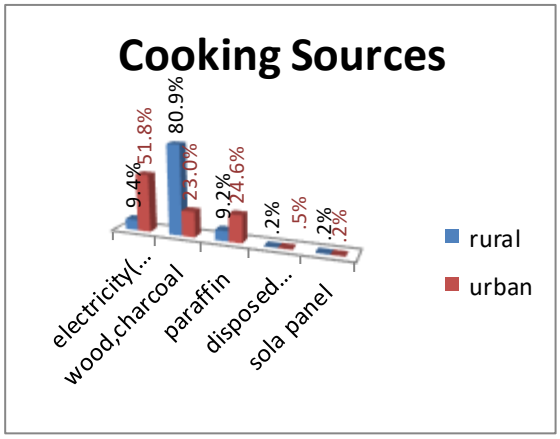
Figure 31: Comparison of livestock prices by district

Livestock prices showed an increasing trend from 2009 to 2017 for all livestock across all the districts. The difference was noticed in few districts of Mafeteng and Quthing whereby the price of cattle was lower than in 2016. Goat prices also showed a fluctuation pattern for some districts like Botha Bothe, Mafeteng and Thaba Tseka. One of the reasons which were cited for fluctuations on prices was that there is no formal market where farmers could sell their products and the customers are the ones who normally determines the prices because of low demand. It should also be noted that wool and mohair prices increased by 10% or more while milk price have increased by 40% although only few households sell milk.

6.3 HOUSEHOLD EXPENDITURE ON HEATING AND COOKING SOURCES

Other than expenditure on food, basichousehold items and livelihood protection basket items, households in both settlements spent more money on cooking and house heating. However it should be noted that more than 80% of the households in rural areas use wood and charcoal for cooking and heating while in urban areas more than 60% of the households use paraffin for heating and 51.8% use electricity for cooking. Wood seemed to be a very crucial energy source for the rural households while on the other hand paraffin and electricity were found to play a vital role for the urban households.

The major reason for this difference in both settlements might be access to those energy sources. Fig. 32



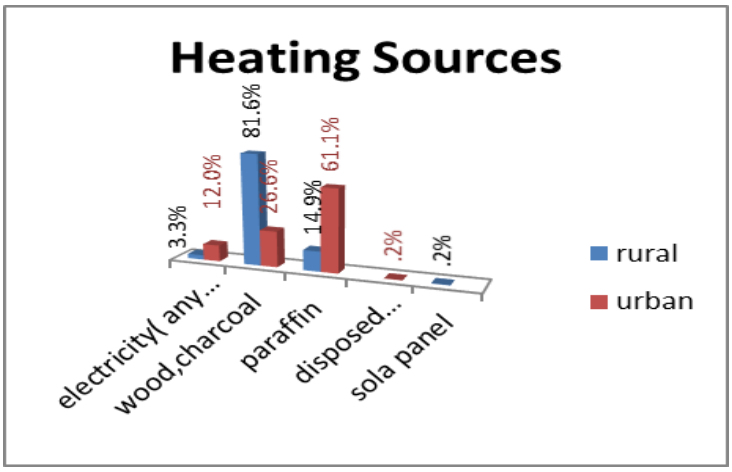


Figure 32: Heating and cooking sources by settlement area

The expenditure share on food will be indicated in section 7.6 of this report. This is critical in measure Household economic vulnerability.

7. HOUSEHOLD FOOD CONSUMPTION

The Consolidated Approach to Reporting Indicators of food security (CARI) was used to classify households into different food security index groups. CARI uses food security indicators to measure the current status and household coping capacity. The current status is measured using **food consumption score (FCS)**[1], which looks at the adequacy of household current food consumption, while the coping capacity is

[1] *Food Consumption Score - FCS - '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.*

measured based on a combination of **livelihood coping strategies** and **food expenditure share**. Based on these three indicators, each household was assigned to a food security index group; 1) food secure, 2) marginally food insecure, 3) moderately food insecure and 4) severely food insecure.

Food consumption score was calculated using the frequency of consumption of different food groups consumed by a household during the 7-day period, categorising households into 'poor', 'borderline' and 'acceptable' food consumption groups. Further analysis was done to measure food consumption score nutrition (FSC-N) to determine household intake of vitamin A, protein and iron rich foods in order to provide a linkage between household food consumption and nutritional outcomes. In addition to FCS-N, analysis of Household Dietary Diversity (HDDS)[2] over 7-day period was done to determine the quality of foods consumed. This section will therefore presents the current status of food consumption looking at **FCS**, **FCS-N** and **HDDS, and the coping capacity based on coping strategies and food expenditure share**.

Overall, the findings indicate that 53.3% of total households had acceptable food consumption, 34.4% had borderline and 12.3% had poor consumption. Households were assigned to food security index groups as per the table below, which presents the food consumption by settlement type. Based on this indicator alone, 46.7% of total households experienced food insecurity, 53.8% in rural areas and 34.9% in urban areas were found to be food insecure. ***Table 5***

Table 5: Food security by settlement area

Domain		Indicator	Food secure (1)	Marginally food insecure (2)	Moderately food insecure (3)	Severely food insecure (4)
Current status	Food consumption	Food consumption group	**Overall**			
			53.3%		34.4%	12.3%
			Rural			
			46.2%		38.7%	15.1%
			Urban			
			64.6%		27.5%	7.9%

7.1 FOOD CONSUMPTION SCORE

Analysis of food consumption score by settlement type and districts indicated that there are more households in urban areas (50-87%) that had acceptable food consumption than in rural areas (31-67%). The rural areas recorded more

[2] ***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, moderate and high dietary diversity.*

households with poor and borderline food consumption than urban areas. A total of 8% urban households had poor food consumption compared to 15% of rural households. Rural areas of Mokhotlong, Mohale's Hoek and Berea had more households (22-31%) with poor food consumption than rural areas in other districts. Mokhotlong and Berea urban also recorded the highest proportion of households with poor food consumption (15% and 17% respectively) compared to other urban areas.

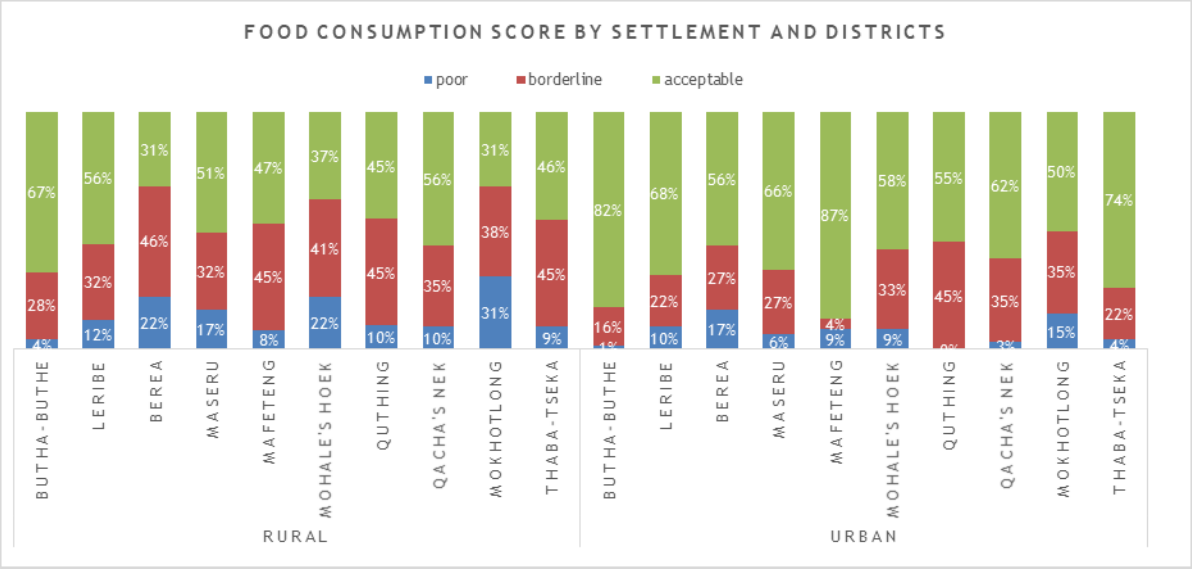


Figure 33: Food consumption score by settlement area and district

7.2 FOOD CONSUMPTION NUTRITION (FCS-N)

Food consumption was further analysed to assess intake of macro and micro nutrient rich foods in 7-day period[3]. These included consumption of vitamin A, protein and iron rich foods. The majority of households ate vitamin A rich foods than protein and iron rich foods. This is the case for urban and rural households.

About 30-60% of rural households consumed vitamin A rich foods on daily basis, green leafy vegetables being the most consumed vitamin A rich food. Consumption of protein foods was lower with a range of 16-36% of households. Iron rich foods were the least consumed foods, with 43-71% households recording no consumption of this food group at all, while 27-53% recorded consumption of protein rich foods 'sometimes' (1-6 days).

The urban households ate protein rich foods more frequently than rural households. However, they also consumed more vitamin A rich foods than other food groups.

[3] Consumption was grouped into 0 days which means no consumption; 1-6 days which refers to sometimes and 7 days which refers to daily.

Consumption of iron rich foods remained low even in urban areas. However, urban households of Mafeteng presented a different picture as 96% consumed vitamin A rich foods daily, 87% consumed protein rich foods and 61% consumed iron rich foods.

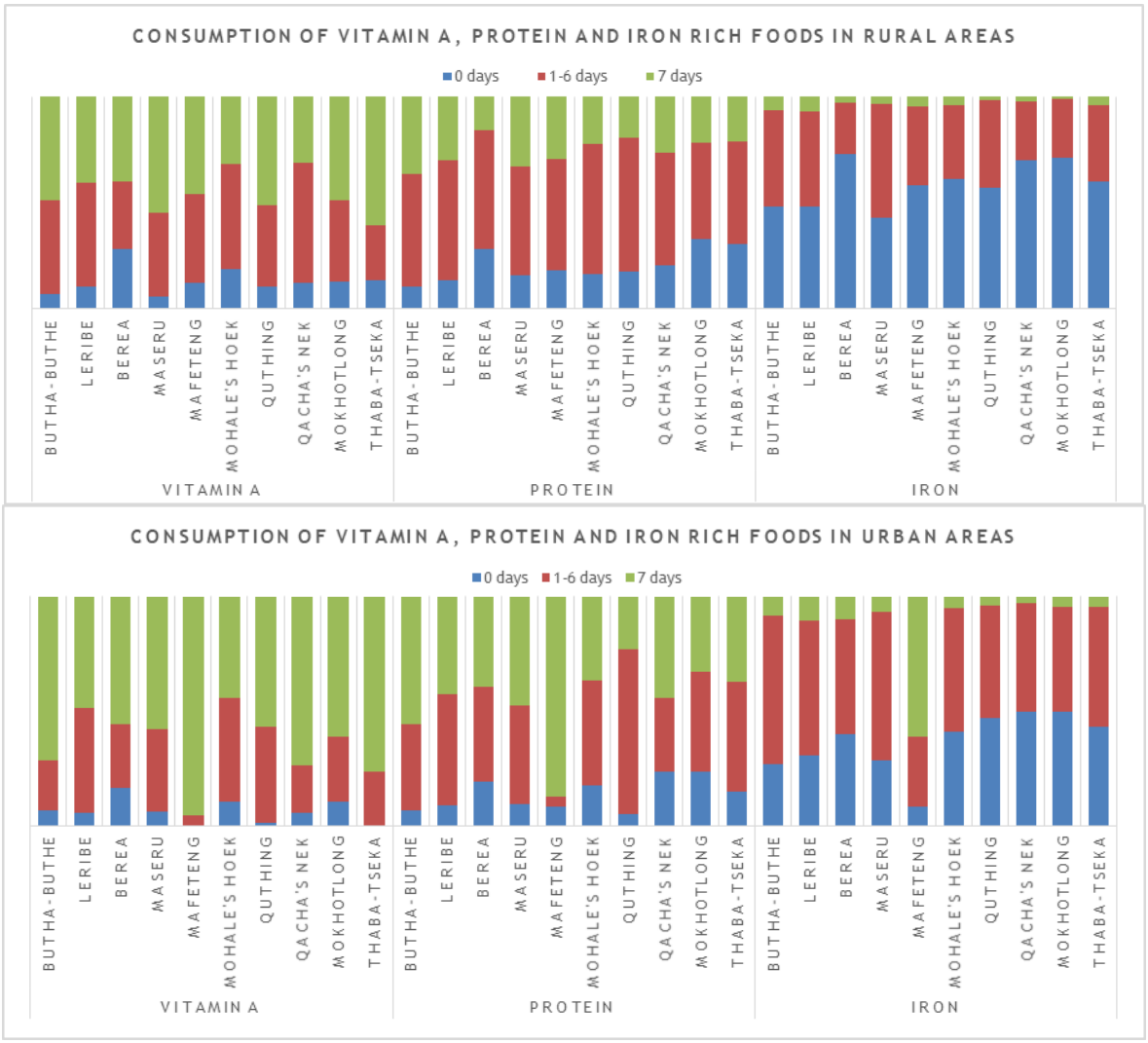


Figure 34: Distribution of consumption of vitamin A, protein and iron rich foods by district

By wealth group, applicable only in rural areas, the very poor and poor households had the poorest diets. Only less than 5% ate iron-rich foods and 20% ate protein-rich foods. Consumption of vitamin A rich foods, mostly green leafy vegetables on daily basis was reported by at least 40% of households and about the same proportion ate this food group 'sometimes'(1-6 days).

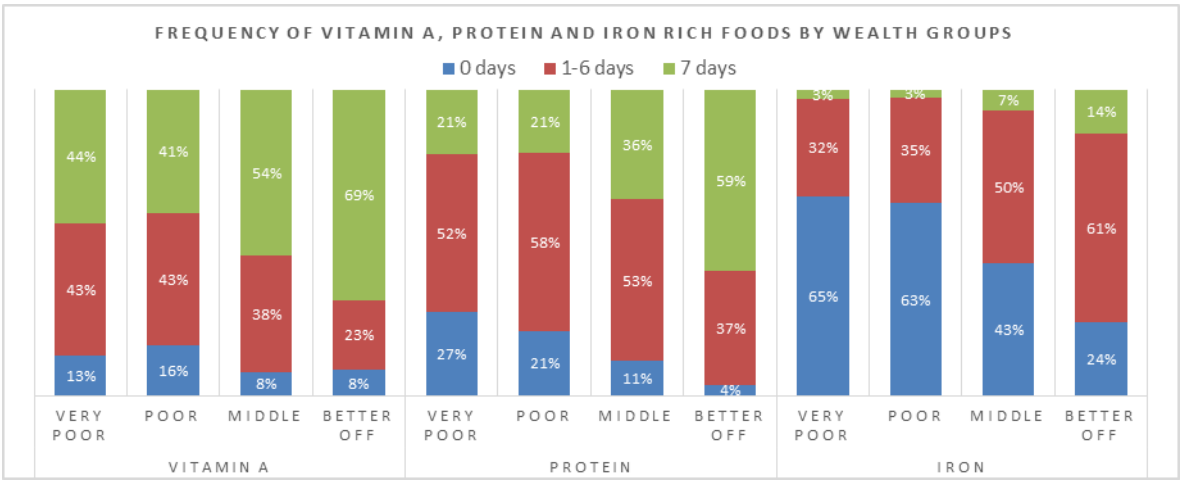


Figure 35: Frequecny of vitamin A, protein and iron rich foods by wealth groups

7.3 HOUSEHOLD DIETARY DIVERSITY

Dietary diversity is a measure of the number of different food groups consumed by households over 7-day period as a proxy indicator of intake of nutrients. Households were assigned into low dietary diversity, moderate dietary diversity and high dietary diversity[4]. The findinngs indicated that generally the majority of households (66%) had poor dietary diversity. Rural households (75%) had lower dietary than urban households (51%) with Mafeteng recording high dietary diversity in 48% of urban households.

[4] ***Low dietary diversity:*** 1-3 food groups
Moderate dietary diversity: 4-5 food groups
High dietary diversity: 6 and above food groups

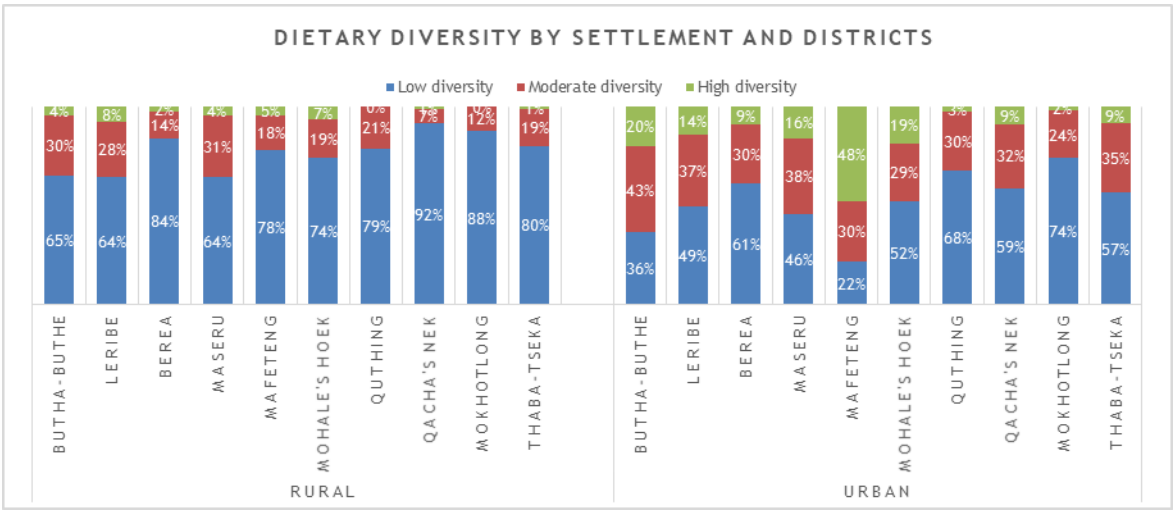


Figure 36: Dietary diversity according to settlement area and district

Dietary diversity seemed to be the main challenge for all households including those that had acceptable food consumption score. Just about half of rural households with acceptable food consumption had low dietarty diversity, 41% had moderate dietary diversity while only 8% had high diversity. Amost all households with poor food consumption also recorded poor dietary diversity. In urban areas, only 20% of households in acceptable FCS group had high dietary diversity. This analysis tallies with last year analysis, which means that the majority of households rely on diets that lack diversity.

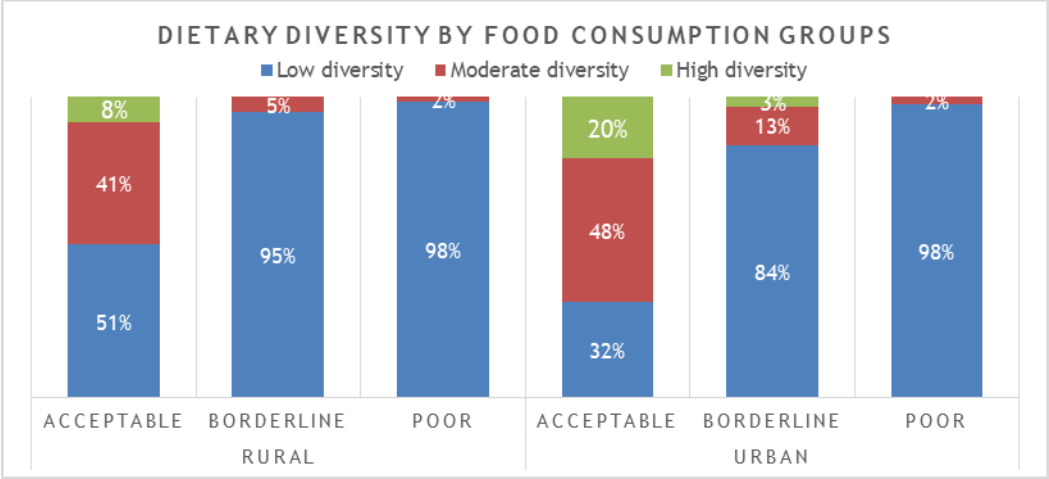


Figure 37: Dietary diversity according to food consumption group

7.4 LIVELIHOOD COPING STRATEGIES

Livelihood coping strategies are classified into three categories[5] which are stress, crisis and emergency strategies. Households that did not employ any of these strategies are considered to be food secure on this indicator. Based on the type of livelihood coping strategies, households were classified into different food security groups as presented in the table below.

The results indicate that 57.9% did not employ any coping strategies, 32% employed stress strategies, 8.5% employed crisis strategies and 1.6% employed emergency strategies. Based on indicator, 10% of households both in rural and urban areas will face food insecurity.

Table 6: Coping strategies according to level of foos security

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 saved for next season	Emergency strategies e.g. sale of last female animals
			Overall			
			57.9%	32%	8.5%	1.6%
			Rural			
			57%	33%	9%	2%
			Urban			
			60%	30%	9%	2%

In rural areas, 40-77% of households did not use coping strategies, with Mafeteng and Mohale's Hoek recording the highest proportion. Compared to the previous year, there is an increase in the proportion of rural households which did not apply any coping strategies, from 45.5% to 57%. The proportion of urban households which did not cope in urban areas ranged from 49-91%, with Mafeteng recording the highest proportion.

[5] **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. Crisis strategies, such as consuming seeds that were saved for the next season, cutting down on the expenses on fertilisers, animal feeds etc. directly reduce future productivity. **Emergency strategies**, such as selling land or last female animals affect future productivity, but are more difficult to reverse or more dramatic in nature.

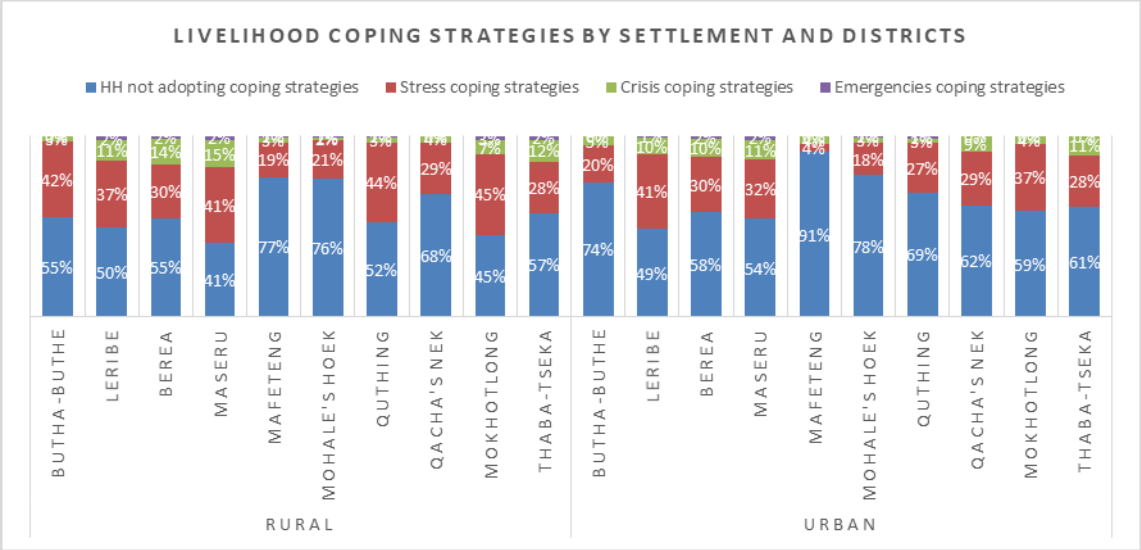


Figure 38: Livelihood coping strategies by district

By wealth group, the very poor and poor households applied livelihood coping strategies more than other wealth groups. At leas 34-37% of these households applied stress coping strategies, 10-14% applied crisis and emergency coping strategies. The proportion of middle households that applied stress strategies is almost similar to that of poor households (32%), while only 12% of the better off have applied stress strategies.

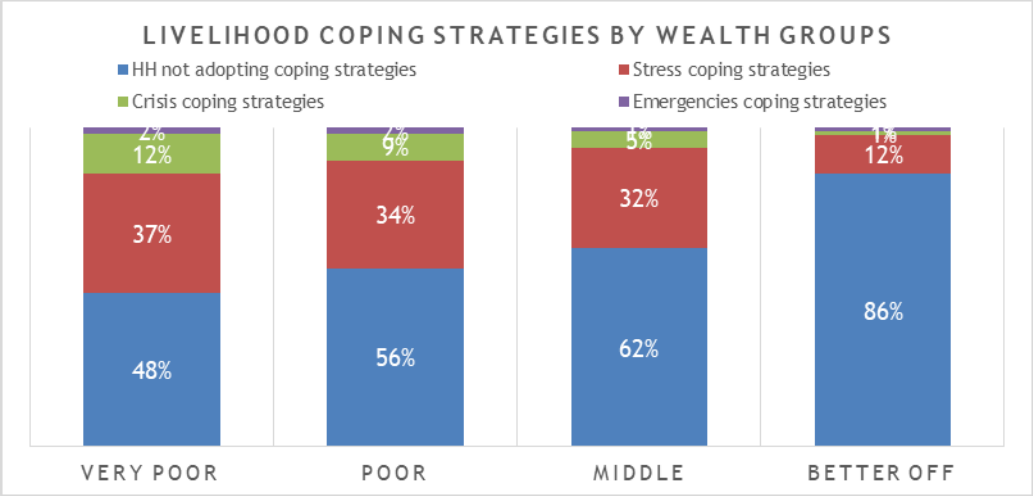


Figure 39: Livelihood coping strategies by wealth groups

7.5 REDUCED CONSUMPTION-BASED STRATEGIES (RCSI)

rCSI: Consumption-based coping strategies[6] were used to generate *reduced coping strategies index* (rCSI) - an indicator that is used to measure the frequency and severity of food consumption behaviours or strategies that households engage in when they are faced with shortages of food. Overall, this year there is a reduction in the rCSI in rural areas, while in urban areas rCSI remained at the same level as last year. By districts, rural households reduced their level of coping across all districts with the exception of Butha-Buthe where rCSI increased significantly, indicating a deterioration in household food security. Thaba-Tseka urban households also recorded rCSI that is significnalty higher than last year, while other urban households reported almost the same or slightly different rCSI from last year, with the execption of Mafeteng which reported a lower rCSI than last year and the rest of the districts.

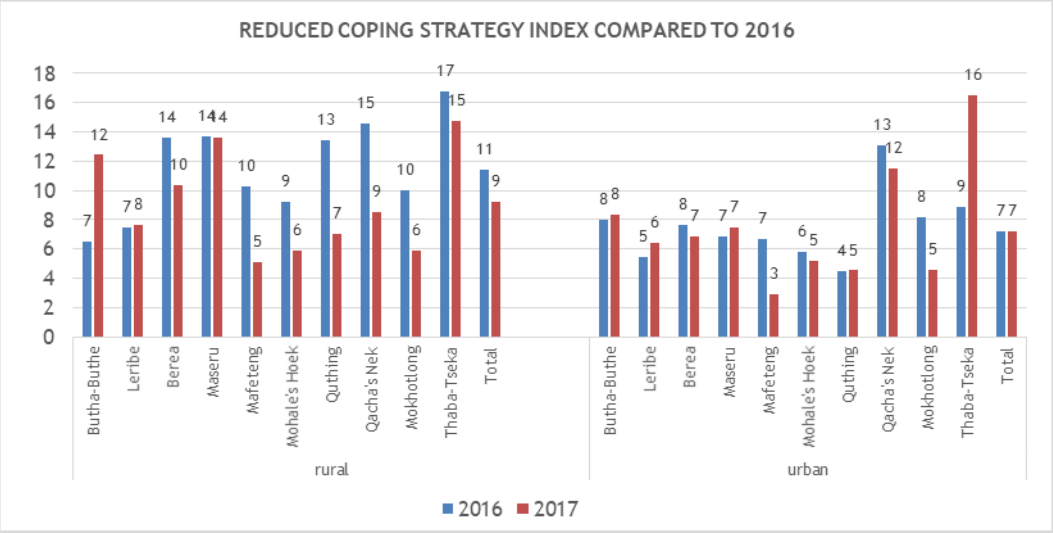


Figure 40: Reduced Coping Strategy Index Compared to 2016

[6] Examples of consumption-based strategies are as follows;

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

The consumption based strategies that were commonly used were 'relying on less preferred food for both rural and urban households with Butha-Buthe and Thaba-Tseka recording the highest use of these strategies, followed by Maseru, Leribe and Qacha's Nek.

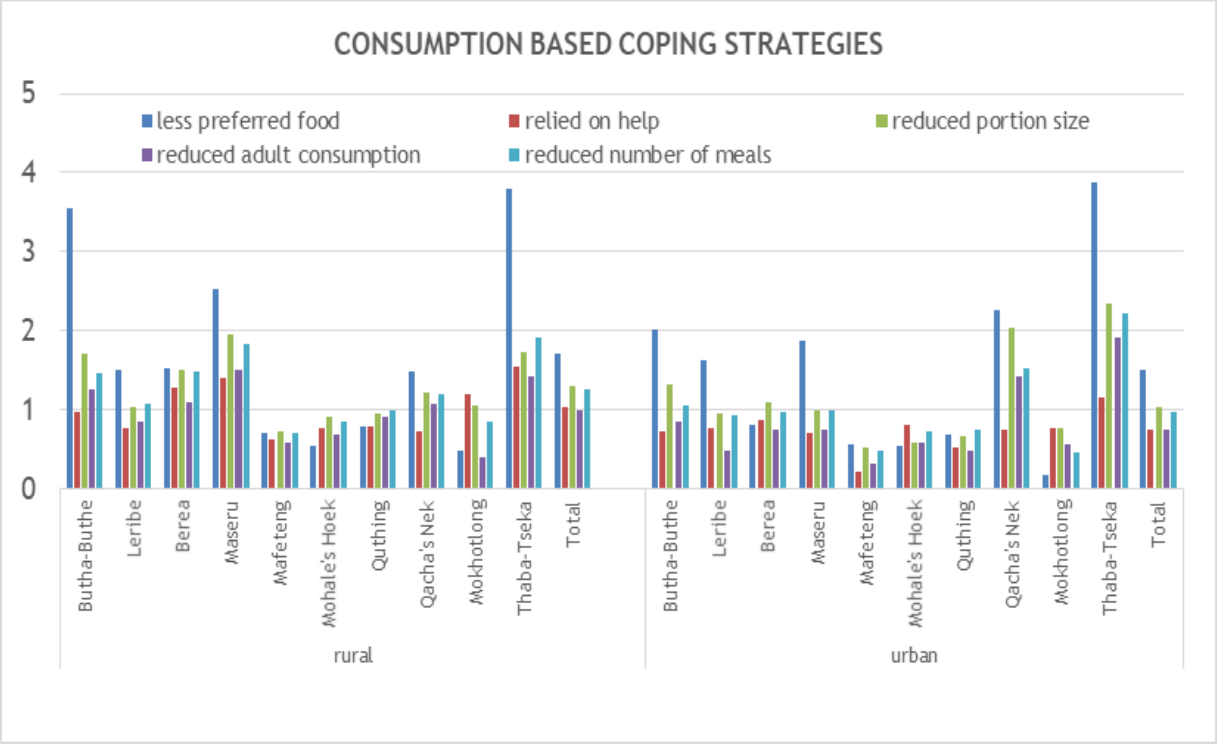


Figure 41: Consumption Based Coping Strategies

The majority of households that employed more consumption based coping strategies were among the very poor, followed by the poor. This is an indication that the poorest households were already experiencing food consumption gaps. Although poor households applied more coping strategies than other households, this year the level of coping is reduced compared to last year.

7.6 HOUSEHOLD EXPENDITURE ON FOOD

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 assessment. It also estimates cash value of the foods that were not purchased, but were consumed by households. 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, 74.7% of households spent less than 50% of their money on food, 9.3% spend 50-65%, 6% spent 65-75% while 9.9% spent over 75%. Based on this indicator alone, 16% of households were food insecure.

Table 7: Household Expenditure on food

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%
			Overall			
			74.7%	9.3%	6.0%	9.9%
			Rural			
			68%	12%	7%	13%
			Urban			
			86%	6%	4%	5%

The rural areas recorded 20% of food insecure households, and this is an improvement to last year when 26% were food insecure. The urban areas recorded 9% of food insecure households. The majority of rural households (54-80%) across all districts spend less than 50% of their income on food, except in Mohale's Hoek where only 46% spend less than 50% on food. The same pattern exist in urban areas where 67-96% of of households spend less than 50% of their income on food. Mohale's Hoek had the highest proportion of households that spend more than 50% of their income of food both in ruran and urban areas.

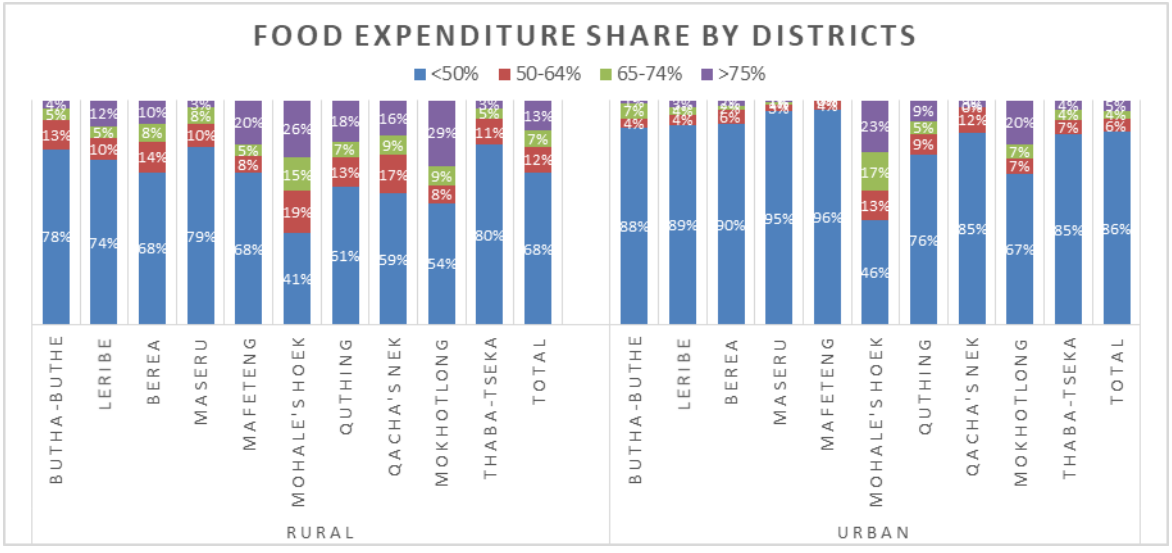


Figure 42: Food expenditure share by districts

A cross-tabulation of dietary diversity and household expenditure revealed that the higher the expenditure on food, the lower the dietary diversity.This means that households that spend the bulk of their income on food also rely on low dietary diversity. This is more pronounced in urban areas. However, the same pattern exist in rural areas with high levels of vulnerability compared to urban areas

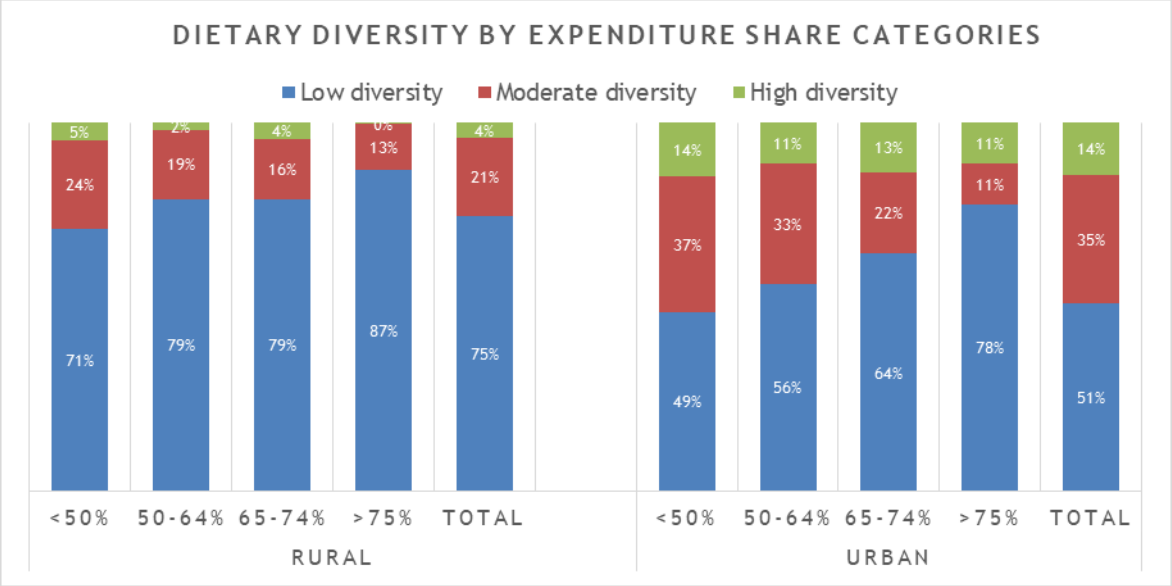


Figure 43: Dietary diversity by expenditure share categories

8.PREVALENCE OF FOOD INSECURITY

The food security index[7] (FSI) combines the results of the food security indicators; food consumption group, food expenditure share and livelihood coping strategy categories that have been discussed in the previous sections. Food security index uses two dimensions of food security, namely; the current status domain and the coping capacity domain. The average of the scores of the current status and coping capacity domains, rounded up to the nearest whole number, is derived to get the

[7]Food Security Index

- **Food secure:** Able to meet essential food and non-food needs without engaging in atypical coping strategies
- **Marginally food secure**: has minimally adequate food consumption without engaging in irreversible coping strategies; unable to afford some essential non-food expenditures
- **Moderately food insecure:** Has significant food consumption gaps, OR marginally able to meet minimum food needs only with irreversible coping strategies
- **Severely food insecure:** Has extreme food consumption gaps, OR has extreme loss of livelihood assets will lead to food consumption gaps, or worse.

Each household's FSI classification is determined by an algorithm which considers the scores (1 to 4) it registered for each indicator. Within both dimensions (i.e. Coping Capacity and Current Status) the 4-point scale outcomes for the available indicators are averaged. In turn, a simple average is taken of the two dimension scores; this determines the household's final CARI score (which will fall between 1 and 4).

summary index of food security index. The percentage of food insecure population using CARI is derived by summing up the two most severe categories (severely and moderately food insecure).

Overall, of the total sampled households, 42% were food secure, 34% were margeinally food insecure, 23% were moderately food insecure and only 1.2% were severely food insecure. This analysis has yielded a total food insecure population of 24% including both rural and urban settlements.

By settlement type, in rural areas 34% were food secure, 37% were marginally food insecure, 28% were moderately food insecure and 2% were severely food insecure. This yielded a total of 30% which was food insecure and it is an improvement compared to last year when 41% were food insecure.

Table 8: Food insecure population in rural areas

Domain		Indicator	Food secure (1)	Marginally food insecure (2)	Moderately food insecure (3)	Severely food insecure (4)
Current status	Food consumption	Food consumption group	46%		38.7%	15.1%
Coping capacity	Economic vulnerability	Food expenditure share	68%	12%	7%	13%
	Asset depletion	Livelihood coping strategy categories	57%	33%	9%	2%
Food Security Index			**33.7%**	**36.8%**	**27.8%**	**1.7%**

8.2. FOOD INSECURE POPULATION IN URBAN AREAS

A total of food insecure population in urban areas was estimated at 15.3%. By food security groups, 55% were food secure, 30% marginally food insecure, 15% moderately food insecure and 0.3% severly food insecure.

Table 9: Food insecure population in urban areas

Domain		Indicator	Food secure (1)	Marginally food insecure (2)	Moderately food insecure (3)	Severely food insecure (4)
Current status	Food consumption	Food consumption group	64.6%		27.5%	7.9%

Coping capacity	Economic vulnerability	Food expenditure share	86%	6%	4%	5%
	Asset depletion	Livelihood coping strategy categories	60%	30%	9%	2%
Food Security Index			**55.2%**	**29.5%**	**15.0%**	**0.3%**

9. HEALTH AND NUTRITION

A total of 1,014 children aged 6 to 59 months from 3,660 sampled households were assessed for nutritional status.

9.1 GLOBAL ACUTE MALNUTRITION (GAM), STUNTING AND UNDERWEIGHT IN CHILDREN UNDER FIVE YEARS

The data for nutritional status is indicative due to the small sample size of children assessed during the survey. Indicatively, the findings estimate wasting in Lesotho ranging from a minimum of 1.0% in Botha Bothe to 7.0% Qacha's Nek. The findings also estimated levels of Global Acute Malnutrition (GAM) at 4.7% among children aged 6 -59 months which would suggest an increase from the 2014 DHS (3.5%). Despite the apparent increase, GAM is still below international thresholds (5% cut off point). The national prevalence of stunting is estimated at 36.2% which would suggest an increase from the 2014 DHS (33.3%). Stunting in Lesotho during this assessment, ranged from a minimum of 28.9% in Mokhotlong to 51.2% in Qacha's Nek. Stunting rates for Lesotho remain above the international threshold of 20%. Underweight national prevalence was 11.9%. Obesity was also estimated at 8.8% among children aged 6-59 months old.

The figure below presents the prevalence of acute and chronic malnutrition by district, indicating that stunting remains a major health problem with the highest prevalence observed in Qacha's Nek (51.2%). The prevalence of GAM was estimated to be within the acceptable standards in five out of ten districts. GAM was above the international cut off of 5% in Berea (6.5%), Maseru (6.6%), Mohale's Hoek (5.6%) and Qacha's Nek (7.0%). ***Fig. 44***

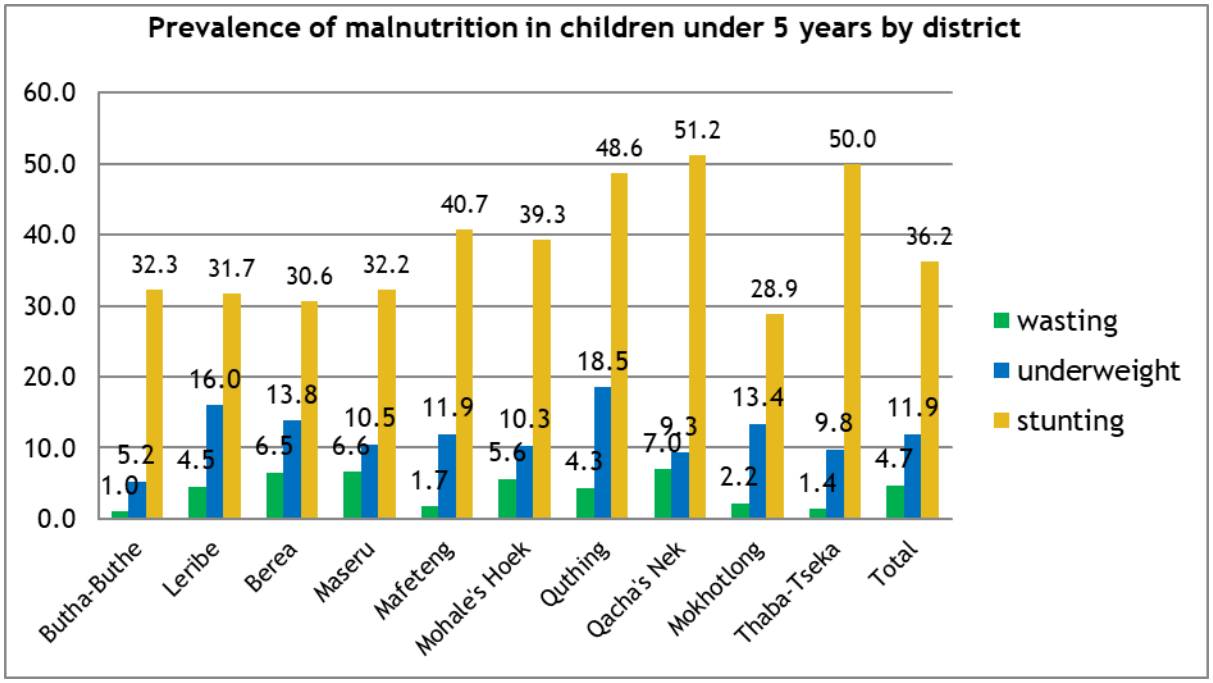


Figure 44: Wasting, underweight and stunting in children under the age of 5 years by district

9.2.PREVALENCE OF ACUTE MALNUTRITION IN CHILDREN UNDER FIVE YEARS BY GENDER

The findings estimated that the prevalence of GAM is higher among boys (5.4% which is above the recommended cut off of 5%) than girls (3.9%). Further disaggregation of GAM into SAM and MAM revealed that the prevalence of SAM in boys (2.6%) is above the recommended cutoff of 2.0%.

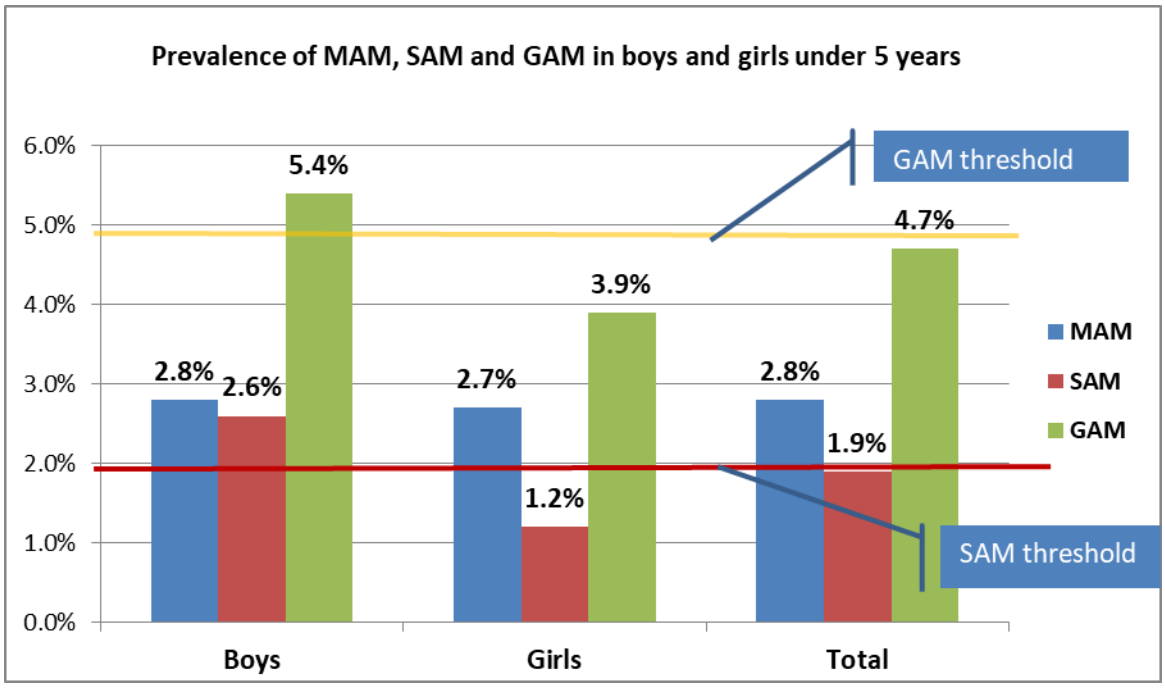


Figure 45: Distribution of acute malnutrition by gender

9.3 PREVALENCE OF MALNUTRITION IN CHILDREN UNDER 5 YEARS BY SETTLEMENT TYPE

The findings estimated that the prevalence of stunting is higher in the rural areas (37.2%) than in the urban areas (34.2%). For both GAM and under weight, prevalence is higher in the urban areas. GAM in urban areas is 5% compared to 4.5% in the rural. Undereight in urban areas is 12.1% compared to 11.8% in the rural. The results will need to be validated in a more comprehensive survey (e.g. Nutrition Survey or Multiple Indicator Cluster Survey) due to the small sample size for nutrition in this survey.

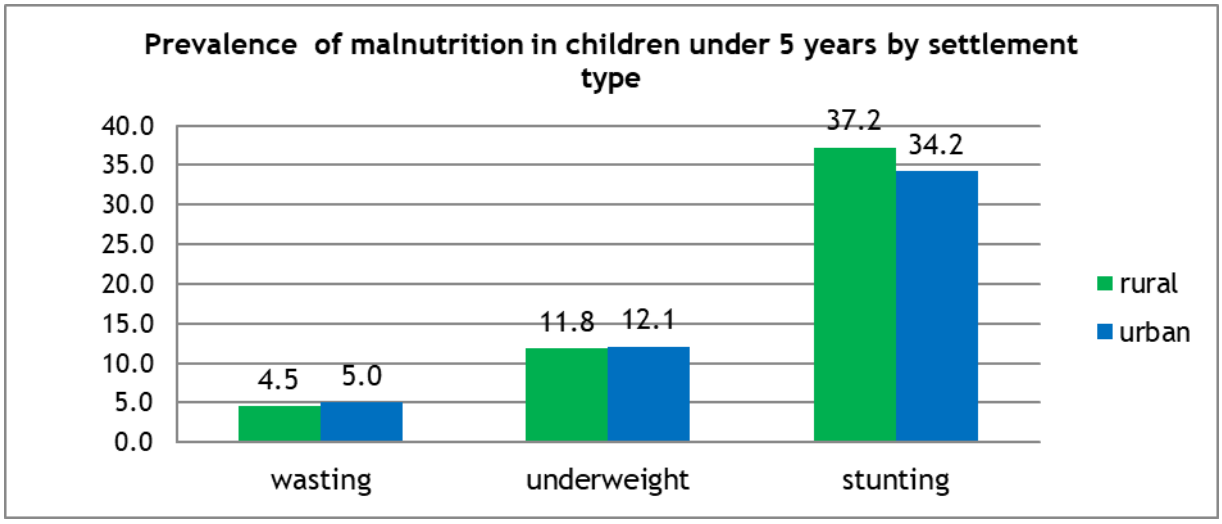


Figure 46: Wasting, stunting and underweight in children under five years in rural and urban areas

9.4 VACCINATION, DEWORMING AND VITAMIN A SUPPLEMENTATION ESTIMATED COVERAGE IN CHILDREN UNDER FIVE YEARS

On average, the coverage of vitamin A supplementation amongst sampled households was estimated at 74.5%, with the highest coverage reported in Qacha's Nek (92.9%). Overall, vitamin A supplementation coverage was above 80% in 7 districts and below 50% in one district (Mokhotlong). Estimated coverage for Measles Rubella vaccination was over 70% in all 10 districts, while 3 out of 10 districts had above 90% coverage. These results indicate an improvement in both vitamin A and measles vaccinations coverage in Lesotho, which is important as children with vitamin A deficiency are more likely to die of measles infection. Deworming coverage is above 50% in 9 out of 10 districts and only 20% in Mokhotlong. The deworming coverage has improved in most.

Table 10: Vaccination, deworming and Vitamin A supplementation estimated coverage in children under five years

District	Vitamin A	Deworming	Measles Rubella	DPT3
Butha-Buthe	69.8%	57.3%	85.4%	91.7%
Leribe	70.1%	63.1%	82.8%	86.6%
Berea	80.3%	65.0%	96.4%	79.6%
Maseru	82.5%	70.2%	85.5%	79.8%
Mafeteng	84.7%	72.9%	96.6%	88.1%
Mohale's Hoek	86.0%	84.1%	86.9%	91.6%
Quthing	92.9%	84.3%	85.7%	90.0%
Qacha's Nek	90.7%	88.4%	97.7%	100.0%
Mokhotlong	44.4%	20.0%	73.3%	80.0%
Thaba-Tseka	80.6%	59.7%	86.1%	90.3%

districts which is importants as deworming helps to prevent micronutrient deficiencies.

9.5 INFANT AND YOUNG CHILD FEEDING PRACTICES

9.5.1. BREAST FEEDING

In Lesotho, the estimated percentage of children who were ever breastfed is 93.5%. The percentage of children breastfed is lowest in Mafeteng (78.0%) and highest in Botha Buthe (97.9%). The percentage of children breastfed in rural areas (94.3%) is similar than in urban areas (92.0%). The estimated average duration of breastfeeding of children under two years is 13.4 months. The average duration of breastfeeding by district ranged from a minimum of 11.5 months in Mafeteng to a maximum 15.8 months in Mokhotlong district. The average duration of breastfeeding in uban areas is 11.6 months compared to 14.4 months in rural areas. Overall, approximately 56.0% of children were initiated to breastfeeding with the first hour. In urban areas 57.5% of children were initated early to breastfeeding, compared to 55.2% in rural areas. The findings indicated that 55.5% (rural) and 48.5% (urban) of children were exclusively breastfed for the firs 6

months. This suggests a decrease from 71.5% (rural) during 2016. Overall, the prevance of exclusive breastfeeding was estimated at 53.0%.

9.5.2.TIMELY INTRODUCTION TO COMPLEMENTARY FEEDING

Approximately one third (33.3%) of children benefitted from timely introduction to complementary foods between the ages 6 to 9 months. Butha Buthe, Leribe, Mohale's Hoek, Quthing and Qacha's Nek had higher percentages of children introkduced to complementary foods between 6 to 9 months compared to the remaining districts, which were below the national average of 33.3%. Whilst by settlement area, 34.8% of children in rural areas benefitted from timely introduction to complementary foods compared to 31.0% in urban areas.

9.5.3. MEAL FREQUENCY

An estimated total of 87.6% of children aged 6 to 59 months ate at least 3 meals during the previous 24 hours. While 59.7% ate at least 4 meals the previous day and only 27.9% ate at least 5 meals. Over 80% of children of all ages ate at least 3 meals during the previous day. Almost 70% of children aged 9 to 12 months ate at least 4 meals per day, whil less than 60% of children aged 12 to 24 months ate more than 4 meals per day. Less than a third of children in all age groups ate at least 5 meals per day. (See ***fig .47*** below)

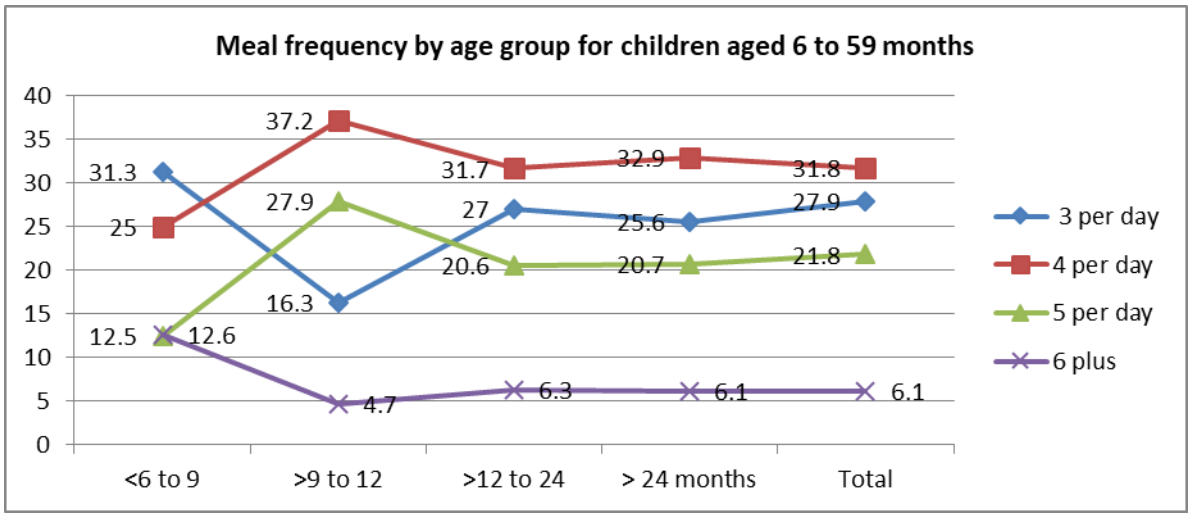


Figure 47: Estimated percentage of children under five years consuming 3, 4, 5 and 6 or more meals per day

Meal frequency for children in urban areas was slightly higher than for children in rural areas (see ***fig. 48*** below).

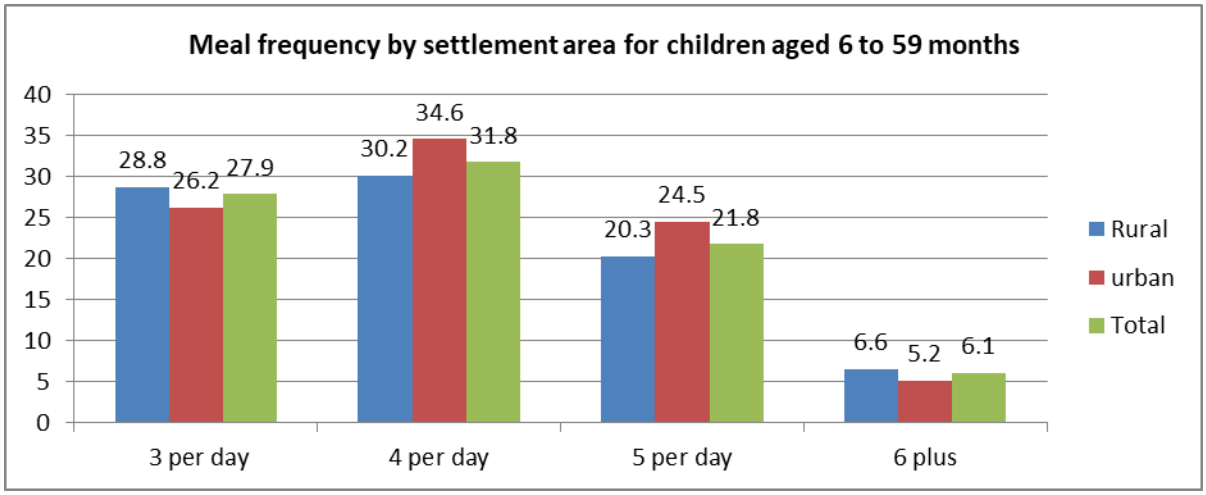


Figure 48: Distribution of meal frequency by settlement area

The number of meals eaten during the last 24 hours by girls compared to boys was similar.

9.5.4 DIETARY DIVERSITY

Dietary diversity for children 6 to 59 months was measured by simply summing up food groups over a period of 24 hours. Children who ate 1 to 3 food groups, 4 to 5 food groups and 6 or more food groups are considered to have low dietary diversity, moderate dietary diversity and high dietary diversity respectively. Dietary diversity continues to be a major problem as some districts (Berea 91.8%, Mafeteng 91.4% and Quthing 89.9%) are still obtaining a similar percentage (90%) of children who consumed low variety of food groups (See ***fig. 48***)

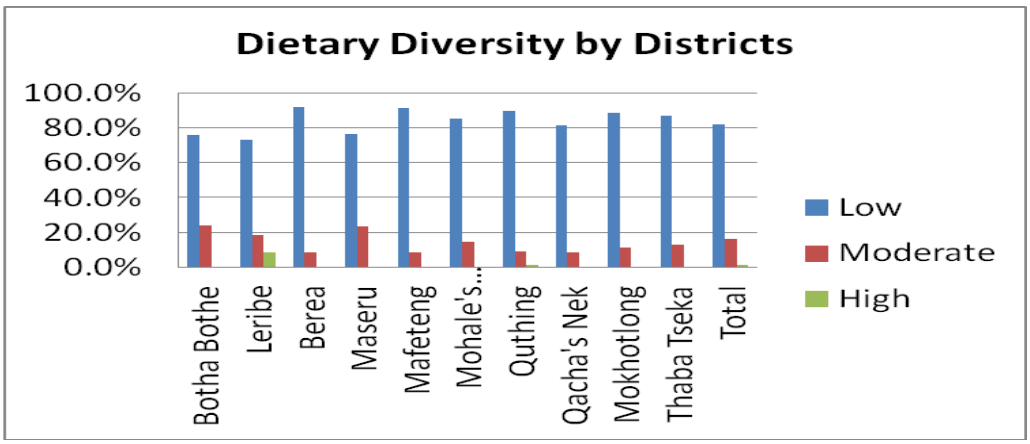


Figure 48: Children 6 to 59 months Dietary Diversity by District

In most of the districts children consumed low variety of food groups compared to the overall figure of 82.2%. Dietary diversity was lower for children at rural areas (84.3%) compared to urban areas (78.4%) but similar for boys compared to girls. However, there is a slight improvement from the previous year, from 90% to 82%.

9.5.5.CHILD ILLNESSES

The following three common childhood illnesses were assessed; diarrhoea, fever and cough. The percentage of children who were ill with cough ranged from a minimum of 20.8% in Mafeteng district to a maximum of 50% in Botha Botha. Overall 65.2% experienced fever during the 2 weeks before the assessment. Fever ranged from a minimum of 20.3% in Mafeteng to a maximum of 50% in Botha Bothe. Overall, 34.8% reported having fever during the 2 weeks before the assessment. No one reported having diarrhoea towards the time of the assessment. Around 93.7% of total children who were ill were treated at health centres. Health seeking behaviour has improved from 73% in 2016 to over 90% in 2017. The table below illustrates the proportion of children who had experienced cough, fever or diarrhoea disaggregated by settlement area. In both rural and urban areas, approximately two thirds of children experienced cough, and about one third of children experienced fever.

Table 11: Percentage of children under the age of 5 years who were ill with cough, diarrhoea or fever during the 2 weeks before the assessment

	Cough	Fever	Diarrhoea
Rural	63.7%	36.3%	0%
Urban	67.9%	32.1%	0%
Total	65.2%	34.8%	0%

9.6. MATERNAL HEALTH AND NUTRITION

9.6.1. ANTENATAL CARE

A total of 78.4% of 1,014 women interveiwed indicated that they attended antenatal care during pregnancy. Figure 48 below shows that self reported ANC attendance ranged from a minmum of 55.8% in Qacha's Nek to a maximum of 88.2% for Maseru. ANC attendance was the same comparing rural (78.3%) and urban (78.4%)

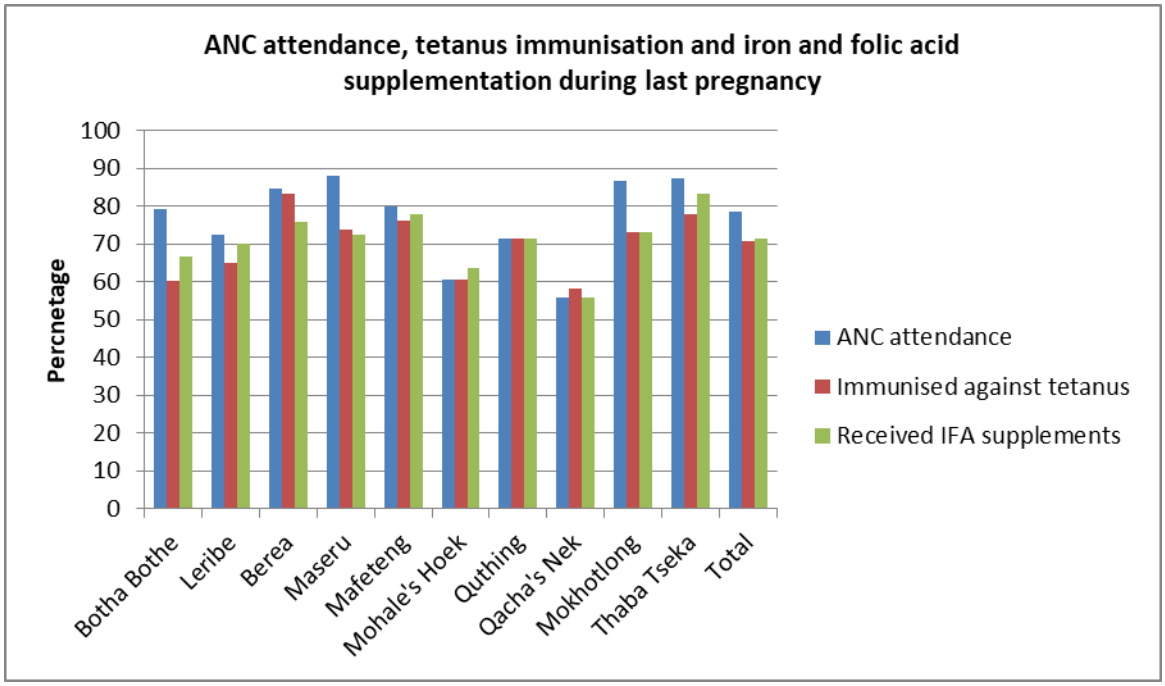


Figure 49: Percentage of mothers who attended ANC during, received iron and folic acid, and were immunised against tetanus during the last pregnancy

9.6.2. IRON SUPPLEMENTATION AND ANTI-TETANUS IMMUNIZATION DURING PREGNANCY

An estimated 71.4% of women reported that they received iron and folic acid (IFA) tablets during ANC. In rural areas, 71.0% reported receiving IFA supplementation compared to 72.2% in urban areas. Overall, approximately 70.6% of women reported being immunised against tetanus during pregnancy. Immunisation rates were similar in rural areas (70.4%) compared to urban areas (7.1.%). Fig ... shows the district break down for both IFA suppelemntation and tetanus immunisation by district. More than 90% (947 out of 1014) female respondents reported that they had received immunisation against tetanus. Figure 49 summarises the main reasons why the remaining 7% (67 out of 1,014) respondents did not receive tetanus immunisation.

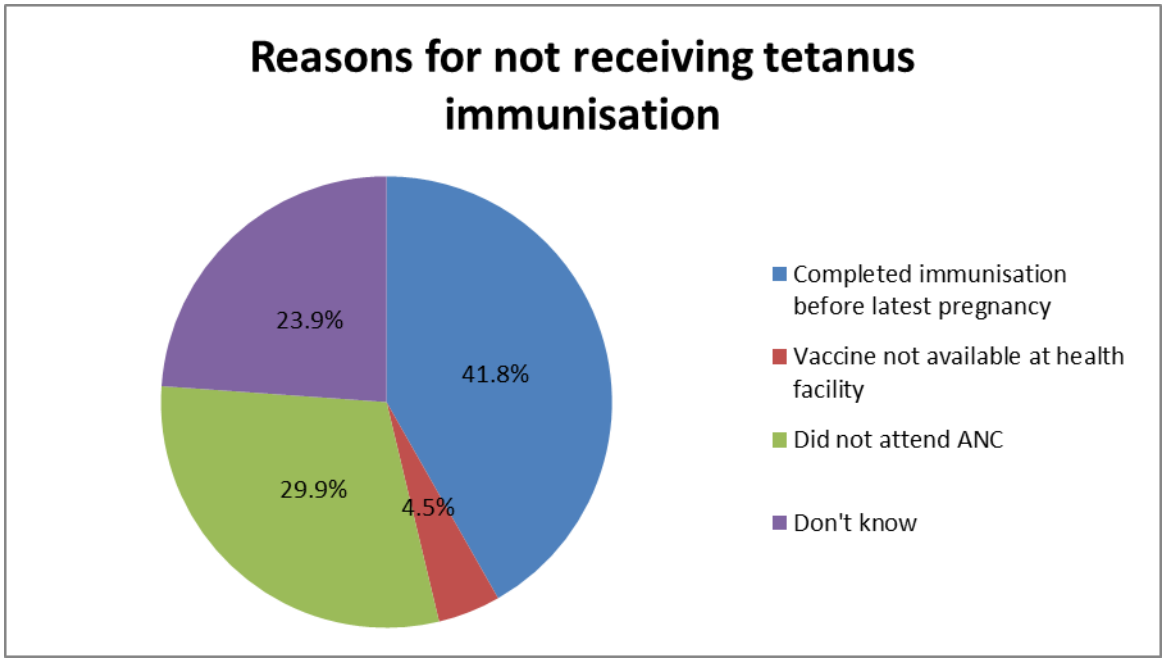


Figure 50: Distribution of main reasons for notreceiving tetanus immunisation during the last pregnancy

9.6.3. LOW BIRTH WEIGHT

Overall, it was estimated that 13.1% of children were less than 2.5kgs (low birth weight) at birth. Furthermore, 12.9% of babies in rural areas compared to 13.5% in urban areas were low birth weight. By district, the prevalence of low birth weight ranged from a minimum of 7.1% in Qacha's Nek to a maximum of 17.5% in Mokhotlong. It was also estimated that 20% of children born to women who had their first live birth below the age of 15 years had low birth weights compred 14.7% born to women who were above 21 years when they had their first live birth.

9.6.4.MATERNAL NUTRITIONAL STATUS

That the findings indicated that 8.6% of women (pregnant and non pregnant) had a MUAC below 23cm, which would suggest moderate wasting. The percentage of women with a MUAC below 23cm ranged from a minimum of 3.8% in Quthing to a maximum of 30.0% in Mokhotlong. Furthermore, 9.1% of women in urban areas compared to 8.3% in rural areas had MUAC below 23cm.

9.7. HIV AND AIDS

About 29% of sampled households had people living with HIV members which was not different to last year's prevalence, of which 27% are male headed household while 31% are of female headed household. Rural has a prevalence of 28% of households with a member infected with HIV while urban area has 31% prevalence.

The prevalence of TB was at 3.4% of total sampled households, of which 3.4% is rural and 3.3% urban respectively.

Of PLHIV, 63.6% were aged between 18 and 59 years. about 52% of those on ART treatment, reported not missing a dose, only 5% missed 1-2 doses and 7% missed 6–10 doses of their Antiretroviral in the past 30 days. There were 41.8% men and 58% were women who missed doses in the past 30 days. The reasons mentioned by the majority for missed doses in order of importance were the almost the same as those given last year, namely, failure to follow instructions, not at home at the time of medication, avoided side effects, did not have transport to collect these drugs or there were no drugs in the health facilities. At least 5% of patients on TB treatment missed doses. Half of them were not interested to collect their medication, while another half reported that they were no drugs in the health facilities.

Overall, 14% of these households had poor food consumption, 37% had boarderline consumption and 49% had acceptable food consumption. In terms of divetary diversity, 70% had low dietary diverisy, 20% had moderate diversity and 6% had high diversity. Rural households had poor dietary diversity than urban households. Vitamin A rich foods were consumed by 39% sometimes and 50% daily, protein foods were consumed by 51% sometimes and 33% daily, while iron rich foods were consumed by 46% sometimes and 6% daily. Iron-rich foods were the least consumed with 49% who reported that they never consumed this food group during the recall period. Although urban households had better consumption than rural households, their diets were not varied. Of households that hosted PLHIV, 17% spent more than 65% of their income on food, implying that this proportion were poor.

10. FOOD SECURITY OUTCOMES FOR 2017/18

About 16% (224 664) of rural population is estimated to be food insecure in 2017/18 consumption year for the projected period from October 2017 to March 2018. The affected populations are from the very poor and poor wealth groups across all districts and face deficits until March 2017. Projected deficit is mainly due to reduction in incomes source opportunities, high staple food prices and limited targeting of some safety nets.

The Integrated Food Security Phase Classification (IPC) was used to estimate and classify food insecure population by Phases per district. It should be noted that the IPC analysis was done in two projections being the Current situation and Projected situation. Household Economy Approach analysis spreadsheets (LIAS) were used to calculate food or cash requirements for the food insecure populations.

The current situation covering the period from July to -September 2017) reveals that eight districts out of ten, i.e. Mafeteng, Maseru, Berea, Qacha's Nek, Quthing, Mokhotlong, Thaba-Tseka, and Mohale's Hoek are classified as Phase 2 'Stressed'. Two districts (Leribe and Butha-Buthe) are in Phase 1 'Minimal'. There is no district that is classified in Phase 3 or 4, although all districts have population ranging from 3% to 15% that are facing crisis food insecurity situation (Phase 3) and 2% to 5% that are thought to be facing an emergency food insecurity situation (Phase 4). All in all 68% of the total rural population are expected to be in Phase 1 ('No/Minimal Acute Food Insecurity'), 19% in Phase 2 ('Stressed'), 9% in Phase 3 ('Crisis'), and 4% in Phase 4 ('Emergency').

With regard to the projected situation (Oct 2017-Mar 2018), the district of Mohale's Hoek will be classified as Phase 3 'Crisis' while the rest of the districts will still remain in the same phase classifications (Phase 1& 2) as they are in the current situation (July to September 2017. About **16% (224,664)** of the population (IPC Phase 3 + 4) will require urgent measures to protect livelihoods, alleviate food gaps and acute malnutrition. This is during the peak hunger period in the country.

Compared to last year, the food security situation of the country improved due to increased agriculture production which was the best in the past ten years. However production of cereal will still fall below amounts recorded in the past decade hence the country will have to argument this with imports from South Africa.

National prices for maize have been relatively stable throughout 2017. Purchasing power also remained relatively stable across the first 4 months of 2017, with one day's worth of labour purchasing 8kgs of maize meal. The country mostly depends on purchases of cereal and is therefore vulnerable to any cereal price fluctuations in the neighbouring South Africa.

Fewer households are adopting coping strategies in comparison with last year; however, dietary diversity and levels of food consumption are still inadequate. The majority of households have acceptable food consumption score, and the vast majority have low dietary diversity -- essentially 84% of household consume only 1-3 food groups and the majority only eat two meals per day. According to the HEA, 30% of the population faces survival deficit of 15%. Finally, according to the Food Insecurity Experience Scale, nearly half of the population are severely food insecure.

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MAP 10a CURRENT SITUATION

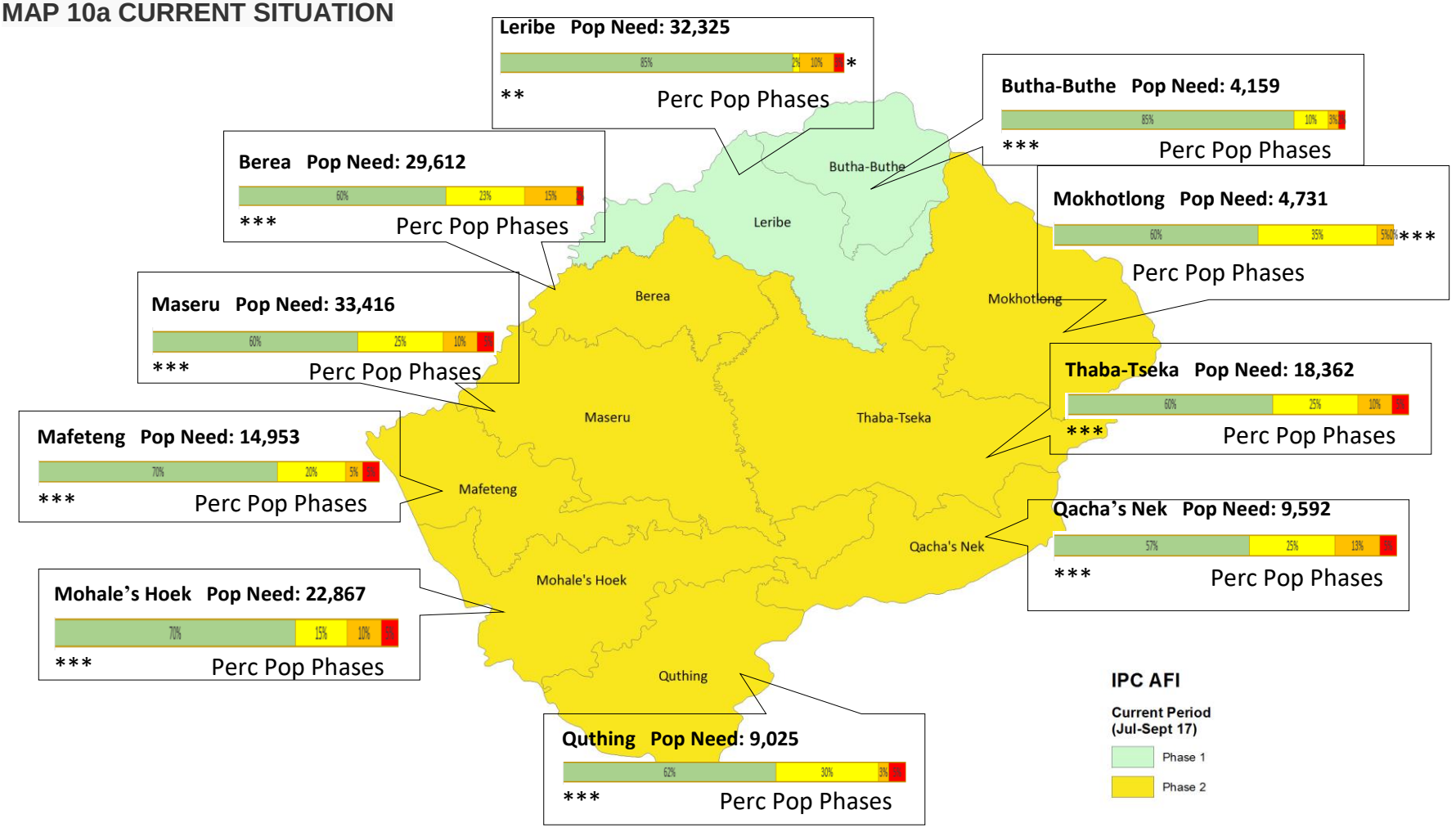


Figure 51: Map of food security outcomes by district

Table 12: Distribution of households according to the four phases of food security

District	District Rural Population	Current Situation (Jul -Sept/17)									
		% Population requiring urgent measures to protect livelihoods, alleviate food gaps and acute malnutrition (IPC Phase 3 + 4)		Phase 1		Phase 2		Phase 3		Phase 4	
				HH group is able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance.		Even with any humanitarian assistance: · HH group has minimally adequate food consumption but is unable to afford some essential nonfood expenditures without engaging in irreversible coping strategies		Even with any humanitarian assistance: · HH group has food consumption gaps with high or above usual acute malnutrition; OR · HH group is marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.		Even with any humanitarian assistance: · HH group has large food consumption gaps resulting in very high acute malnutrition and excess mortality; OR · HH group has extreme loss of livelihood assets that will lead to large food consumption gaps in the short term.	
		#	%	#	%	#	%	#	%	#	%
Butha-Buthe	83 187	**4 159**	**5%**	70 709	85%	8 319	10%	2 496	3%	1 664	2%
Leribe	248 652	**32 325**	**13%**	211 354	85%	4 973	2%	24 865	10%	7 460	3%
Berea	174 190	**29 612**	**17%**	104 514	60%	40 064	23%	26 129	15%	3 484	2%
Maseru	222 772	**33 416**	**15%**	133 663	60%	55 693	25%	22 277	10%	11 139	5%
Mafeteng	149 532	**14 953**	**10%**	104 672	70%	29 906	20%	7 477	5%	7 477	5%
Mohale's Hoek	152 449	**22 867**	**15%**	106 714	70%	22 867	15%	15 245	10%	7 622	5%
Quthing	112 812	**9 025**	**8%**	69 943	62%	33 844	30%	3 384	3%	5 641	5%
Qacha's nek	53 290	**9 592**	**18%**	30 375	57%	13 323	25%	6 928	13%	2 665	5%
Mokhotlong	94 620	**4 731**	**5%**	56 772	60%	33 117	35%	4 731	5%	-	0%
Thaba-Tseka	122 412	**18 362**	**15%**	73 447	60%	30 603	25%	12 241	10%	6 121	5%
Total	1 413 916	**179 043**		962 165		272 708		125 772		53 270	

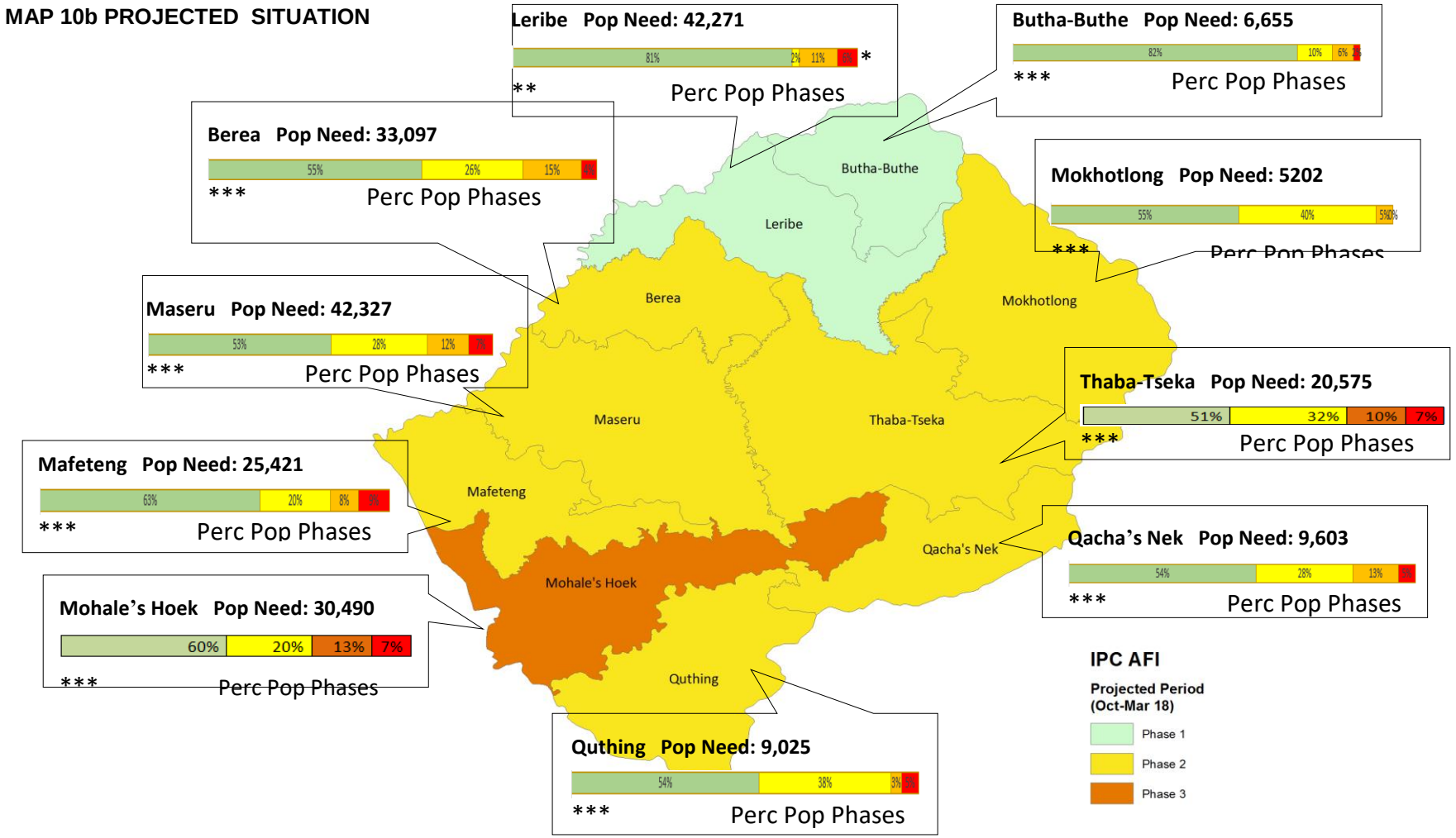


Figure 52: Map of projected food security by distrit (October 2017 to March 2018)

Table 13: Projected phases by ditrict for the period October 2017 to March 2018

Distrito	District Rural Population	TABLE 10b: Projected Situation (Oct -Mar/18)									
		% Population requiring urgent measures to protect livelihoods, alleviate food gaps and acute malnutrition (IPC Phase 3 + 4)		Phase 1 HH group is able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance.		Phase 2 Even with any humanitarian assistance: · HH group has minimally adequate food consumption but is unable to afford some essential nonfood expenditures without engaging in irreversible coping strategies		Phase 3 Even with any humanitarian assistance: · HH group has food consumption gaps with high or above usual acute malnutrition; OR · HH group is marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.		Phase 4 Even with any humanitarian assistance: · HH group has large food consumption gaps resulting in very high acute malnutrition and excess mortality; OR · HH group has extreme loss of livelihood assets that will lead to large food consumption gaps in the short term.	
		#	%	#	%	#	%	#	%	#	%
Butha-Buthe	83 187	**6 655**	**8%**	68 213	82%	8 319	10%	4 991	6%	1 664	2%
Leribe	248 652	**42 271**	**17%**	201 408	81%	4 973	2%	27 352	11%	14 919	6%
Berea	174 190	**33 097**	**19%**	95 805	55%	43 289	26%	26 129	15%	6968	4%
Maseru	222 772	**42 327**	**19%**	118 069	53%	62 376	28%	26 733	12%	15 594	7%
Mafeteng	149 532	**25 421**	**17%**	94 205	63%	29 906	20%	11 963	8%	13 458	9%
Mohale's Hoek	152 449	**30 490**	**20%**	91 468	60%	30 491	20%	19 818	13%	10 671	7%
Quthing	112 812	**9 025**	**8%**	60 918	54%	42 869	38%	3 384	3%	5 641	5%
Qacha's nek	53 290	**9 603**	**18%**	28 775	54%	14 921	28%	6 928	13%	2 665	5%
Mokhotlong	94 620	**5202**	**5%**	52 041	55%	37 377	40%	5202	5%	-	0%
Thaba-Tseka	122 412	**20 575**	**17%**	62 665	51%	39 172	32%	11 629	10%	8 946	7%
Total	1 413 916	**224 664**		873 568		315 684		144 139		80 525	

10.0Food Security situation by district

10.1 Berea

Fewer households are adopting coping strategies in comparison with last year, however, dietary diversity and levels of food consumption are still inadequate. Less than one-third of households have acceptable food consumption score, and the vast majority have low dietary diversity -- essentially 84% of household consume only 1-3 food groups and the majority only eat two meals per day. According to the HEA, 30% of the population faces survival deficit of 15%. The Food Insecurity Experience Scale, indicates that nearly half of the population are severely food insecure. About **19% (33,097)** (Phase 3+4) about 6,619 households of the district population will require urgenassistance to protect livelihoods during the peak hunger period.This population is among the very poor and poor population covering only 5 % of the FTH and 15% NLL population of the district for the period of two months (January-February 2018). A total of 1, 152 MT of food or M13,821 Million cash will be required to cover both food and non-food deficits.

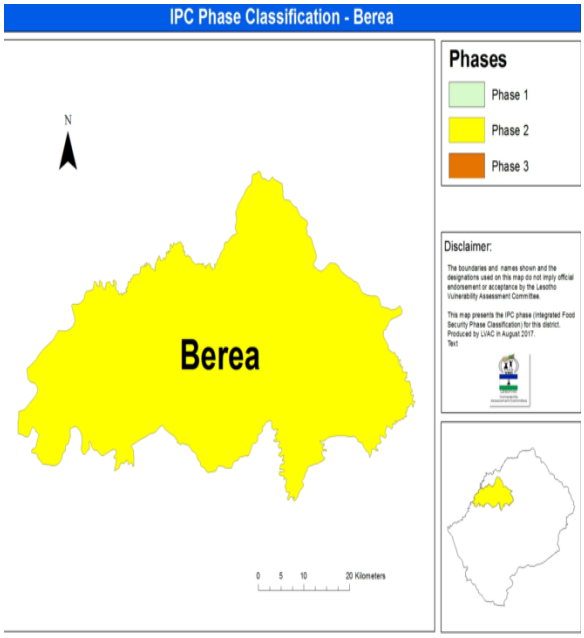


Figure 53: IPC classification in Berea

10.2 Mohale's Hoek

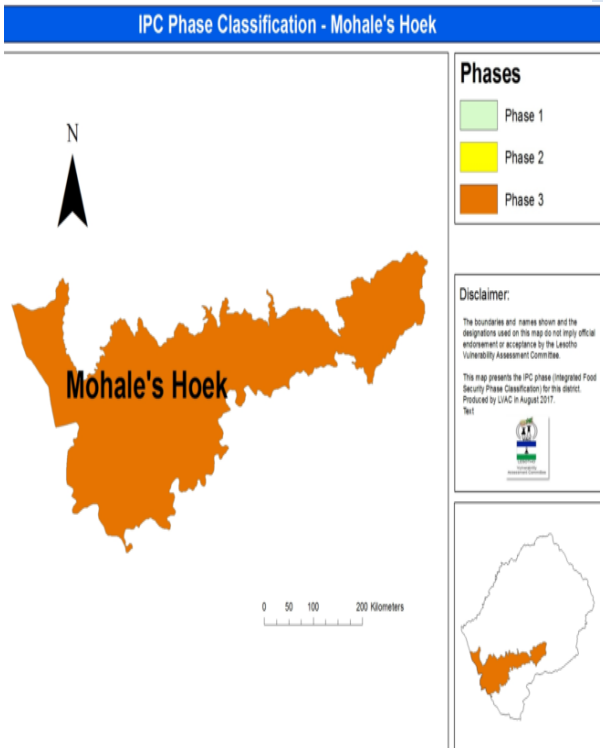


Figure 54: IPC classification in Mohale's Hoek

Mohale's Hoek: The district has achieved the highest cereal production level in the past five years, especially when compared with last year's much reduced harvest that was negatively impacted by the El Nino induced drought. While the district is not self sufficient, availability of cheaper maize imports from South Africa will also contribute to improved availability at district level. About **20% (30,490)** will require urgent assistance to protect livelihoods during the peak hunger period The population at risk in **Mohale's Hoek** district is among the very poor and poor from all the livelihood zones; FTH 3%, MNT 2%, SLL 13% and 2% SRV. These people are expected to face deficit from December 2017 to February 2018. A total of 1,592 MT of food or M19, 099 Million cash is required to cover the deficts.

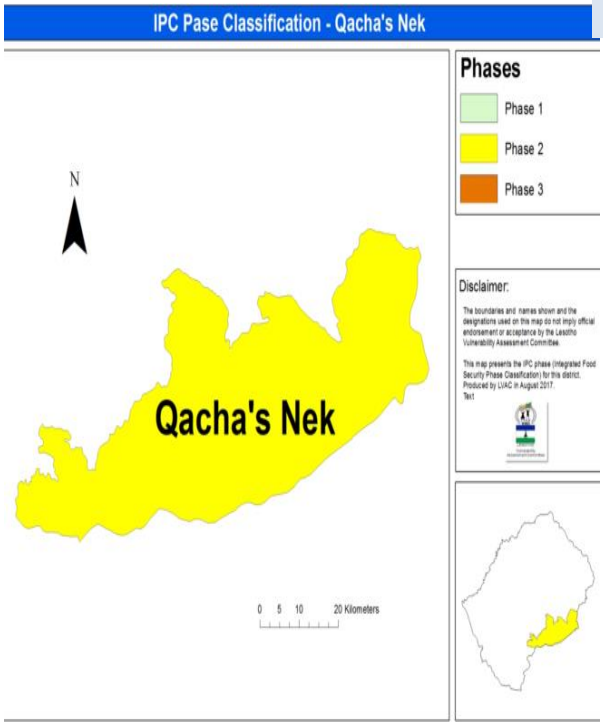


Figure 55: IPC classification in Qacha's Nek

10.3 Qacha's Nek

During the current period, about 13% of the population is in Phase 3 while 7% is in Phase 2 (HEA), and 84% are in Phase 1 and Food consumption scores in the district put 56% in phase 1 and 2, 34.5% in phase 3 and 9.5% in phase 4. During the peak hunger period, **18% (9,603)** will require urgent assistance to protect livelihoods during the peak hunger period. The deficits are mostly in the very poor and poor of MNT 16% and 2% in SRV among the very poor households only. This population is expected to face the food gaps from December 2017 until March 2018. The existing gaps will be covered by at least 668 Mt or M8,020 Million cash requirement.

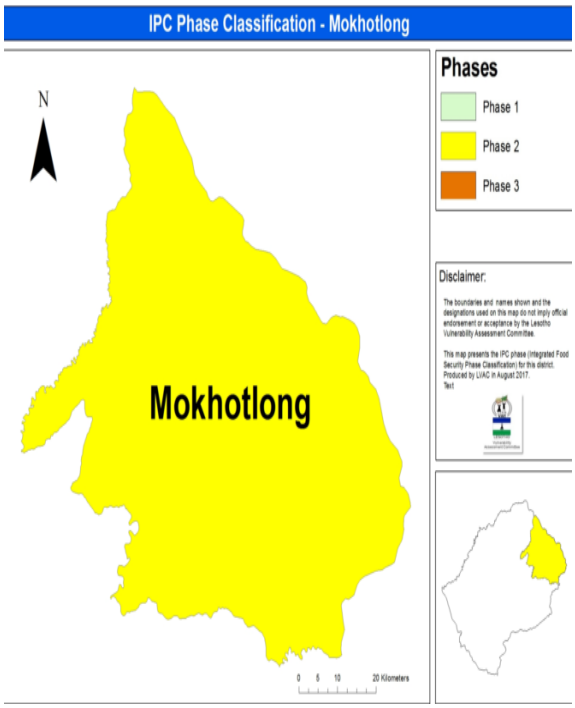


Figure 56: IPC classification in Mokhotlong

10.4 Mokhotlong

According to HEA the majority of households in the district will not experience any survival deficit due to increased crop production. Only 16% from the poor wealth groups have a 7% survival deficit. However it should still be noted that in terms of poor FCS (68.7% moderate to poor), very little dietary diversity(87.7%) the district is basically at risk. During the peak hunger period, about **5% (5,202) or 1,040 households** will be in Phases 3 and 4. This population is among the very poor and poor households of the district rural population. The food gap is estimated to start from October 2017 until February 2018. Total food requirement is estimated at 453 MT or M5,431 (x1000) cash equivalent.

10.5 Thaba-Tseka

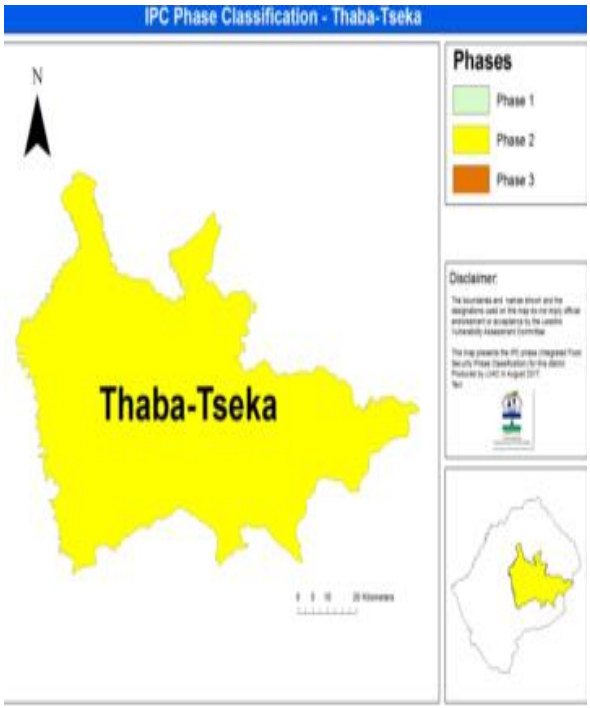


Figure 57: IPC classification in Thaba-Tseka

The food consumption classification indicators lead to Phase 3 or worse. The HEA evidence indicates that out of 122,410 people in the said district only 28% have survival deficit at the MNT livelihood. About **17% (20,575) of the population** will require urgent assistance during the peak hunger period. The deficits are mostly for the very poor wealth groups in MNT at about 16% and SRV at about 1% of the district rural population. Food gaps are expected to start from December 2017 until March 2018. The amount of 1,432 MT of maize or M17,184 Million cash equivalent will be required to fill the food incesurity gap for both thresholds (Survival and Livelihood Protection).

10.6 Maseru

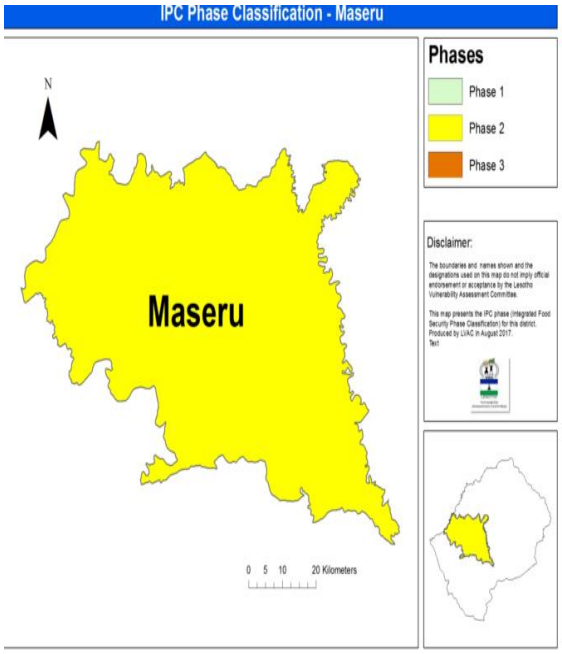


Figure 58: IPC classification in Maseru

Although the food consumption groups indicates a phase 3 for Maseru district, the HEA analysis and indicators shows that the district is in Phase 2. This is mainly due to improved food availability compared to last year. The dietary diversity of the households also is also considered as good according to the local context. The number of meals also are on average if we consider the local consumption patterns. During the peak hunger period. The number of people estimated to face deficits is 42,327 (about 8,465 households) which are about 19% of the district rural population. This population is among the very poor in SLL 10%, FTH 5% and 4% in MNT livelihood zones. The affected people are expected

to face deficits in October 2017. The existing gap will require 736 MT or M8,838 (X1000) cash equivalent.

10.7 Mafeteng

Average number of households have acceptable quantity of food, however majority of the HHs are not diversifying their diet. There is also a decline of 5.3% in the application of coping strategies this implies that HHs are more resiliance to the hazards. Overall, there is a Food Insecurity of approximately 42.6% of the Mafeteng population, and that is classified under Phase 2. The HEA 2017 indicates that 26% of Mafeteng district are facing substantial livelihoods or small survival deficit of 17%. An estimated 25,421 people (5,084 households) which is about 20% of the district rural population will likely face deficits from September to December 2017. The analysis further indicates that this population constitutes all the very poor and poor population in the district. The population at risk are mainly from Southern Lowlands (SLL) constituting 19% of the population at risk from the very poor and poor wealth groups, and 1% of the very poor from Foothills (FTH) livelihood zone. About 1 769 MT of food or M21,232(X 1000) cash equivalent will be required to address the food insecurity gaps.

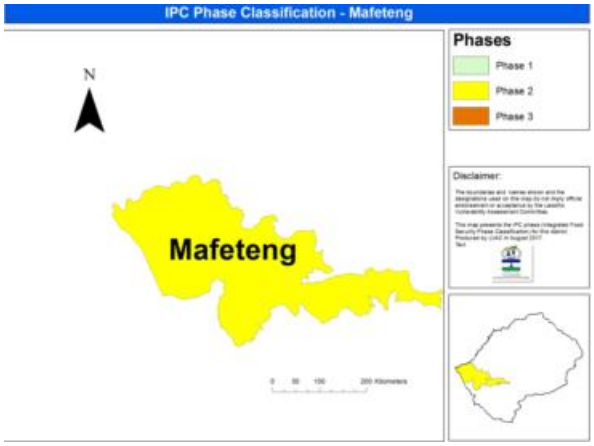


Figure 59: IPC classification in Mafeteng

10.8 Quthing

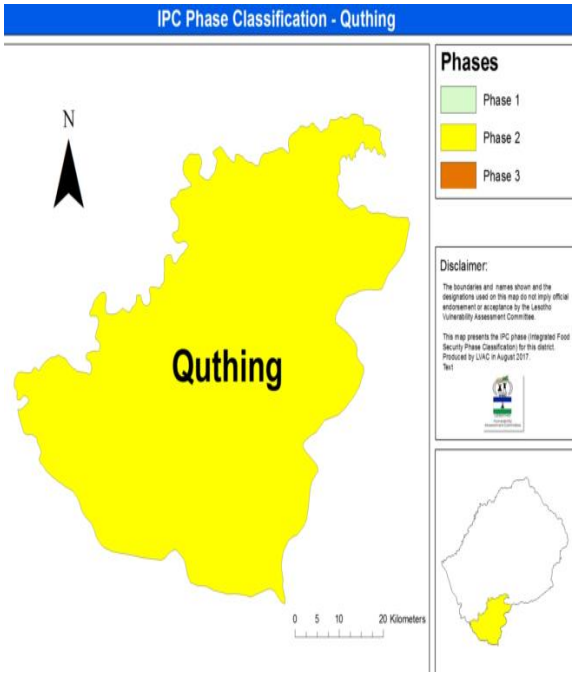


Figure 60: IPC classification in Quthing

The stress level on households has reduced as households are adopting lesser of food consumption strategies compared to last year in the same period . However, more than 50% of the population have inadequate food consumption (FCS), as most households are still eating between 2 to 3 food groups. As much as the poor and the very poor groups are having the survival deficits of up to 32% and livelihood protection deficit of up to 2% livelihood protection, the population affected is only 8% representing 9,025 people (1,805 households) from the very poor and poor wealth groups, from SRV (5%) and the very poor from MNT (3%). The deficit will be experienced from November 2017 until March 2018. A total of 785MT food or M9,422 (X1000) Cash equivalent will be required to cover the existing deficits.

10.9 Butha-Buthe

Food consumption score (direct indicator) indicated that about 28% of households had borderline food consumption which classifies these households in Phase 3. This is in line with an analysis of reduced coping strategies that recorded 20% of households in Phase 3&4. HDDS also indicates that many households do not have access to diversified diet which cannot be associated with a particular shock or hazard. However, more than half of these households had 3 or more meals per day. HEA results indicated 2% of population face survival deficits which puts majority of population in phase 1. Although the consumption gaps seem to be high among the very poor, the population affected is very small and they will experience deficit only for 2 months. Based on HEA and the contributing factors indicating enough cereal availability and stable food prices, food consumption is classified in Phase 1. The population which is likely to face deficit in this district is estimated at 6,655 (about 1,331) households) and this constitutes 8% of the district rural population. Population at risk are the very poor households from Foothills (2%) and MNT (6%). A total of 232 Mt of maize or M2779 (X1000) is required to fill existing. The existing will lasts for only two months (October to November 2017 of the current consumption year.

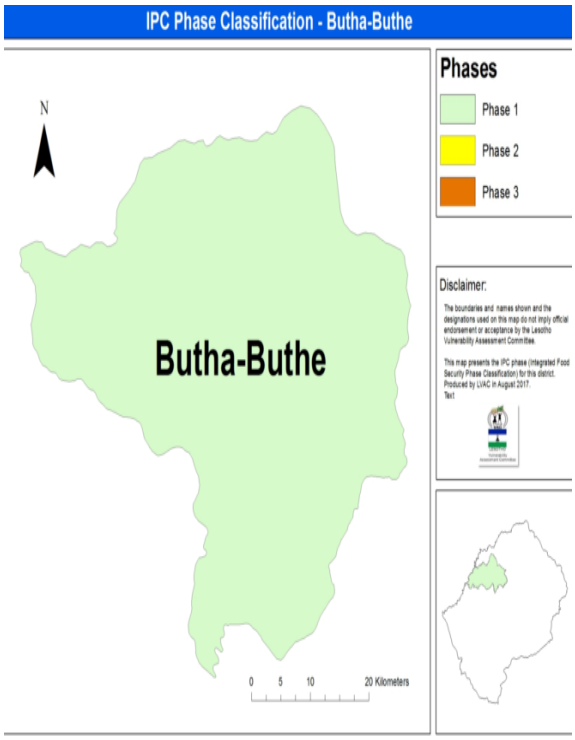


Figure 61: IPC classification in Butha Buthe

10.10 Leribe

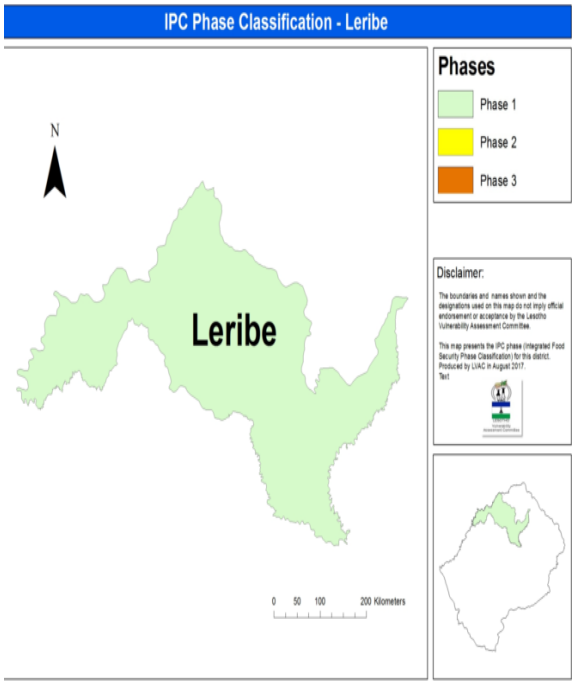


Figure 62: IPC in Leribe

The cereal production in 2016/17 increased significantly when compared to 2015/16 therefore this may lead to the decrease in price of food at the markets. This increase is also in comparison of the reference year 2008/09 with a significant increase by 106% in production levels. According to HEA results Leribe district is in IPC phase 1 given that FCS is an outlier and HDDS was considered as indirect evidence, hence quite unreliable given the current production levels versus a reference year which is directly linked to food consumption. An estimated 17%; about 42,271 people (8,454 households) are indicated as likely at risk of not meeting their minimum food and non-food needs for at least of one (1) month. This population is among the very poor and poor population from the from the FTH (5%), MNT (4%), NLL (9%) of the district population. The existing deficit will require 736 MT of maize or M8,826 Million cash equivalent for the month of October 2017.

11. RESOURCE REQUIREMENTS PER DISTRICT

The table below presents the summary of resources required to cover both the survival and the livelihoods protection deficitS for different districts. Population facing survival deficit already have livelihood protection deficit. Therefore, when calculating the need for population facing only livelihoods protection deficit, the population facing

survival deficit is subtracted from this number to avoid double counting. The resources do not include the operational costs required to implement any proposed interventions. The total number of rural population in need which is 224,664 (a decrease from 679,437 people in need in 2016) will need an amount of 9,554 MT or M114, 653,000 (compared to **50,799 MT** or **M503,739 million in 2016)** to cover both survival and livelihood deficits. The detailed breakdown of survival deficit, livelihoods protection deficit and the requirement to close the gap is attached in **Annex A.**

Table 14: Summary Resources required per district (Rural)

	TTL Rural Population	Population in need	# of Households	% Population in need	Number of months	MT Required	CASH Required(X1000)
Butha-Buthe	83 187	6 655	1 664	8	2	232	2 779
Leribe	248 652	42 271	10 568	17	1	736	8 826
Berea	174 190	33 097	8 274	19	2	1152	13 821
Maseru	222 772	42 327	10 582	19	1	736	8 838
Mafeteng	149 532	25 421	6355	17	4	1769	21 232
Mohale's Hoek	152 449	30 490	7 623	20	3	1592	19 099
Quthing	112 812	9 025	2256	8	5	785	9 422
Qacha's Nek	53 290	9 603	2401	18	4	668	8 020
Mokhotlong	94 620	5 202	1 301	5	5	453	5 431
Thaba-Tseka	122 412	20 575	5 144	17	4	1432	17 184
Total	**1413916**	**224 664**	**56 166**	15.8%		**9 554**	**114 653**

11.1 FOOD INSECURE POPULATIONS BY LIVELIHOOD ZONES (RURAL)

The following table is showing total beneficiaries per Livelihood Zone as compared to the total beneficiaries per each district. This table will guide implementers by prioritizing the Zones that are worst affected and be able to target the right number of beneficiaries per each Livelihood Zone. For Example in Butha-Buthe whereby 8% of rural population is food insecure, only 2 % if from the Foothills while 6% should be target from the Mountains Livelihood Zone as indicated in the table below.

Table 15: Beneficiaries by Livelihood Zones

	TTL Rural Population	Beneficiaries/District or LZ	% Beneficiaries/ District or LZ
Butha-Buthe	**83 187**	**6 655**	**8%**

LZ	**Foothills**	**1 464**	2%
LZ	**Mountains**	**5 191**	6%
Leribe	248 652	42 271	**17%**
LZ	**Foothills**	**12 433**	5%
LZ	**Mountains**	**9 946**	4%
LZ	**Nothern Lowlands**	**19 892**	8%
Berea	174 190	33 097	**19%%**
LZ	**Foothills**	6 968	5%
LZ	**Northern Lowlands**	26 129	14%
Maseru	222 772	42 327	**19%**
LZ	**Foothills**	11 138	5%
LZ	**Mountains**	8 912	4%
LZ	**Southern Lowlands**	22 277	10%
Mafeteng	149 532	25 421	**17%**
LZ	**Foothills**	1495	1%
LZ	**Southern Lowlands**	23 926	15%
Mohale's Hoek	152 449	30 490	**20%**
LZ	**Foothills**	4 573	3%
LZ	**Mountains**	3 049	2%
LZ	**Southern Lowlands**	19 818	13%
LZ	**Senqu River Valley**	3 049	2%
Quthing	112 812	9 025	**8%**
LZ	Mountains	3 700	3%
LZ	Senqu River Valley	5 325	5%
Qacha's Nek	53 290	9 603	**18%**
LZ	Mountains	8 526	16%
LZ	Senqu River Valley	1 077	2%
Mokhotlong	94 620	5202	**5%**
LZ	Mountains	5202	5%
Thaba-Tseka	122 412	20 575	**17%**
LZ	**Mountains**	19 586	16%
LZ	**Senqu River Valley**	989	1%
Total	**1413916 (Rural Population)**	**224 664 (Beneficiaries)**	**16%**

The following graph is showing five years trends of food insecure rural population for the years indicated below. It should be noted that the reference year (2009/10) is also included to determine percentage changes of total number as a result of different shocks in different years. Comparing the current consumption year(2017/18) with reference year(2009/10), there is notable decrease of 50% of food insucre population in the current year.

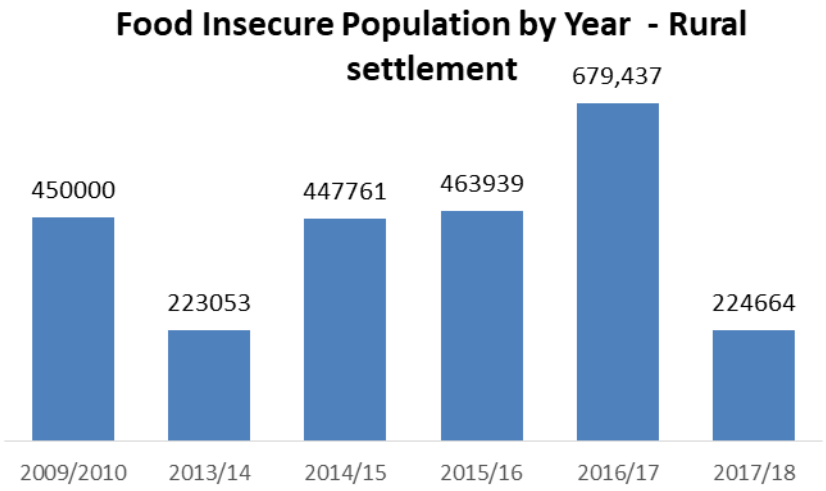


Figure 63: Food insecure population trends (rural 2009 - 2017)

11.2 FOOD INSECURE POPULATION: URBAN SETTLEMENT

Food insecure population within urban settlement is estimated at 82,278 constituting 15.3% of urban population. The Consolidated Approach for Reporting Food Insecurity Indicators (CARI) was used to estimate food insecure population. Since it's the first time to estimate food insecurity population in the current VAA (June 2017), the analysis team was not able to calculate the magnitude of needs as to be able to calculate the food or cash requirements to cover the existing gap.

The districts that have the highest percentage of food insecure population are Thaba-Tseka (26%), Berea (23.7%) and Mohale's Hoek at 22.7% while Butha-Buthe recorded the lowest percentage at 2.7%. The following table will therefore show the food insecure population within urban settlement.

Table 16: Food insecure population within urban settlement

District	Urban Population	Beneficiaries	% Beneficiaries
Butha-Buthe	20 727	622	**3%**
Leribe	50 403	8 569	**17%**
Berea	88 754	21 301	**24%**
Maseru	274 341	32 921	**12%**
Mafeteng	32 288	2 906	**9%**
Mohale's Hoek	17 668	4 064	**23%**
Quthing	4 622	740	**16%**
Qacha's Nek	16 408	1 477	**9%**
Mokhotlong	14 702	3 823	**26%**
Thaba-Tseka	17 859	2 322	**13%**
Total	**537 772**	**82 278**	**15.3%**

12.RECOMMENDATIONS

1.NUTRITION

Increasing rates of malnutrition specially wasting above 5% in some districts- there is a need for an in-depth study on nutrition indicators. Sample was not representative, recommends a SMART Survey should be conducted preferably before the IPC analysis update later in the year.

2.FOOD SECURITY

- Availability –
  - Input subsidies programmes to farming households.
  - Incorporate Climate Smart technologies in subsidies. Conservation Agriculture (CA) for resilience building.
  - Production has increased, post-harvest handling measures. Stock hoarding – Government and partners should consider buying available stock to support vulnerable households and school feeding programmes.

3.ACCESS

- Government to consider better targeting of social protection programmes.
- Close monitoring of prices.
- Humanitarian Assistance – Conditional assistance in a form of Cash for Work in districts phase 3 or worse.

4.UTILIZATION

- Improve water accessibility in districts where access to adequate clean water is limited.
- Capture and improve unprotected water sources.
- WASCO and DRW to improve water accessibility and increase coverage especially in all settlements (rural and urban).

ANNEX A: PERCENTAGE OF POPULATION FACING BOTH SURVIVAL AND LIVELIHOODS DEFICITS

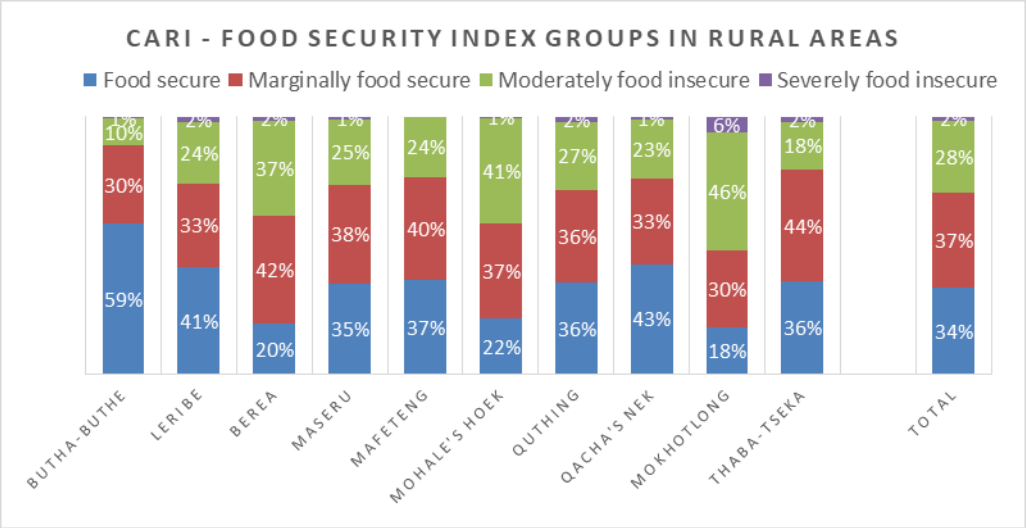
The tables below depict the **survival** and **livelihoods deficits** as well as their requirement in monetary terms for the very poor and poor people by livelihood zones and districts. For instance, In Botha Bothe the very poor people in the Foothills have the survival and livelihoods protection deficits of **1%** and **3%** respectively. The total amount of money which is required to fill their gap/**deficit is M455 per household.** The drivers of food insecurity in the zones are mainly decrease in staple food harvest, limited income opportunities, high food prices and low coverage in safety nets.

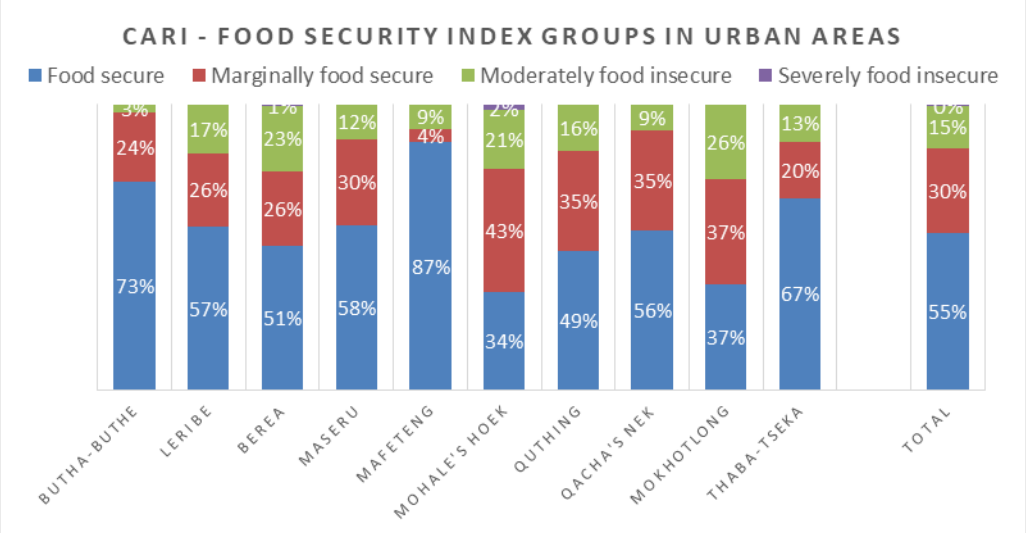
Percentage of population facing both survival and livelihoods protection deficits;

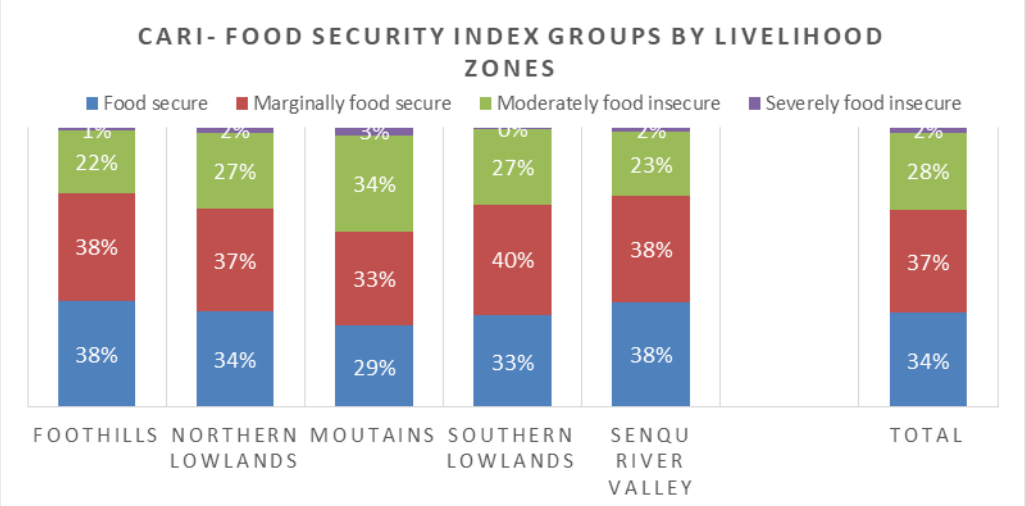
	Livelihood Zones	**Wealth Groups**	**Survival Deficits**	**Livelihood Protection Deficits**	**Cash required/HH in Maluti**
Butha-Buthe	**Foothills**	Very Poor	1% (M100)	3% (355)	455
	Mountains	Very Poor	34% (M3,654)	5% (M501)	4,155
Leribe	**Foothills**	Very Poor	9% (M1,093)	3% (M316)	1,409
	Mountains	Very Poor	25% (M2,292)	6% (M583)	2,875
	Northern Lowlands	Very Poor	5% (M373)	2% (M117)	490
Berea	**Foothills**	Very Poor	19% (M1,382)	1% (M72)	
		Poor	3% (M232)	5% (M346)	578
	Northern lowlands	Very Poor	12% (M580)	7% (M323)	903
		Poor		4%	248
Maseru	**Foothills**	Very Poor	6% (M784)	3% (M420)	1204
	Mountains	Very Poor	25% (M2692)	4% (M487)	3179
	Southern lowlands	Very Poor	2% (260)	4% (M623)	883
Mafeteng	**Foothills**	Very Poor	9% (M1267)	3% (M420)	1687
	Southern lowlands	Very Poor	16% (M2081)	5% (M678)	2759
		Poor	7% (M1101)	8% (1275)	2376
Mohale's Hoek	**Foothills**	Very Poor	22% (M2564)	5% (M308)	2872
		Poor	14%	1%	

	Livelihood Zones	Wealth Groups	Survival Deficits	Livelihood Protection Deficits	Cash required/HH in Maluti
			(M1606)	(111)	1717
	Mountains	Very Poor	34% (M3511)	5% (M507)	4018
		Poor		2% (M292)	292
	Southern lowlands	Very Poor	15% (M1995)	5% (M678)	2673
		Poor	4% (M677)	8% (M1275)	1952
	Senqu River Valley	Very Poor	22% (M3217)	1% (M133)	3350
		Poor	4% (M537)	1% (M373)	910
Quthing	**Mountains**	Very Poor	32% (M3532)	4% (M482)	4014
	Senqu River Valley	Very Poor	24% (M3926)	1% (M90)	4016
		Poor	10% (M1550)	2% (M330)	1880
Qacha's Nek	**Mountains**	Very Poor	35% (M3907)	4% (M479)	4386
		Poor		7% (M1002)	1002
	Senqu River Valley	Very Poor	16% (M2625)	1% (M85)	2710
Mokhotlong	**Mountains**	Very Poor	41% (M6095)	3% (M374)	6469
		Poor	7% (M1241)	5% (M865)	2106
Thaba-Tseka	**Senqu River Valley**	Very Poor	7% (M1537)	1% (M121)	1658
	Mountains	Very Poor	28% (M4311)	2% (M357)	4668

ANNEX B: MORE GRAPHS PRESENTING FOOD INSECURE POPULATION BASED ON CARI







ANNEX C: THE NAMES OF VAA PARTICIPANTS AND THEIR INSTITUTIONS

The names of VAA participants and their institutions:

1. Ms. Ntsoaki Mokhesuoe	MAFS-Butha-Buthe
2. Ms. 'Maphomolo Tsekoa	FNCO-Butha-Buthe
3. Mr. Phano Ntene	DMA-Butha-Buthe
4. Ms. Nonkosi Tshabalala	DMA-Butha-Buthe
5. Ms. 'Mamolapo Lehata	DMA-Leribe
6. Mr. Mare Keketsi	DMA-Leribe
7. Ms. 'Mafumane Makhetha	MoH-Leribe
8. Ms. Paleho Makoala 'Manyooko	LCS-Leribe
9. Ms. Masontaha Malapo	LRCS-Leribe
10. Ms. 'Mabokang Mokotjo	MTEC-Leribe
11. Mr. Thabo Pitso	DMA-National
12. Ms. Rethabile Pelane	FAO-Maseru
13. Mr. Tello Mothibeli	MAFS-Berea
14. Mr. Sello Mabatla	METC-Berea
15. Ms. Mabolao Tsibela	DMA-Berea
16. Mr. Alex Mpharoane	DMA-Berea
17. Ms. 'Matseko Pitso	MSBDMC-Berea
18. Ms. 'Maletsatsi Lesia	FNCO-Berea
19. Ms. 'Mamamello Komota	DMA-National
20. Ms. Limpho Mathola	BOS-Maseru
21. Ms. 'Mabulara Motlomelo	LRCS-Maseru
22. Mr. Peter Mphale	MFLR-Maseru

23. Mr. Aloysius Motenalapi	MOET-Maseru
24. Ms. ‘Matsiu Khali	DHMT-Maseru
25. Ms. Mary Katali	DCS-Maseru
26. Ms. Ntsepa Lillane	DMA-Maseru
27. Ms. Lebohang Nthake	MAFS-Maseru
28. Ms. ‘Mamopa Likotsi	FNCO-Maseru
29. ‘Mamolibeli Ngakane	MGYSR-Maseru
30. ‘Mampuo Motsamai	MLGC-Maseru
31. Mr. Seth Matete	NSS-Maseru
32. Mr. Thabo Kholopo	MGYSR-Maseru
33. Ms. Pulane Makitle	DMA-National
34. Ms. ‘Mamorakane Rafeeea	FNCO-Mafeteng
35. Mr. Morakabi Ramohlanka	DMA-Mafeteng
36. Mr. Tsabo Lephoi	MSBDCM-Mafeteng
37. Ms. ‘Mamonyaku Koloti	DMA-Mafeteng
38. Ms. Paulina Leteba	MAFS-Mohale’s Hoek
39. Mr. Thabo Letsie	DMA-Mohale’s Hoek
40. Mr. Maphoma Mosaola	LRCS-Mohale’s Hoek
41. Ms. Tselane Ramokhoro	FNCO-National
42. Mr. Rethabile Monyane	DWA-Quthing
43. Ms. ‘Maneo Motanya	FNCO-Quthing
44. Mr. Hlomohang Matjopile	DMA-Quthing
45. Mr. Mpaki Makara	MAFS-Nutrition
46. Ms. Ithabeleng Koneshe	DMA-Qacha’s Nek

47. Ms. ‘Matsitso Motemekoane	DMA-Qacha’s Nek
48. Ms. ‘Manyeoe Tsoho	FNCO-Qacha’s Nek
49. Mr. Thabang Phori	DWA-National
50. Ms. Ntoetse Sejakhosi	DMA-Mokhotlong
51. Ms. ‘Mamonaheng Monoto	DMA-Mokhotlong
52. Ms. Pusetso Maapesa	MAFS-Mokhotlong
53. Ms. Lisemelo Ntlopo	MAFS-Mokhotlong
54. Mr. Tseliso Ramotla	LRCS-National
55. Ms. Limakatso Koae	FNCO-Thaba-Tseka
56. Ms. ‘Malineo Makhetha	FMU-Thaba-Tseka
57. Ms. ‘Masemela Khomoealefifi	DMA-Thaba-Tseka
58. ‘Mr. Katleho Matsabisa	MAFS-Crops
59. Ms. Lineo Sehloho	WFP
60. Ms. Likeleli Phoolo	WFP
61. Ms Nozizwe Chigonga	UNICEF
62. Mr. Christoph Oberlack	UN Office of the Resident Coordinator
63. Mr. Narayan Maharjan	UN Office of the Resident Coordinator
64. Mr. Sergio Dinoi	UN Office of the Resident Coordinator
65. Mr. Mohlophehi Maope	FAO
66. Ms. Lisemelo Ntlaba	WASCO-National
67. Dr. Puleng Matebesi	NUL
68. Mr. Malefetsane Makalo -	BOS-National
69. Mr. Teboho Makhalane	BOS-National