2018 Vulnerability Assessment and Analysis Report

Lesotho Vulnerability Assessment Committee (LVAC)

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Matŝeliso Mojaki

Chair – Lesotho Vulnerability Assessment Committee (LVAC).

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 for data collection in their respective districts and some district members also participated in data analysis.

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 Assessment and Analysis and also to understand in depth the impact of different shocks on different sectors.

1.1 OBJECTIVES:

The main objective: to analyse food and nutrition security, and vulnerability of the population of Lesotho in 2018/2019. Provide policy makers, government and other stakeholders with information for decision making and development programming.

1.1.1 SPECIFIC OBJECTIVES WERE AS FOLLOWS:

1. To estimate the number of vulnerable population, their location and level of severity in Lesotho for 2018/19 Consumption year.
2. To identify the underlying and immediate causes of food and nutrition insecurity.
3. To provide recommendations for assistance/interventions.

2. THE INQUIRY PROCESS – METHODOLOGY

2.1 STUDY DESIGN

The assessment was made using Household Economy Approach (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.

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. 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 by at least 95% level of confidence. Also using the results from the previous LVAC sampling methodology report, the proportion of households with the desired characteristics was estimated (estimated prevalence of GAM) at 3.5% and a fixed number of 15 households were therefore interviewed within each EA.

Tables 1, 2 and 3 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 (m), 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 computation of problem specifications that were used to run an outcome analysis for the current consumption year (2018/2019). In addition, the household tool contained several wealth indicators which were used to compute wealth groups and thereby linking the household to the relevant information.

HEA information was collected through focus group discussions and correlation of HEA outcomes with HIV, Gender and nutrition outcomes was done. In total 3559 household interviews were done and 1216 children under the age of five were reached in rural and urban settlements.

2.2.5 FOCUS GROUP DISCUSSIONS WITH KEY INFORMANTS

A total of 91 interviews were done within the rural settlement. The group discussions were carried out with 6 to 10 key informants who were mainly 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 4-day training workshop was held for 55 enumerators in Maseru, Thaba-Bosiu Cultural Village. 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.

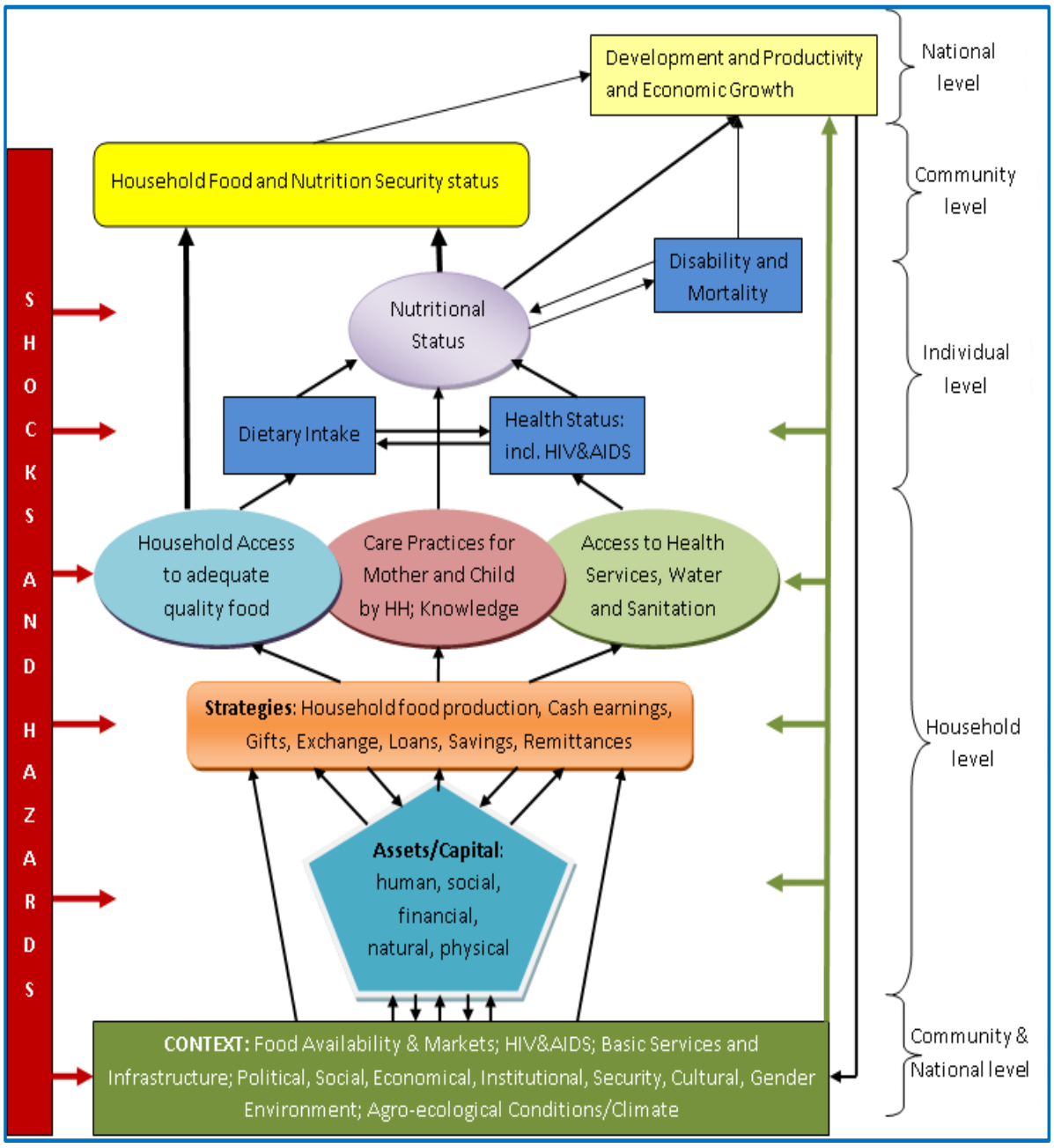
2.2.7 FIELD WORK TIMING

The field work for the study was undertaken in May 2018 for 16 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

Data analysis process involved developing analysis of household livelihood strategies and nutrition status for respective wealth groups. 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 (2018/19) and to classify each district into IPC Phase based on its level of severity of food insecurity. The Consolidated Approach of Reporting Food Insecurity Indicators (CARI) was used to estimate population in need of humanitarian assistance within urban settlements. 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.

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



3. NATIONAL CONTEXT

Lesotho is a landlocked country surrounded by South Africa. The estimated area is 30,344m2 of which three quarters is mountains and the population is estimated at 2 million (BOS Population Projections 2016). 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). Inflation rate has slightly decreased to 3.8% in April 2018 compared to 4.5% in April

2017.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 (25%) remain the main obstacles to economic growth.

Life expectancy is estimated at 56 years (WHO 2015), national stunting prevalence at 33%, Underweight at 10% and both above the WHO acceptable thresholds while GAM (Wasting) prevalence is 3% and within acceptable level. Mortality rate remained at 85 deaths per 1000 live births ,all according to LDHS 2014. According to UNDP 2013 report, unemployment rate is at 29.3%, while access to education facility is 86.2 nationwide.

Crop production in communal areas is predominantly rain-fed. Compared to last year, the food security situation of the country has declined due to decreased agriculture production. Moreover, 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 indicate that national prices for maize will be relatively stable throughout 2018. Purchasing power has declined due to a decline in agricultural labour activities. However, the price for labour and livestock has slightly increased. The staple price is M8.00 which is 33% lower than last year but still higher compared to M3.00 in the reference year (2009/10). The country mostly depends on purchases of cereal and is therefore vulnerable to any cereal price increase in the neighbouring South Africa.

3.1 HOUSEHOLD DEMOGRAPHICS

Household Size: The average household size was found to be four (4) in both rural and urban settlements. This was a slight decrease from household size of 5 noted in the rural areas in the previous year.

Sex of Household Heads: In rural areas male headed households were at estimated 53% while female headed households were at 47%. When comparing rural and urban areas male headed households and female headed households were both at 50%.

Marital Status of Household Head: Of all sampled households, most households were headed by married persons living together at 46%, followed by widowed household heads at 32%. Proportion of households headed by never married persons was 8%, married living apart was 7% and divorced was 5%. When comparing the rural with urban area widowed persons were more in the urban area at 62% compared to 38 in the rural areas.

Education Level of Household Head: Most households heads (56%) indicated to have the highest level of education as primary followed by secondary at 18% and no education at 11%. Other household heads responded to have achieved technical and university levels at 3% and 2% respectively and most of them came from urban areas. Of the 11% who indicated not having education at all, above (71%) of them were from rural areas.

School Enrolment: 39% of sampled households indicated to have children who were not going to school. The Percentage of children who were not going to school were 50% in both rural and Urban areas.

Reasons for Not Attending School: Most of the households with children who were not attending school indicated that the main reason was to work for food at 49%. This indicates the severity of hunger experienced at household level. This was followed by those who indicated that they were ill at 27% while 21% had to help with household work and 4.2% had to care for ill members in the household.

Household Head Age Category: Of the sampled households, 65% were adult headed followed by 34% of the elderly headed while 1% of the households were child headed.

Figure 2: *Sampled household head disaggregated by settlement type, gender and economic status*

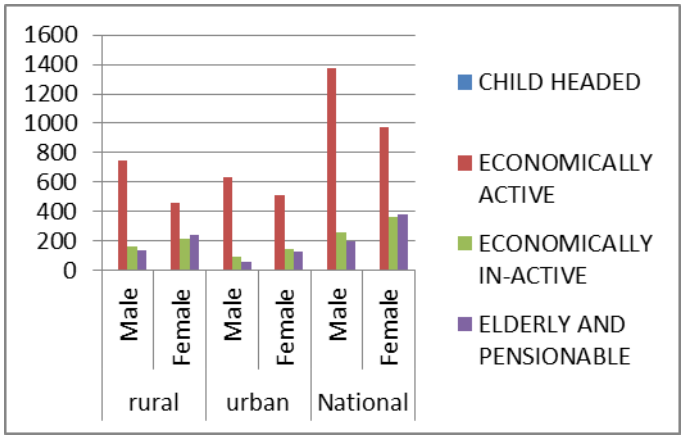


Figure 2 above indicates that of the sampled households, most households from both the rural and urban areas were headed by economically active people followed by economically inactive and elderly persons. Child headed households were negligible.

Households with Orphans: 81.6% of the sampled households indicated not to have orphans while 18.4% reported to have orphans under the age of eighteen years. Most of the orphans were reported at the rural households at 64% and 36% from urban area.

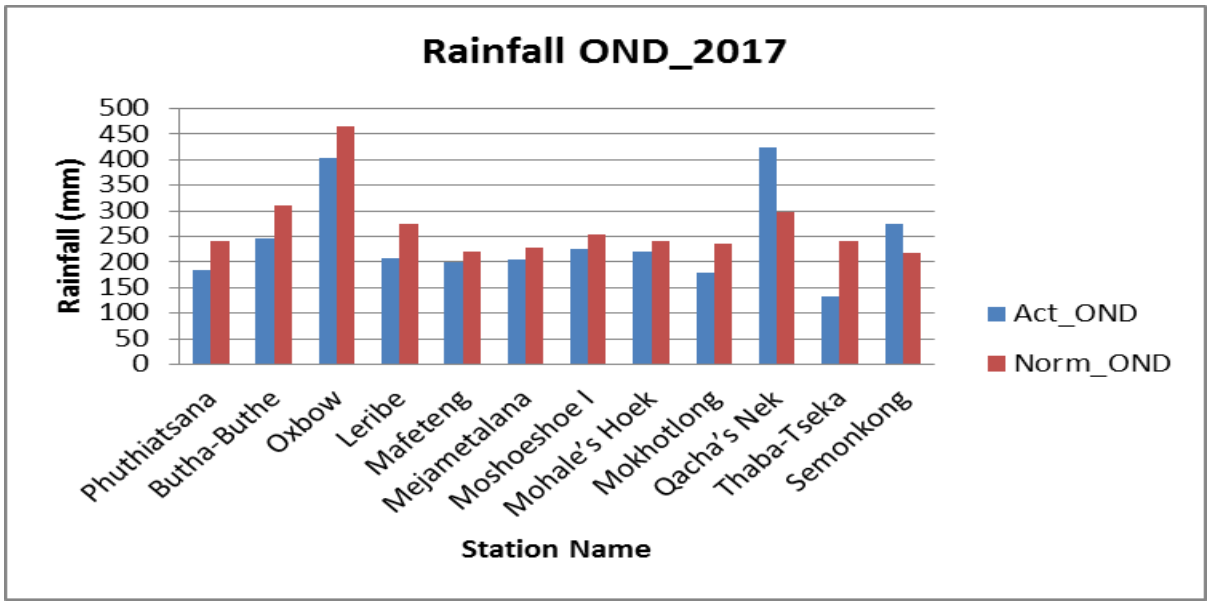
Households with Disabled Members: 92% of the households indicated that they did not have any member with disability while 8% had a member with disability. When disaggregating households with disability, 59% of households in rural areas had a member with disability while 41% were from urban areas.

Ownership of dwellings: Over 87% of the households cited to own their dwellings while about 9% rented their dwellings. 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.

3.2 SEASONAL PERFORMANCE

Agricultural season started later than normal (November/December 2017) as a result of late onset of rainfall. There were also dry spells experienced in January 2018. Unseasonal snowfall coupled with cold temperatures was experienced in November and damaged early planted crops particularly in the highlands districts. Normalised Difference in Vegetation Index indicated (NDVI) that the level of vegetation was below average compared to the previous year (2016-17). Other parts of the country received localised hail storm and flash floods in March 2018 damaging crops during green consumption period. According to the department of water affairs, water resources situation currently improved after the 2 year flood return experienced in the 2017/18 rainy season. This is mainly referring to the hydrology from major rivers namely Mohokare, Makhaleng and Senqu.

Figure 3: Rainfall performance disaggregated by rainfall stations



According to Lesotho Meteorological Services, the cumulative rainfall anomaly indicates that above normal rainfall was experienced in Qacha's Nek and Semonkong rainfall stations only.

4. FOOD AVAILABILITY

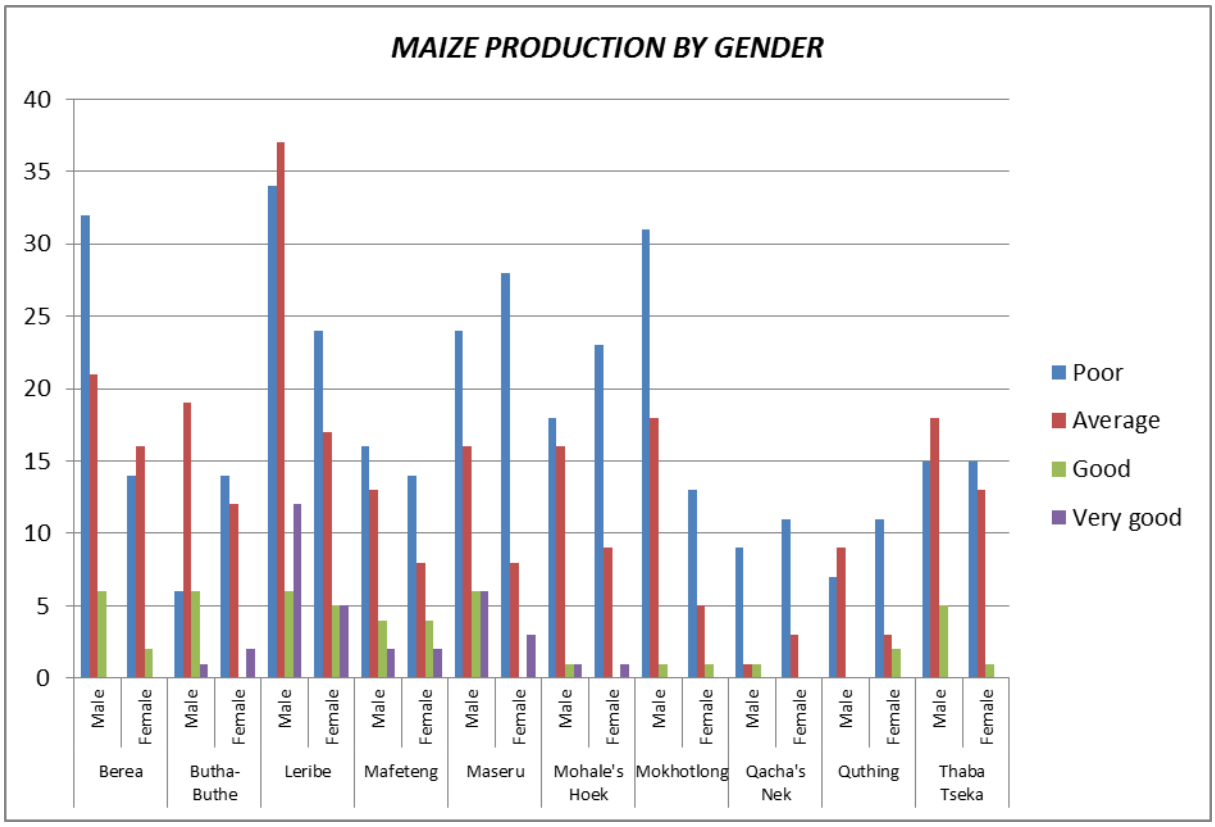
Food availability covers whether adequate food is ready at people's disposal focusing more the supply side determined by the level of food production, stock levels and net trade.

4.1. CROP PRODUCTION

2017/2018 agricultural season was delayed due to late onset of rains. Most parts of the country received below normal rainfall from September 2017 to January 2018. NDVI recorded below long term average and the previous year. Unexpected snow in November 2017 was experienced by some of the mountainous districts thereby causing damage to crops as well as deaths to animals. In addition, frost, extreme temperatures (high and low) and dry spells also contributed negatively to animal and crop production in the previous agricultural production.

Some farmers (2% - 48%) started planting between September and October 2017 across all livelihood zones. All areas except mountains reached peak (48% - 65%) in November into December showing late planting according to the agricultural calendar in Lesotho. However, most households (48%) were able to start planting on time in the mountains because their agricultural season is even shorter than all other zones.

Figure 4: *Maize production disaggregated by gender and Districts*



Gross maize harvest was estimated at 64, 652MT for 2018 and that is a decrease 32% compared to the previous year. According to figure 4 above, male headed households were found to be more engaged and productive in maize production than female headed households. Overall maize production was poor1 to average2 in all districts. Leribe district was found to have good3 to very-good4 production compared to other districts as much as there is significant number of households who had poor to average production. Area planted to sorghum and wheat decreased by a reasonable proportion. Most households that produced sorghum and wheat were able to get average to very good production. The 2017/18 production will be able to cover only 21% of the national requirement of cereals for human consumption.

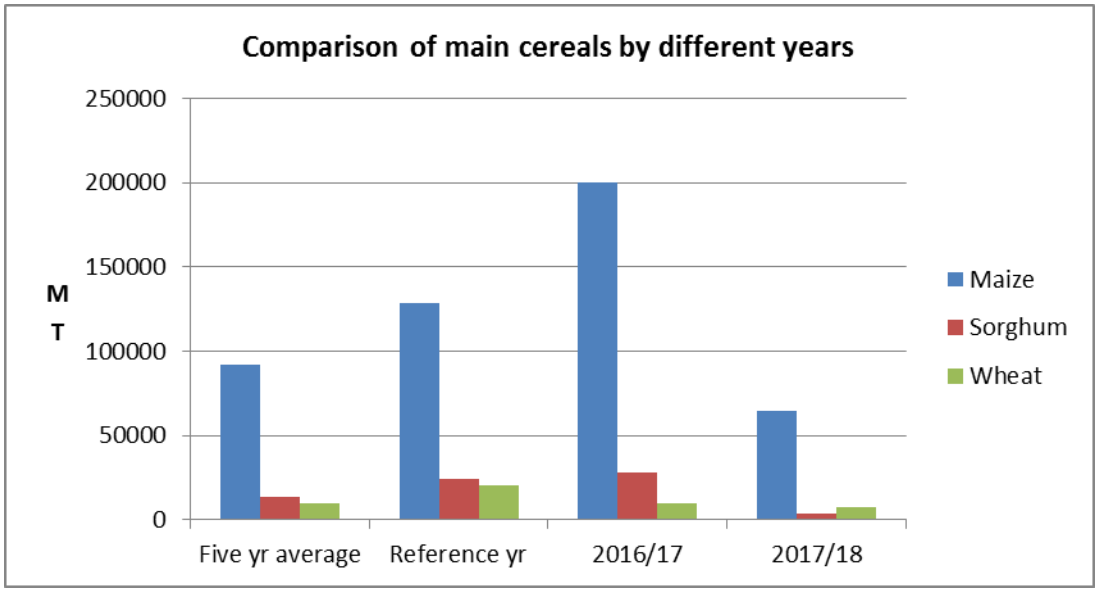
[1] Production is able to cover less than three months of maize requirement.

[2] Production is able to cover between three and nine months of maize requirement.

[3] Production is able to cover between nine and twelve months of maize requirement.

[4] Production is able to cover over twelve months of maize requirement (surplus).

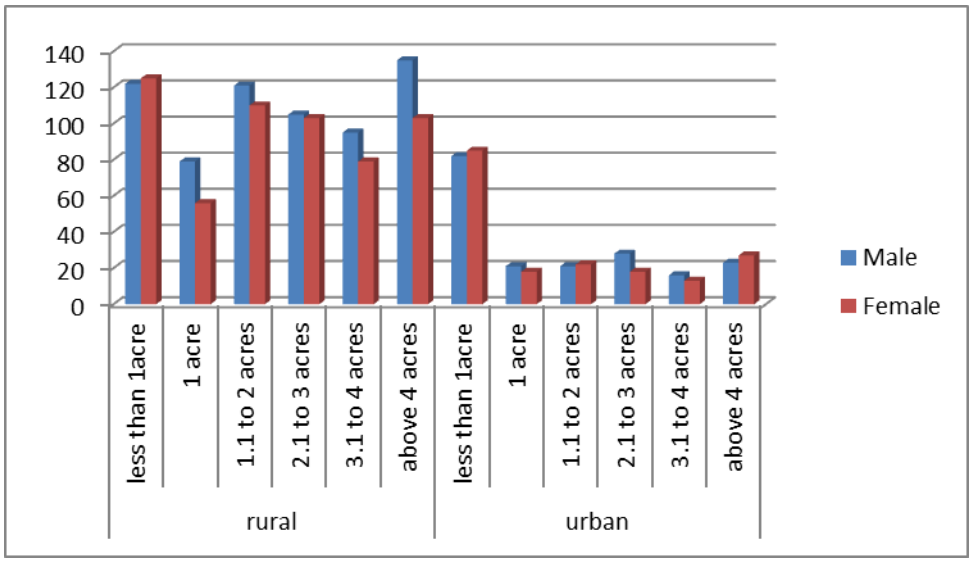
Figure 5: *Cereal production in 2018 compared with five year average, Reference year and previous year.*



4.1.1. ACCESS TO AGRICULTURAL LAND

Overall, 45% of households had access to land. A higher number of rural households had access to land compared to urban households. In both settlements, male headed households were found to have access to land in a higher proportion compared to female headed households. A higher proportion of male headed households were found to have access to land compared to female headed households.

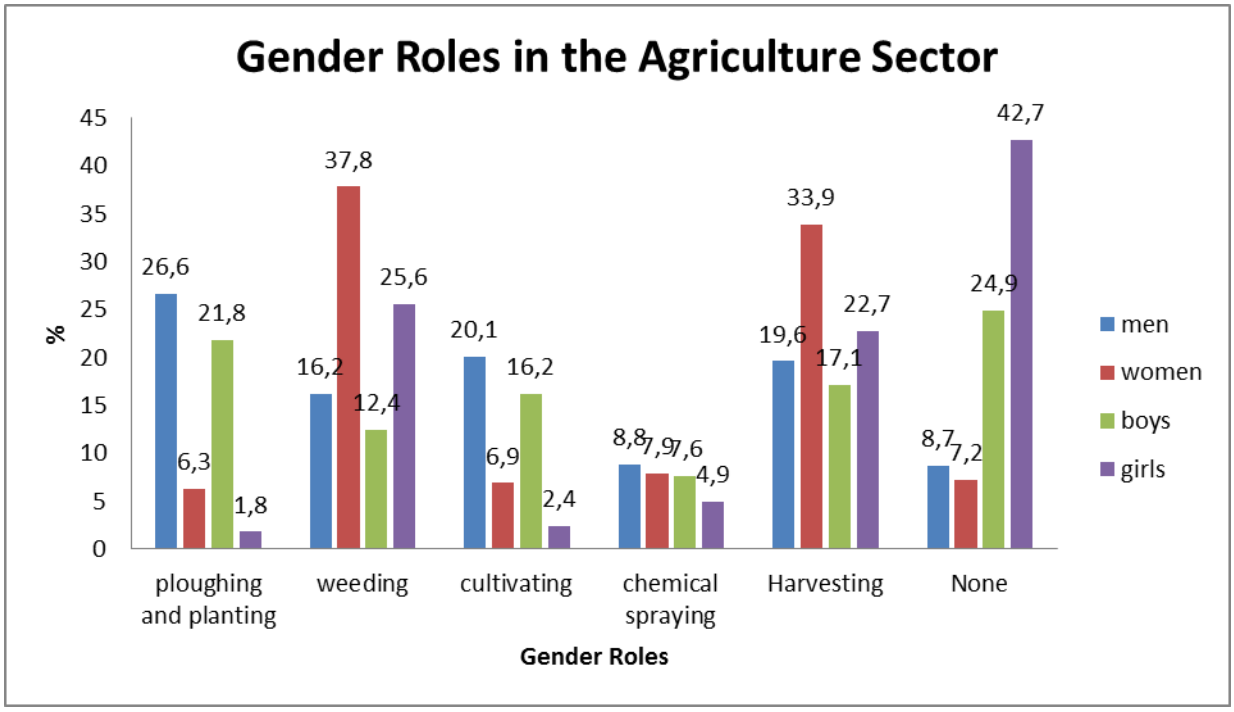
Figure 6*: Access to land disaggregated by settlement type*



4.1.2. ROLES IN CROP PRODUCTION BY GENDER

Nationally, ploughing, planting and cultivation were found to be carried out mostly by men and boys. Women and girls participated more on weeding and harvesting. A significant percentage (42.7%) of girls was not participating in any agricultural activities. This shows that they might be more involved in Household activities than boys. Harvesting also seemed to be carried out mostly by women while chemical spraying was not carried out by most of the households and a lower participation of females was observed.

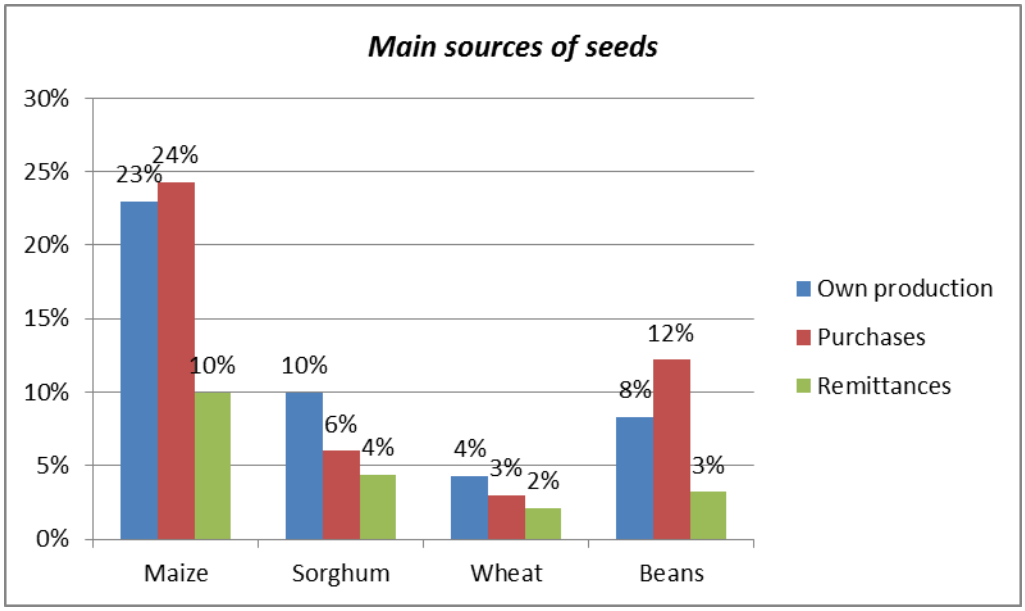
Figure 7: *Gender roles in agriculture sector*



4.1.3. USE AND ACCESS TO IMPROVED AGRICULTURAL INPUTS

Purchases, own production and remittances were found to be common sources of seeds in both settlements, though purchases in urban settings seemed to be higher than rural settings. Own-production as a source of seeds was more prominent in the rural areas. 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 lowland districts. Use of chemicals (pesticides) was not common in both rural and urban contexts.

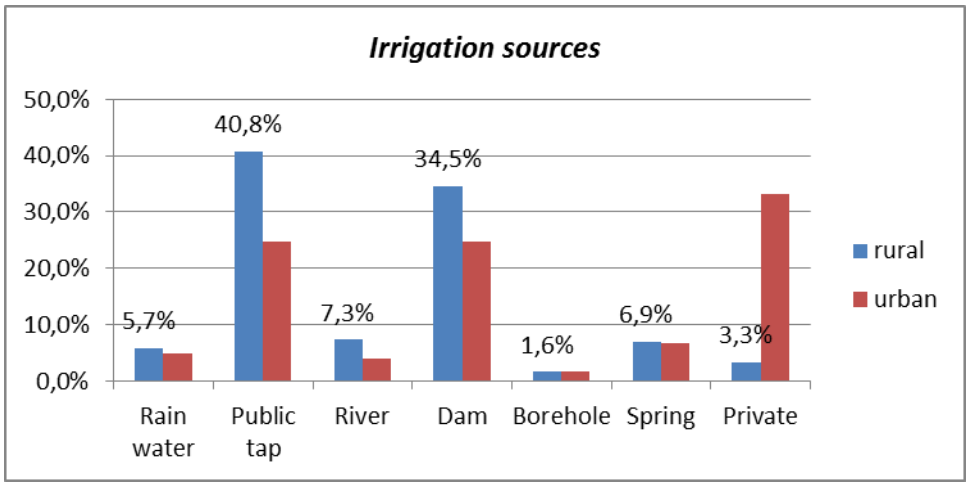
Figure 8: *Seed sources*



4.1.4. VEGETABLE PRODUCTION

Four main vegetables produced were spinach, English rape, mustard and cabbage. The main reason cited for producing these vegetables was that they are easily produced and can withstand different types of hazards like dry spells and diseases. A large percentage of households especially in the urban were irrigating their gardens while on the other side those from the rural were not engaging much on irrigation. Different sources of irrigation were reported with public taps and dams being dominant in the rural settings while in urban settings private taps and dams were playing a significant role.

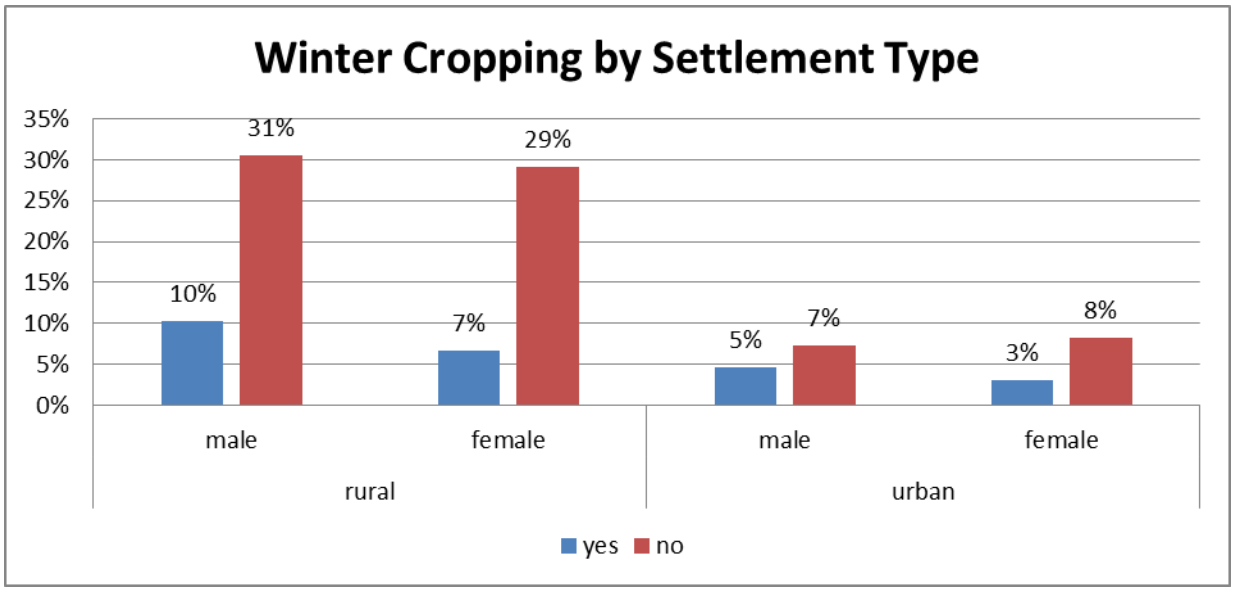
Figure 9: *Irrigation sources*



4.1.5. WINTER CROPPING

The proportion of households that engaged in winter cropping was high in the rural setting than in the urban. Male headed households seemed to have engaged in winter cropping in large numbers than female headed households in both settlements. However, the mountain livelihood zone did not engage in winter cropping because of prevailing climatic conditions. About 10% of the households indicated that seeds for winter cropping were readily available from the start of April 2018. Main reasons which were stated for not engaging in winter cropping by households were lack of seeds, weather related causes (dry spells) and lack of draught power. 46.5% of rural and 50.8% of urban households planted the same area compared to the previous season. On the other side, 27.1% and 36.3% of the rural and urban households planted lager area than the preceding season respectively .

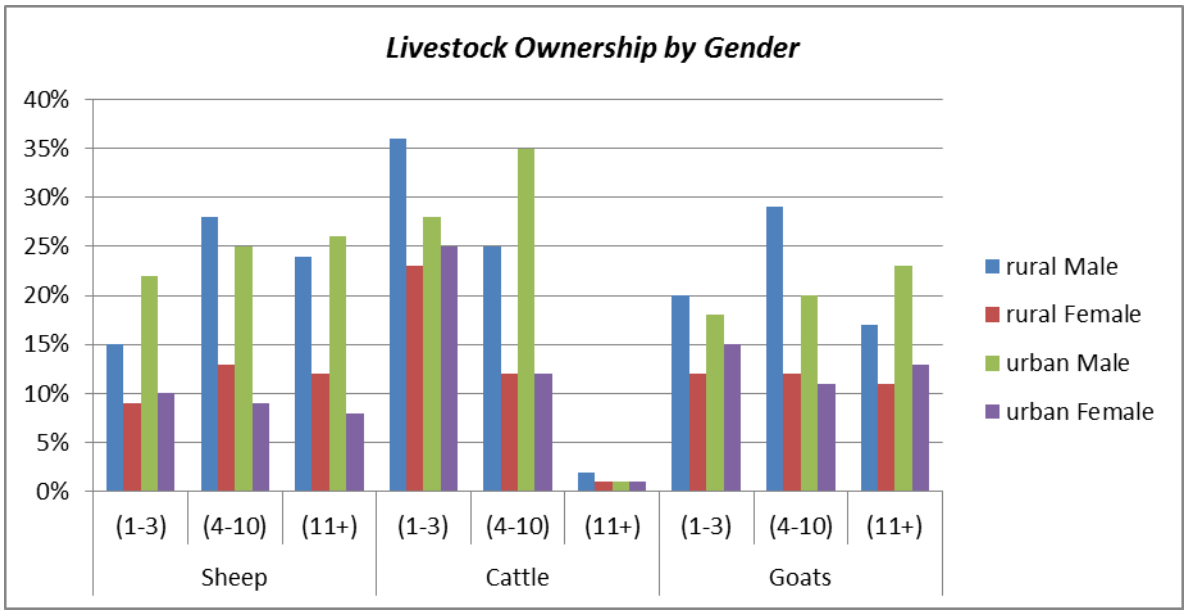
Figure 10: *Winter cropping by settlement type*



4.2. LIVESTOCK PRODUCTION

Overall about 80% of households that own livestock live in the rural areas, while the remaining 20% comes from urban areas. 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. Most households were producing cattle than sheep and goats in both settlements. Figure 25 demonstrates livestock ownership by gender of households in both rural and urban areas. More male headed households in the rural areas own between one and three cattle.

Figure 11: *Livestock ownership according to gender of household head.*



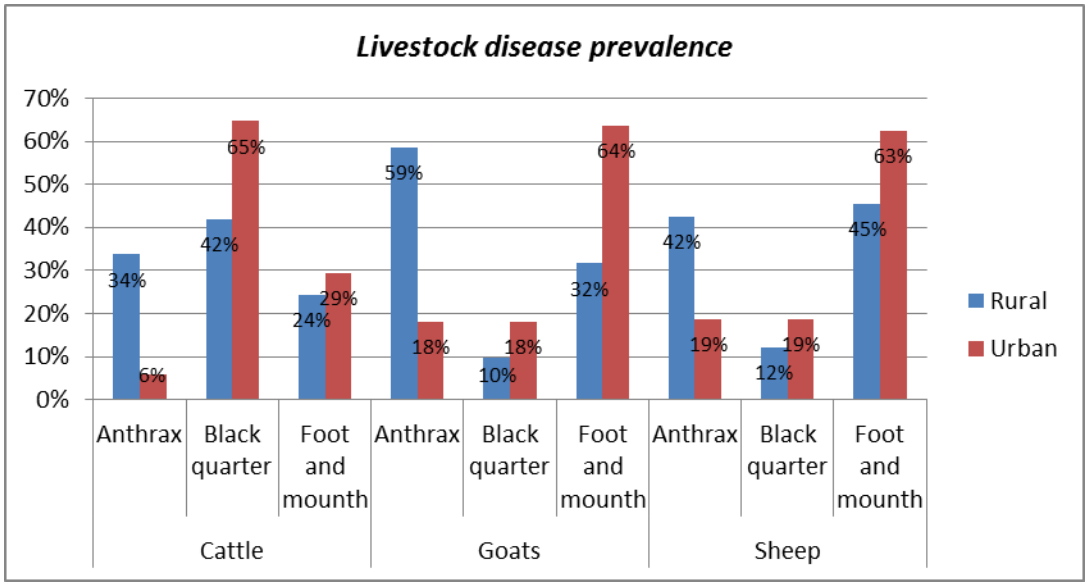
4.2.1 LIVESTOCK BIRTHS AND DEATHS

The average number of cattle births was 1 cattle for each household per district, Mokhotlong and Qacha's Nek seemed to have more goats' births 8 per household on average, while other districts were ranged from 1 to 2 goats births. Mafeteng was the only district where goats' birth was 0. For sheep, Butha Buthe and Mokhotlong had higher births 6 and 9 respectively. As for the other districts, sheep births ranged from 1 to 5. The average number of deaths for cattle was 0 in Berea and 1 for the other districts. As for the goats, the death average ranged from 1 to 3. Looking at sheep, the average death rate was high in Qacha's Nek with an average of 5, as for the other districts it ranged from 1 to 4 compared to 2017 where death rate was between 1 and 3.

4.2.2 LIVESTOCK DISEASES AND TREATMENT

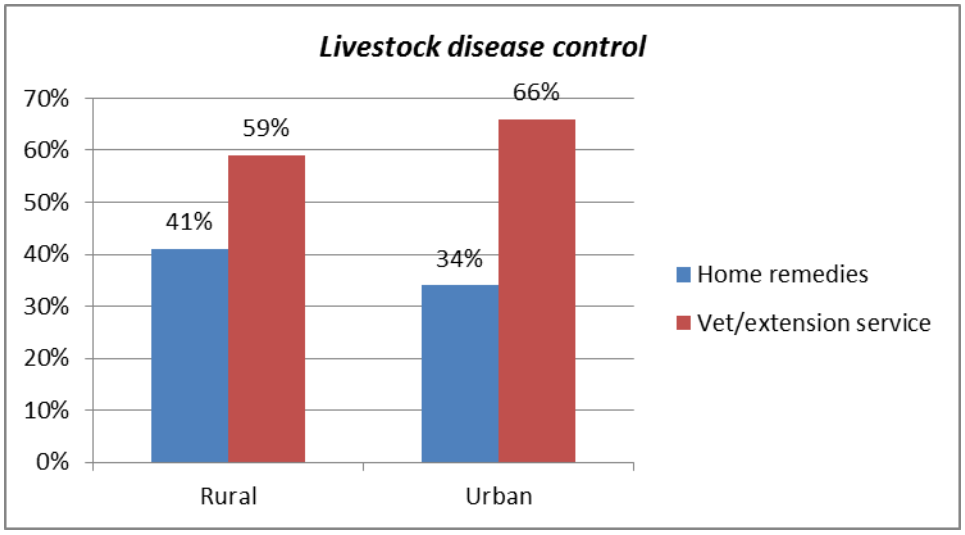
Amongst the recorded diseases which affected livestock were anthrax, black quarter as well as foot and mouth. *Fig. 12* below depicts the prevalence of different diseases by livestock type. Foot and mouth was found to be more prevalent, especially on sheep and goats, in urban areas than in rural areas. 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 smaller compared to rural areas. Anthrax, black quarter and foot and mouth were amongst those diseases recorded during the 2017/18 cropping season.

Figure 12: *Prevalence of disease in livestock*



Dependence on veterinary services was observed to be 66% in the rural areas and 59% in urban areas. 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 13: *Livestock disease control*



4.2.3 LIVESTOCK MARKET PRICES

The average price of cattle from all the districts ranged from M5000.00 to M7000.00, goats price ranged from M400.00 to M500.00 and sheep ranged from M700.00 to M1000.00. This implies that livestock prices were constant over the period.

Table 4: *Prices of livestock*

District Name	Average prices for livestock		
	cattle	Goat	Sheep
Berea	6000	500	1000
Butha Buthe	6500	500	900
Leribe	6500	500	900
Mafeteng	7000	500	850
Maseru	6400	500	900
Mohale's Hoek	7000	500	900
Mokhotlong	5000	400	750
Qacha's Nek	6000	550	850
Quthing	7000	700	850
Thaba Tseka	5500	400	700

5.0 FOOD ACCESS

This section presents factors that contributed to food access[5]. Indicators assessed in this section include access to markets, food prices, food expenditure, sources of food, assets ownership, livelihoods, shocks that hindered household ability to obtain food and safety nets.

5.1 ACCESS TO MARKETS

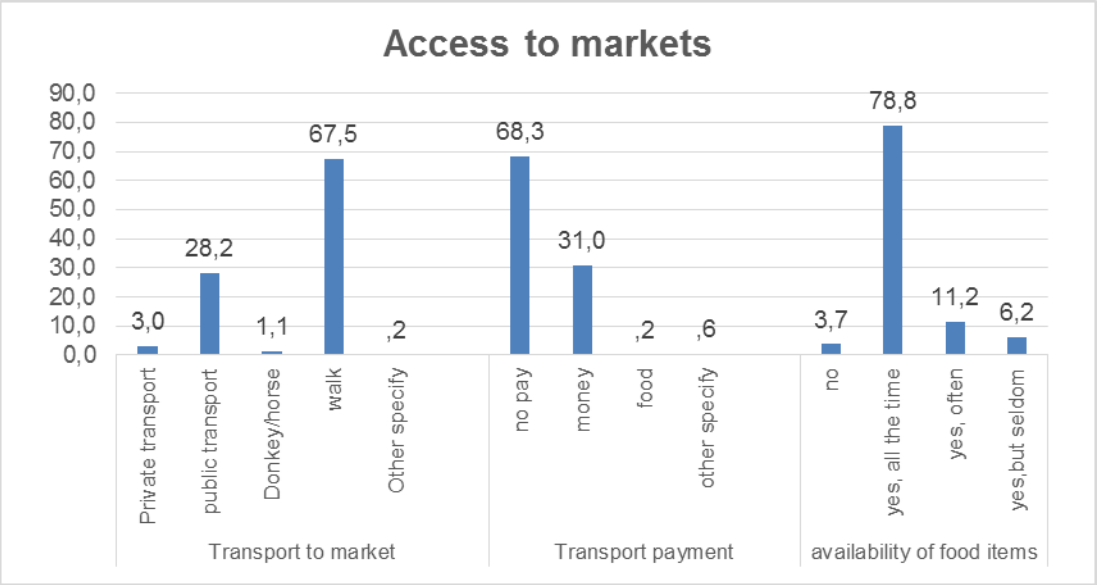
Markets played a vital role in food access as most households obtained their food through purchases. Although not in depth, this assessment tried to establish whether households were able to access markets by looking at physical access to markets as well as food prices. Most households (68%) walked to the markets, some (28%) used public transport, while few rural households mostly HIV affected ones used horses/donkeys, and in urban areas, few households also used private transport to reach the markets. Slightly more female-headed households (71%) than male

[5] Food access refers to household ability to obtain food through different means in order to ensure food security

headed households (65%) walked to the markets. At least 31% indicated that they paid money for transport, with more male-headed households mostly in urban areas using public transport than female headed households.

A majority of households (78.8%) including HIV affected households were satisfied with availability of food in the markets, indicating that food commodities were always available. Only 11% stated that food commodities were frequently available, especially in rural areas, meaning that there were times when some food commodities were not available in the markets. Based on this analysis, generally many households were able to reach the markets and food commodities were available most of the time, implying that markets functioned well in most areas.

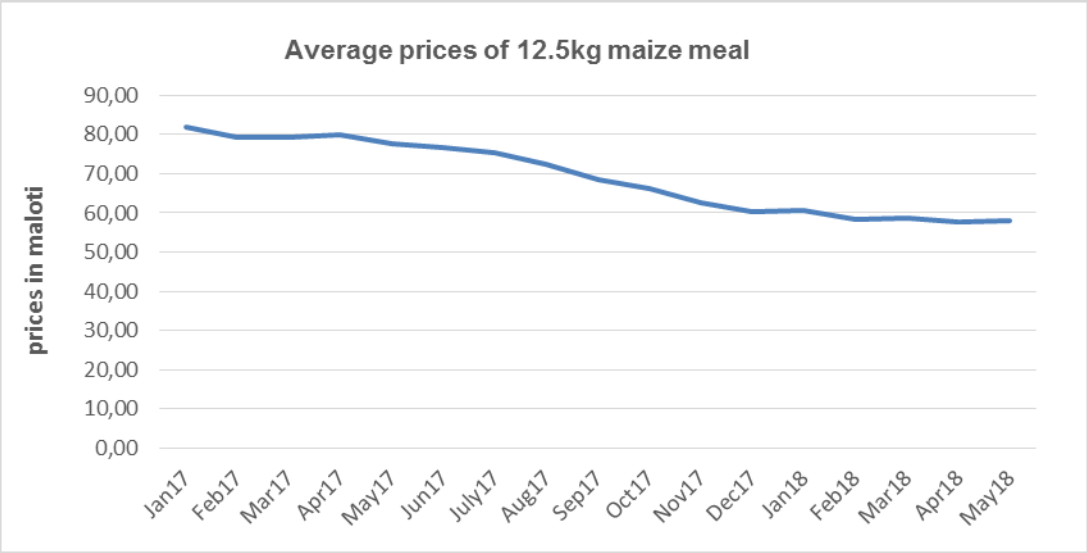
Figure 14: *Access to Markets*



5.2 FOOD PRICES

Prices are the determinants of food purchases, which either enable or restrict households to buy variety of foods from the markets. Low food production this year is exposing poor households to high prices as they will have to rely more on markets. Overall, prices presented a declining trend since May 2017. Compared to last year, prices of maize meal decreased by an average of 25%, with the highest decrease in Quthing (32%) and lowest in Thaba-Tseka (14%). Low food prices enable households to obtain food through the markets, although this largely depends on household purchasing power. Secondary data (BOS 2017/18) was used to present price trend in staple food, using 12.5kg maize meal.

Figure 15: *Average price of 12.5 kg maize meal*



5.3 PRICES OF BASIC FOOD COMMODITIES

Prices of other basic food commodities were also collected. For most commodities, prices in urban areas were slightly lower than prices in rural areas. Prices in Mohale's Hoek followed almost the same pattern as prices in highlands districts.

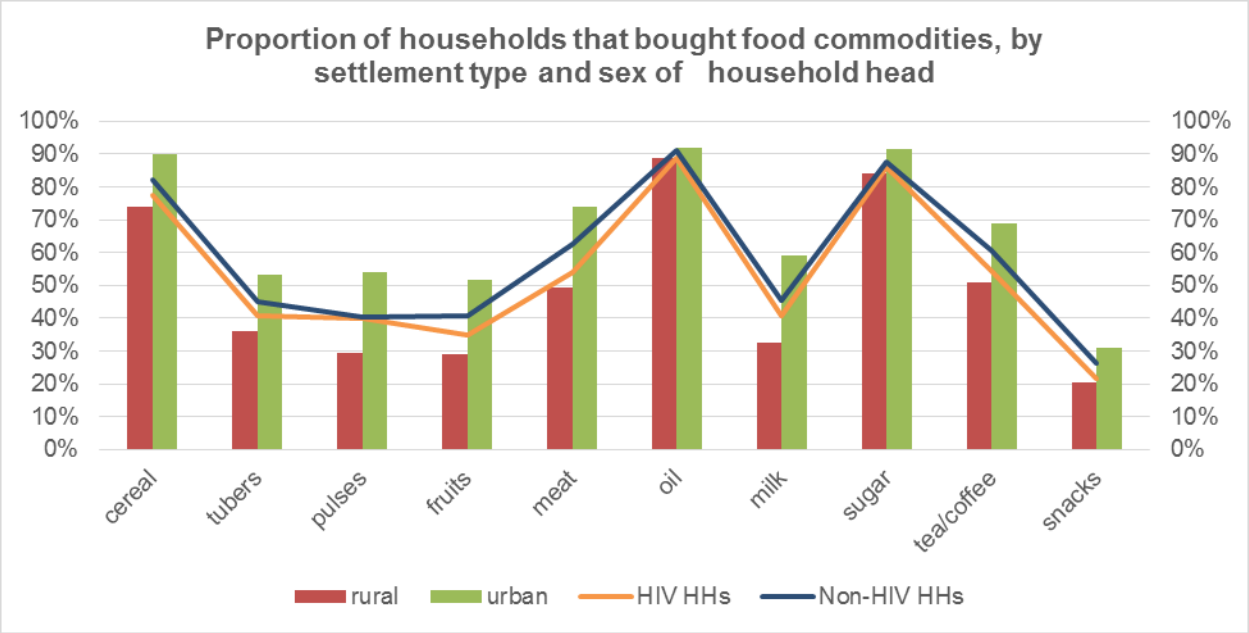
Table 5: *Prices of basic food commodities*

Prices of basic food commodities						
	500g salt	**Grinding Maize 18kg**	**1kg beans**	**750ml cooking oil**	**500g sugar**	**Head cabbage**
District						
Berea	5.84	8.12	22.42	18.27	9.13	18.33
Butha-Buthe	4.98	8.16	21.15	18.97	9.36	14.68
Leribe	5.22	7.66	21.67	18.35	8.98	16.14
Mafeteng	5.78	9.53	23.82	18.83	8.88	25.34
Maseru	5.84	8.41	23.91	18.42	8.86	23.12
Mohale's Hoek	6.08	8.39	23.96	19.22	9.25	24.58
Mokhotlong	6.50	6.81	22.36	19.03	9.23	22.21
Qacha's Nek	6.89	9.83	22.33	19.78	9.82	36.23
Quthing	5.65	9.00	26.31	18.66	8.72	30.17
Thaba Tseka	6.60	7.43	23.53	19.88	9.97	18.60
Settlement type						
Rural	5.95	8.20	23.42	19.05	9.32	22.94
Urban	5.65	8.24	22.67	18.20	8.76	20.12
Total	**5.82**	**8.21**	**23.08**	**18.71**	**9.07**	**21.69**

5.4 FOOD PURCHASES

This section looks at the extent to which households bought different food commodities. The most commonly purchased food commodities were cereal, oil and sugar. Generally, urban households bought different food commodities more than rural households. Over 80% of total households bought cereal, with 75% in rural areas and 90% in urban areas. Slightly more than half of urban households bought tubers, pulses and fruits, while less than 40% of rural households bought these food commodities. Urban households also bought protein food more than rural households. In rural areas, food purchases were more common amongst the middle and better-off households than other wealth groups, with poor households buying less food. There were no significant differences in the extent to which male and female households bought food except that coffee/tea was mostly bought by male headed households. HIV affected households purchased less food than other households. Based on this analysis, many households bought more of cereal, oil and sugar than other food commodities, indicating that majority were not able to buy a variety of food, which could be due to low purchasing power.

Figure 16: Households that bought commodities by settlement type



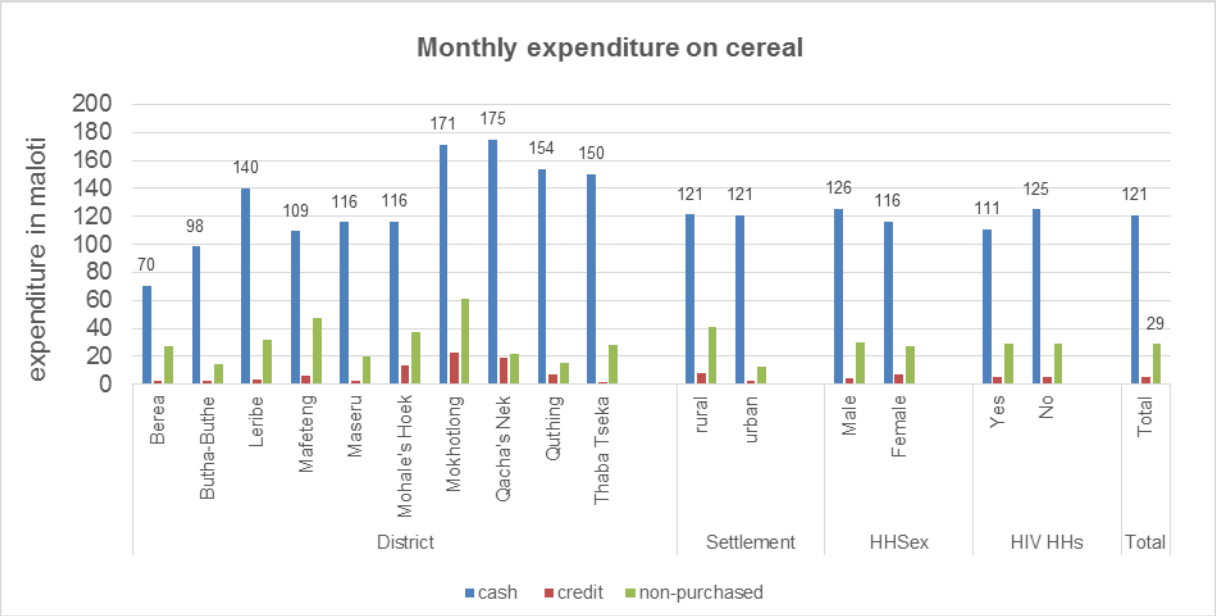
5.5 EXPENDITURE ON FOOD[6]

[6] Food Expenditure refers to monetary value of food through cash, credit and non-purchased food.

Food expenditure was analyzed considering cash, credit and monetary value of non-purchased food. Most households spent their income on cereal, with an average expenditure of M121.00 on maize meal, which indicated that mostly the quantity bought was 12.5kg to 25kg of maize meal per month. Households in the highlands districts (Thaba-Tseka, Mokhotlong, Qacha's Nek and Quthing) spent more on cereal (M154.00 to M175.00) than other households, while there was no difference in cereal expenditure between rural and urban households. Male headed households spent slightly more income (M125.52) on cereal than female headed households (M115.98), while HIV affected households spent slightly less (M110.89) than non-affected households (M124.91). By wealth groups in rural areas, better off households spend more (M177.11) income on cereal than other wealth groups, with the very poor spending as little as M97.52 per month.

The second food commodity with relatively higher expenditure was meat, with an average of M78.00 per month. Leribe recorded the highest expenditure at M98.00, while Mohale's Hoek recorded the lowest expenditure at M59.00. Urban households spent slightly more on meat (M83.00) than rural households (M73.00). many households also spent their income on buying 750ml cooking oil, 500g to 1kg sugar and 500g pulses.

Figure 17: *Monthly expenditure on cereal*



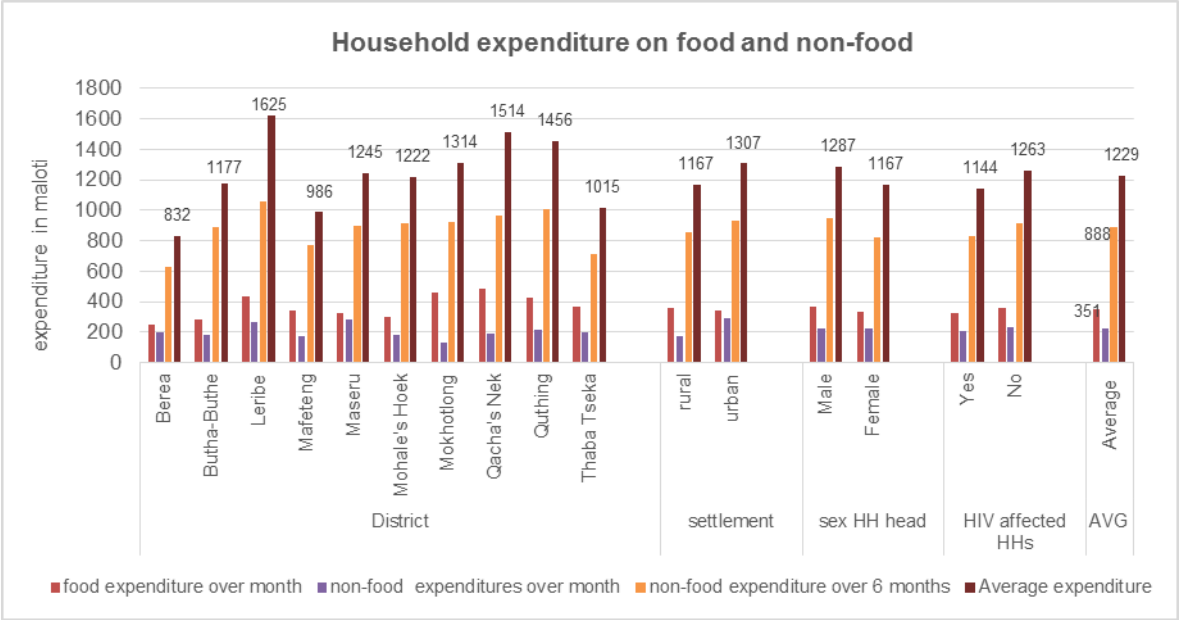
5.6 AVERAGE TOTAL EXPENDITURE[7]

[7] Average total expenditure refers to expenditure on food over a period of a month, expenditure on non-food over a month and non-food over six-month period.

On average food expenditure[8] was estimated at M350.00 per month, while expenditure on non-food items was estimated at M888.00 per month. Average household total expenditure was estimated at M1229.00 per month.

There were slight variations in expenditure between different households. Average expenditure for urban households was slightly higher (M1307.00) than rural households (M1167.00); male headed households had slightly higher average expenditure (M1287.00) than female headed households (M1167.00); while HIV affected households spent somewhat less (M1144.00) than other households (M1263.00).

Figure 18: *Household expenditure on food and non-food*



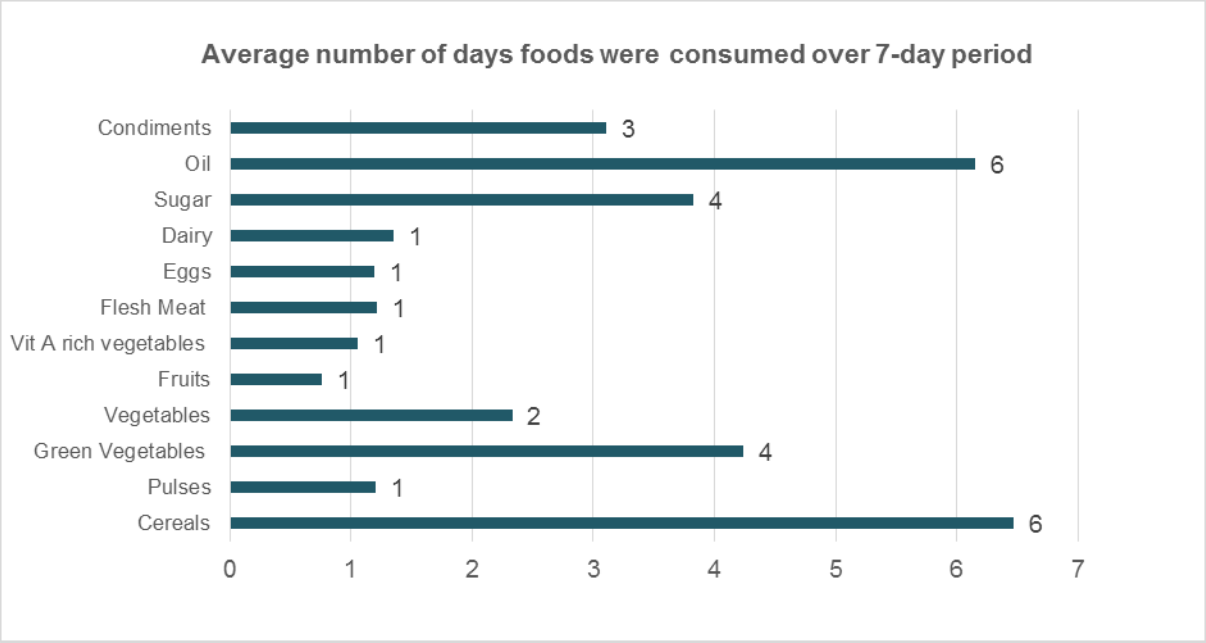
5.7 FOOD CONSUMED

Average number of days different foods were consumed was calculated to determine whether households obtained enough food over a 7-day period. Foods that were eaten almost every day were staple food and cooking oil. Green leafy vegetables and sugar were eaten for four days per week, while other foods were eaten once or never.

Urban households ate protein-rich foods (meat, fish, eggs and dairy) more frequently than rural households and other foods at almost the same frequency as rural households. The eating pattern of HIV affected households was almost the same as other households, and this was also the case with male and female headed households.

[8] Food expenditure refers to total income spend on food for one month.

Figure 19: *Average number of days foods were consumed over 7-day period*



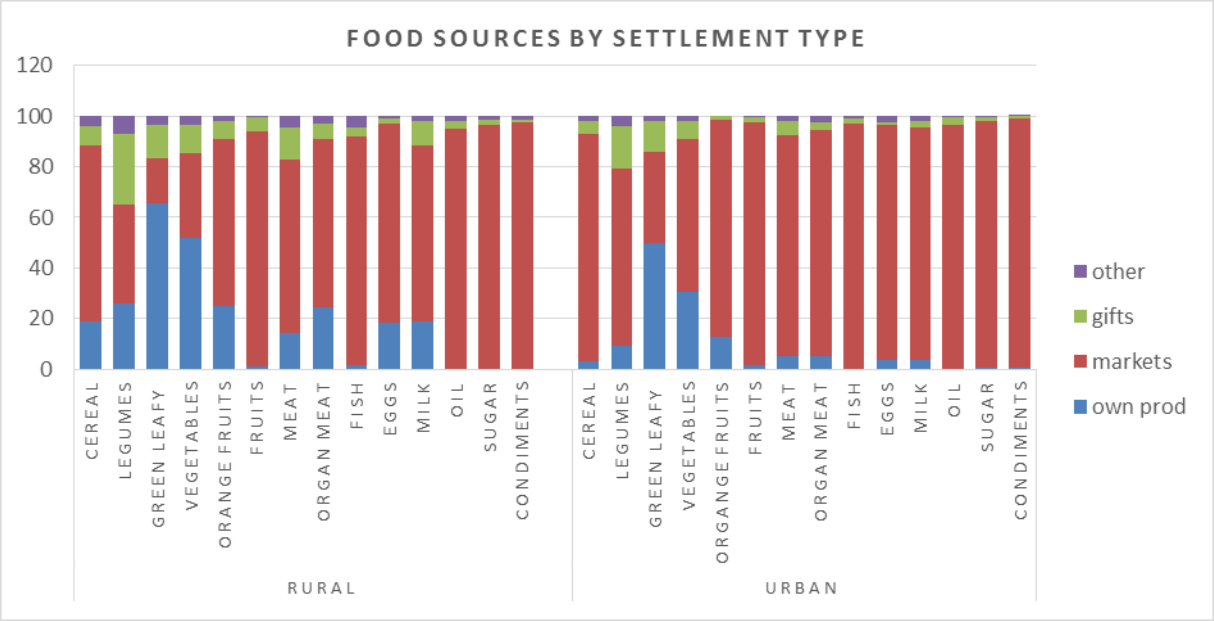
5.8 SOURCES OF FOOD

Most households obtained their food through three main sources which are own production, markets and gits, irrespective of whether they were located in rural or urban areas. Other food sources were used by significantly few households; hence in this analysis they were summed as other. The assessment showed that consumption of food from own production was important, however, most of the time many households had to rely on markets to access food, including staple food. At least 18.9% of rural households obtained their staple food through own production versus less than 5% of urban households. Own production was a good source of vegetables for 52-66% of rural households and 30-50% of urban households. Gifts were more common for rural households (28%) than urban households.

HIV affected households relied less on markets and received more gifts compared to non-affected households; while own production was more common in male headed

households than in female headed households. From own production, 14.5% male headed households obtained cereal, 21.2% obtained legumes and 10-15% obtained meat; while only 9.3% of female headed obtained cereal, 14.2% obtained legumes and 8.3-9.6% obtained meat.

Figure 20: *Food Sources by Settlement type*

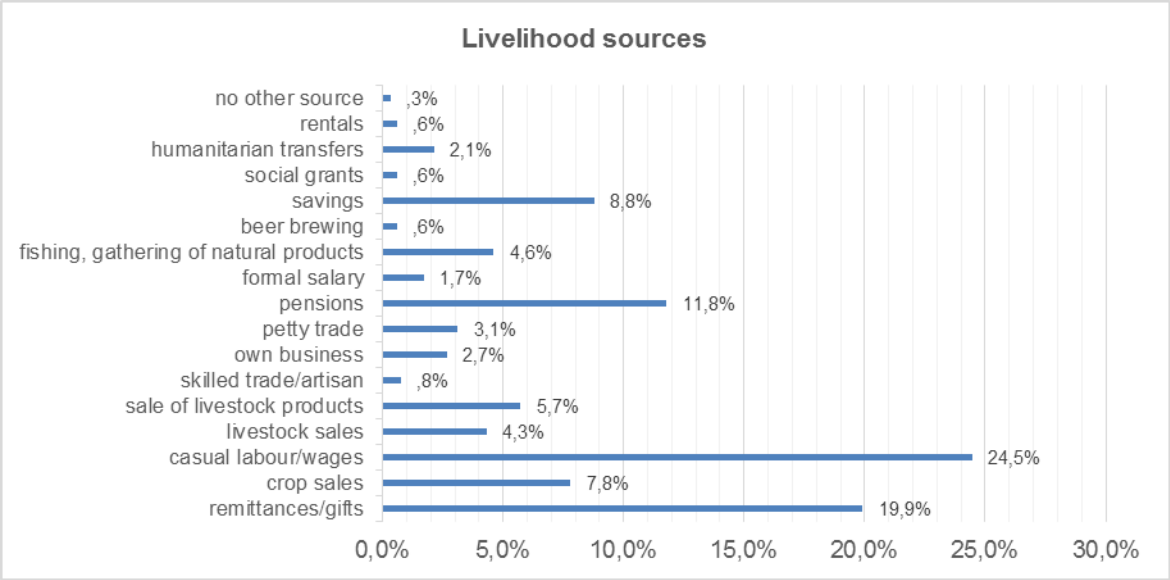


5.9 LIVELIHOOD SOURCES

Livelihood sources were analyzed to determine household means of food and income. Due to contextual factors such as prolonged onset of rains and hailstorms, many households will rely on own crop production for a few months this year. The most important livelihood sources were casual labour (24.5%), remittances/gits (20%) and pension (11.8%). Other livelihood sources were used by less than 10% of households. Casual labour was common across all districts ranging from 22 to 32%. While most districts recorded 20-27% households which relied on remittances, Mokhotlong recorded only 9%, Butha-Buthe and Thaba-Tseka recorded 13% and 14% respectively and Maseru recorded 17%. HIV affected households relied on casual labour (27.5%) and remittances (20.8%), which follows the same pattern as

non-affected households, although they had lower reliance on pension (9.8%). Brewing was common only in Mokhotlong (22%); while at least about 10% of households in the northern districts relied on crop sales.

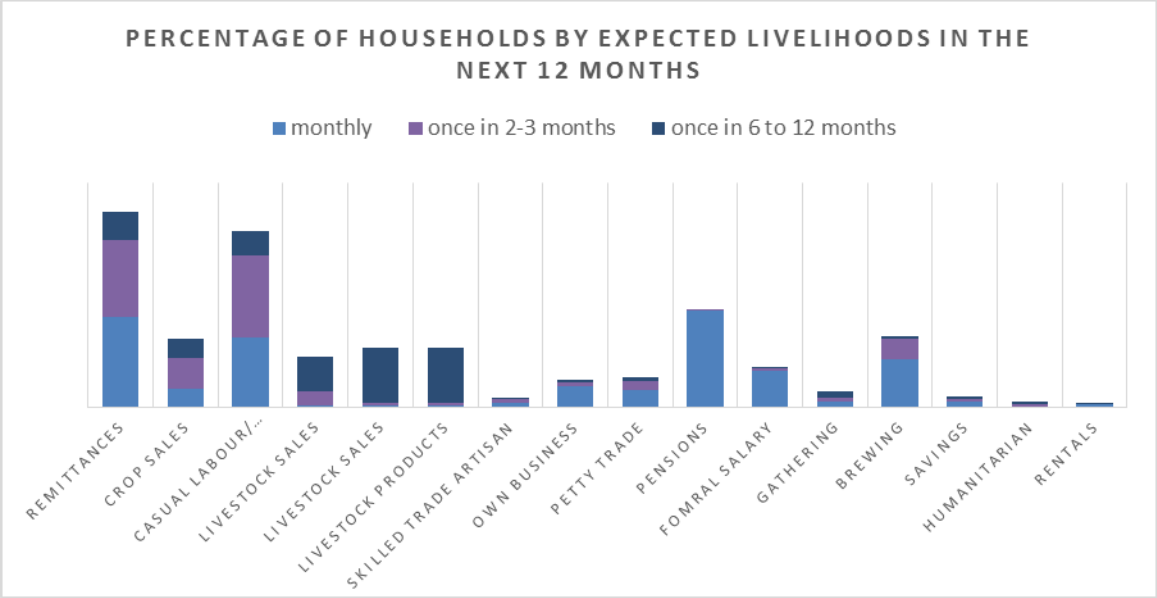
Figure 21: *Livelihood sources*



5.10 EXPECTED LIVELIHOODS

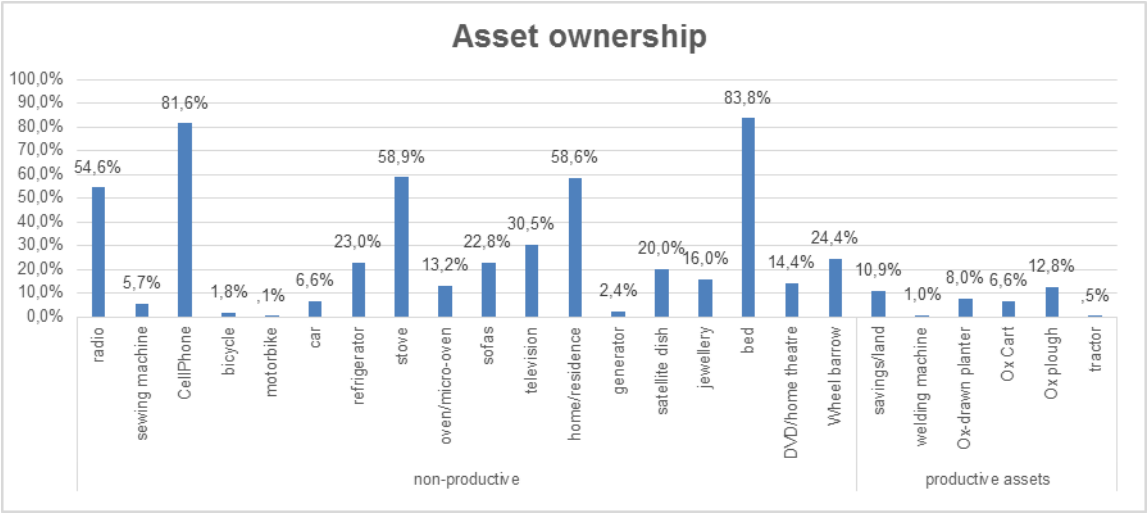
Households were asked to indicate which livelihoods they expect to rely on in the next 12 months. The three most important livelihoods mentioned were remittances, casual labour and pension. Although some households expected to rely on remittances (20%) and casual labour (15.6%) on monthly basis, some households expected to rely on these livelihood sources once in 2-3 months while others said once in 6-12 months. This is with the exception of those who expected to rely on pension (21.7%) as they receive it on a monthly basis.

Figure 22: *Percentage of households by expected livelihoods in the next 12 months*



5.11 Asset ownership: different assets enable different livelihoods with high asset ownership associated with more diverse livelihoods. Productive assets can be used to earn income, while non-productive assets express the status of a household. Many households as shown in figure 23 owned non-productive assets as opposed to productive assets, with bed and cell phones owned by majority in both rural and urban settings. In rural areas, at least 10-12% of households owned ox-drawn planter and ox-cart, while 20% owned ox-plough, while less than 5% of urban households owned these assets. In terms of asset ownership, male and female headed households as well as HIV affected and non-HIV affected households did not show notable differences in asset ownership.

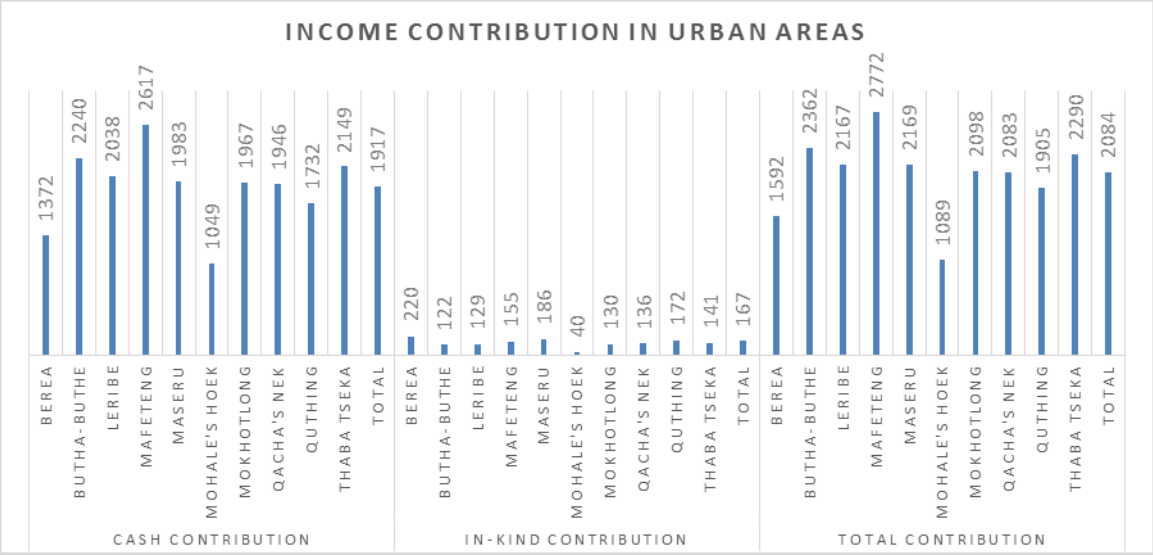
Figure 23: *Asset Ownership*



5.12 INCOME CONTRIBUTION

Households residing in urban areas were asked to indicate the income that they received in a month through cash and in-kind contributions. Cash contributions ranged from M1049.00 to M2617.00, making an average of M1917.00. This is slightly higher than last year's cash contributions of (M1795.00). In-kind contributions remained low at M167.00 per month. Thus, on average, urban households received M2084.00, with a range from M1089.00 in Mohale's Hoek to M2772.00 in Mafeteng.

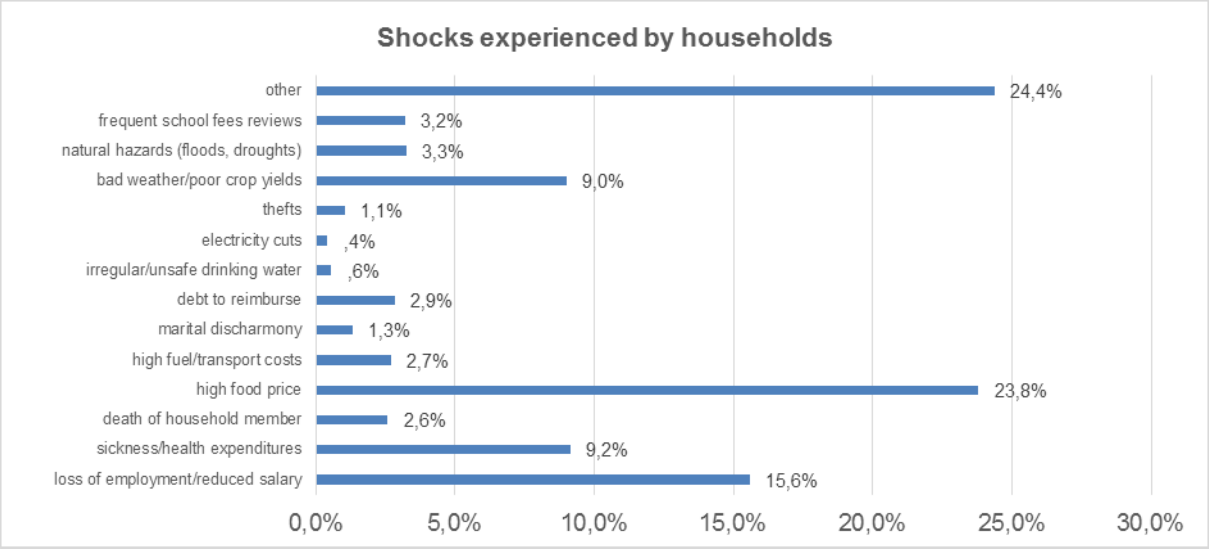
Figure 24: *Income contribution in urban areas*



5.13 SHOCKS

This section analyses shocks that households experienced in the last six months that influenced food access in the rural areas. Households mentioned factors that hindered them from obtaining food at some point in the recall period. The findings show that high food prices were the most common shock experienced by households (23.8%), followed by loss of employment or reduced salary. Bad weather and sickness or health expenditures were both mentioned by 9% of households. Other shocks were low as they were mentioned by less than 5% of households.

Figure 25: *Shocks experienced by household*

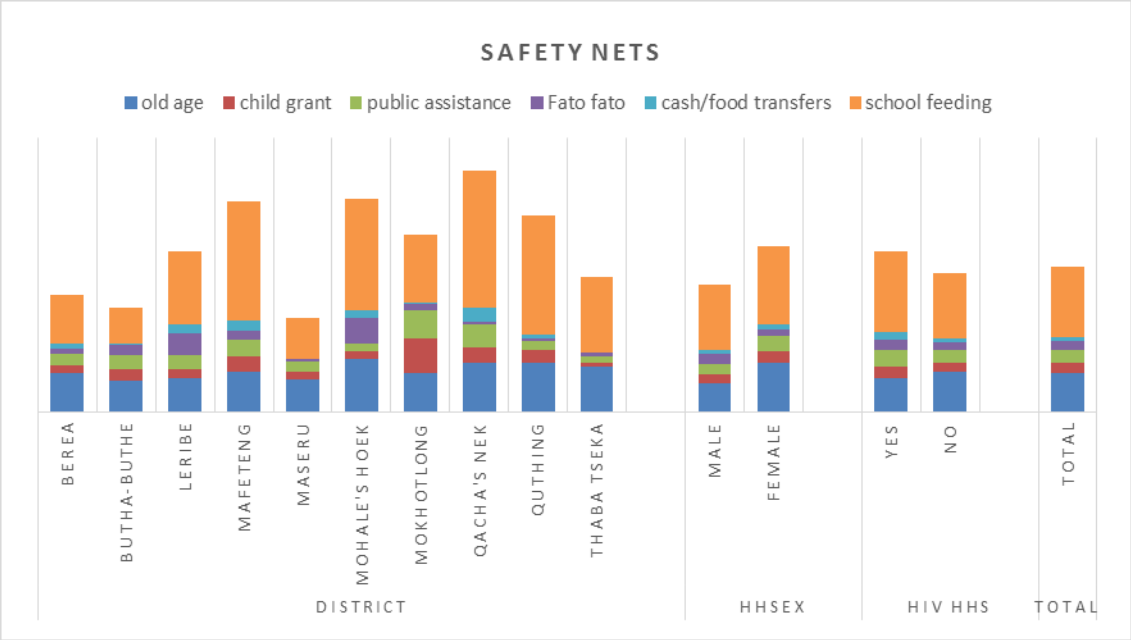


5.14 SAFETY NETS

This section looks at the proportion of households that benefited from safety nets; namely *old age pension, child grants, public assistance ,cash for work (fato-fato), cash/food transfers and school feeding*. School feeding was the most common safety net, with the lowest proportion of households from it in Butha-Buthe (16%) and Maseru (18%), and the highest proportion recorded in Qacha's Nek (60%). The second important safety net was old age pension with 14-23% benefiting from it. Other safety nets had low proportions, however important to study households in some districts. For instance, *fato-fato* was noticeable in Mohale's Hoek (11.5%) and Leribe (9.5%). Mokhotlong recorded more households under child grants (15%) and 12.2% under public assistance than other districts. Cash/food transfers were relatively more in Qacha's Nek (7%) and Mafeteng (5%).

Female headed households benefited more under school feeding and old age pension than male headed households and remain almost the same proportions for other safety nets. HIV affected households benefited more from school feeding (35%) than other safety nets comparative to non-affected households.

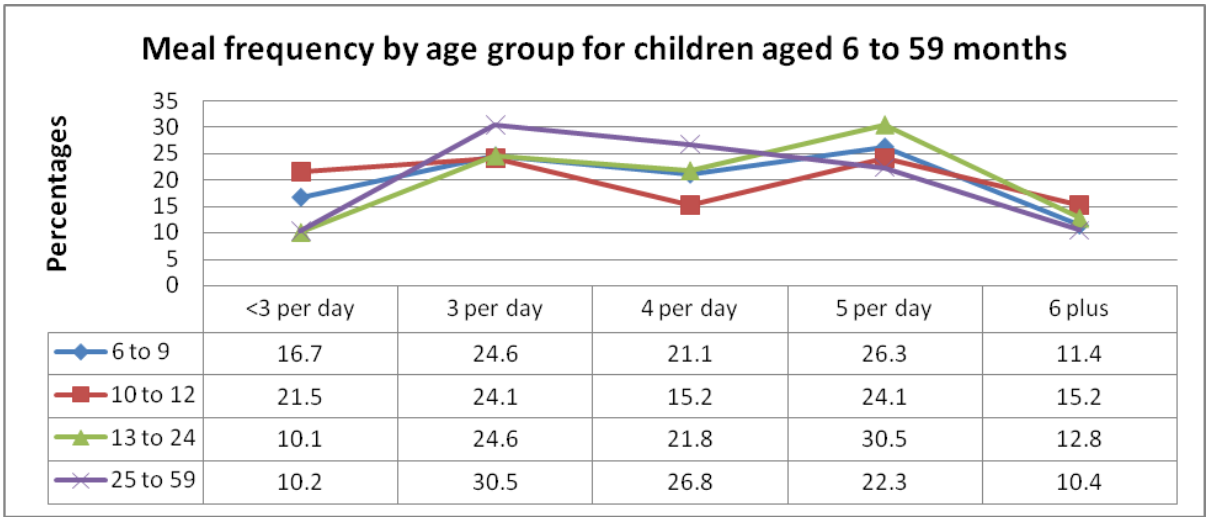
Figure 26: *Safety nets*



5.15 MEAL FREQUENCY

An estimated total of 88.3% of children aged 6 to 59 months ate three meals and above during the previous 24 hours .Meal frequency for rural areas was higher (86.3%) than in urban areas (62.8%). An estimated total of 88.3% of children aged 6 to 59 months ate three meals and above during the previous 24 hours .Meal frequency for rural areas was higher (86.3%) than in urban areas (62.8%).

Figure 27: *Meal frequency by age group for children aged 6-59 months*



	<3 per day	3 per day	4 per day	5 per day	6 plus
6 to 9	16.7	24.6	21.1	26.3	11.4
10 to 12	21.5	24.1	15.2	24.1	15.2
13 to 24	10.1	24.6	21.8	30.5	12.8
25 to 59	10.2	30.5	26.8	22.3	10.4

Approximately 7.4% of people aged five years and above ate three meals a day and 29.7% ate two meals per day. The results as per settlement also indicate that in rural areas, 34.7% of people ate two meals per day and 44% ate three meals a day respectively. In the urban areas almost 51.8% ate three meals; however 23.4% ate two meals per day.

The highest types of food consumed were grains and tubers at 36.7%followed by dairy products at 15.1% and other (fruits and vegetables) at 14.3%. However, legumes and meats were less consumed at 9.5%.

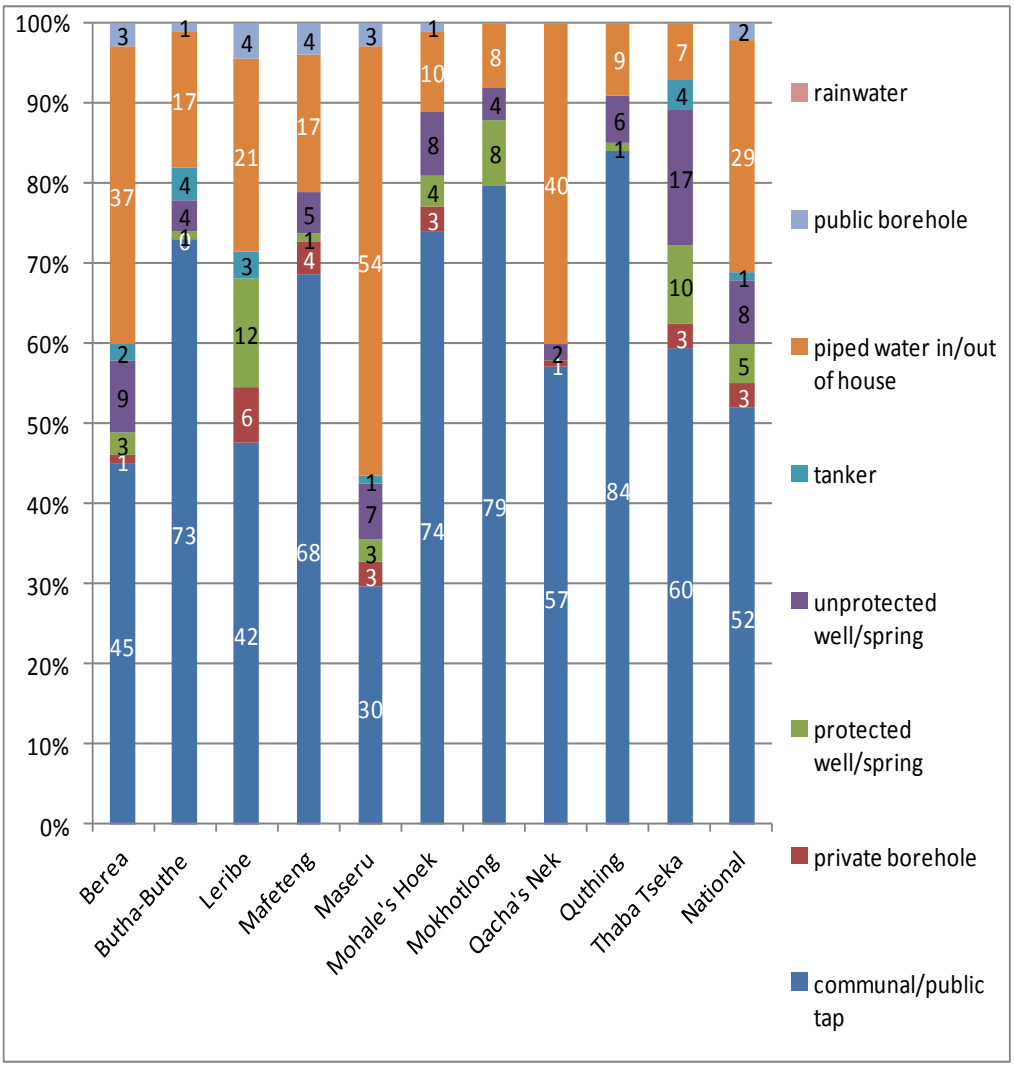
6.0 UTILIZATION

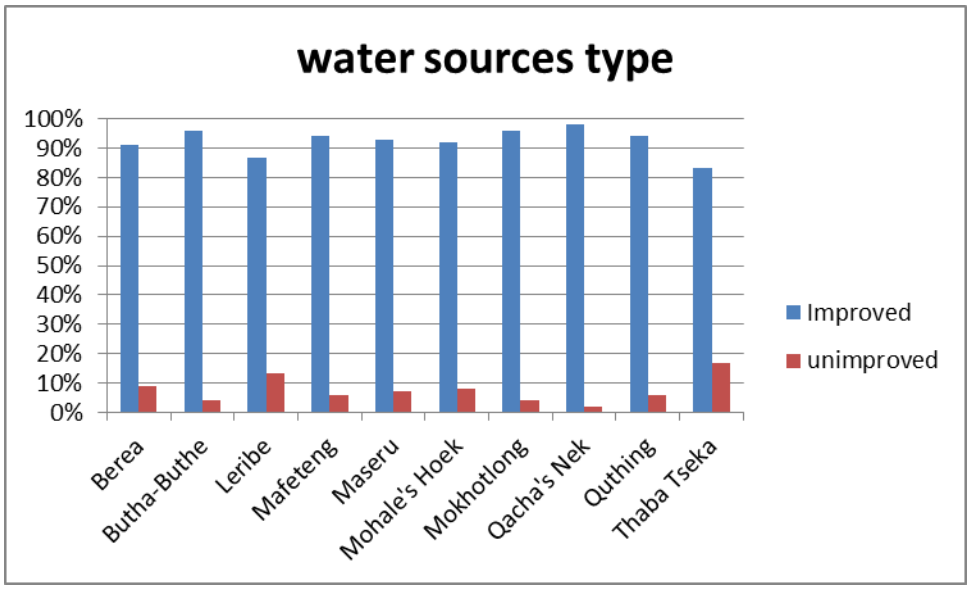
Food Utilization looks into whether households have access to safe drinking water, improved sanitation facilities, care and feeding practices, food preparation, diversity of diet and intra-household distribution of food as well as to ownership of shelter.

6.1 ACCESS TO SAFE DRINKING WATER SOURCES

Majority of households 92% have access to safe and clean drinking water through communal/public taps which were mostly found in rural areas. Other improved water sources include piped in water in or out of house, protected well/springs, private or public boreholes and water tanker. However, there are some few households which still access water through unprotected water sources such as from unprotected springs/well which may pose health hazards to people. Access to improved water sources needs to be enhanced so as to prevent the likelihood of waterborne diseases.

Figure 28: *Sources of water by district*

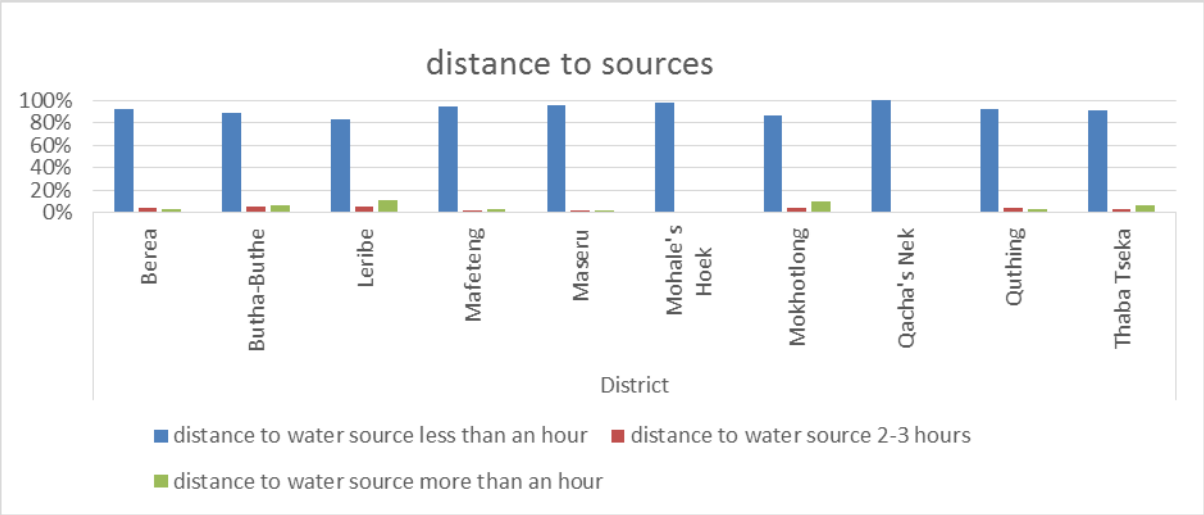

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Berea
Butha-Buthe
Leribe
Mafeteng
Maseru
Mohale's Hoek
Mokhotlong
Qacha's Nek
Quthing
Thaba Tseka
National
rainwater
public borehole
piped water in/out of house
tanker
unprotected well/spring
protected well/spring
private borehole
communal/public tap


water sources type
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Berea
Butha-Buthe
Leribe
Mafeteng
Maseru
Mohale's Hoek
Mokhotlong
Qacha's Nek
Quthing
Thaba Tseka
Improved
unimproved

6.2 DISTANCES TO WATER SOURCES

The findings indicated that most households travel less than one (1) hour to water sources which is acceptable as the required standard and that households were able to practice proper hygiene.

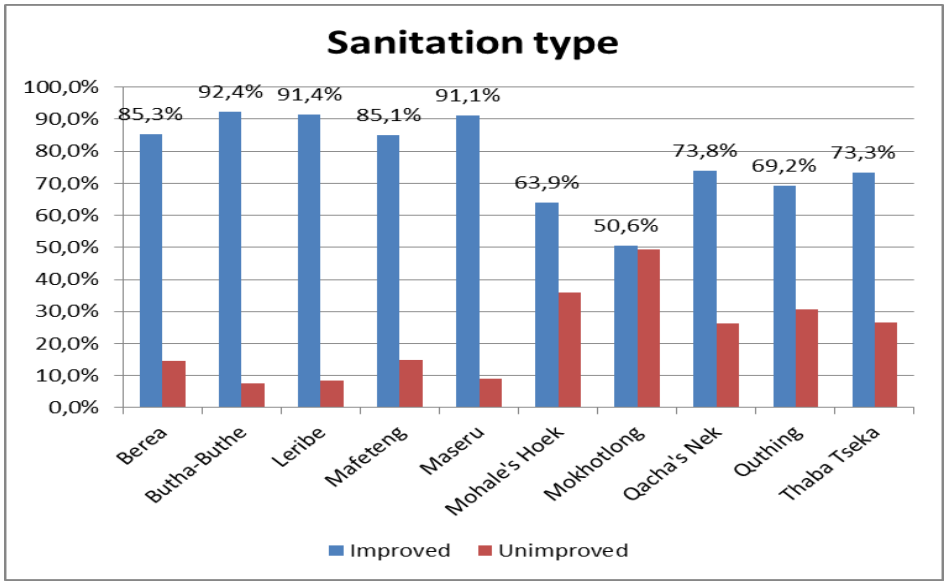
Figure 29: *Distance to water sources*



6.3 ACCESS TO IMPROVED SANITATION TYPES

Most households 83% used improved sanitation sources. These improved sanitation sources included Ventilated improved pit latrines, pit latrines, communal or public toilets and flush/pour toilets. However there were few households which still used unimproved sanitation particularly open defaecation/ bush. The highest proportion of unimproved sanitation was noted in Mokhotlong (49.4%), followed by Quthing (29.8%) and Thaba Tseka (26.7) and Qachas Nek (26.2%) as depicted in figure 29.

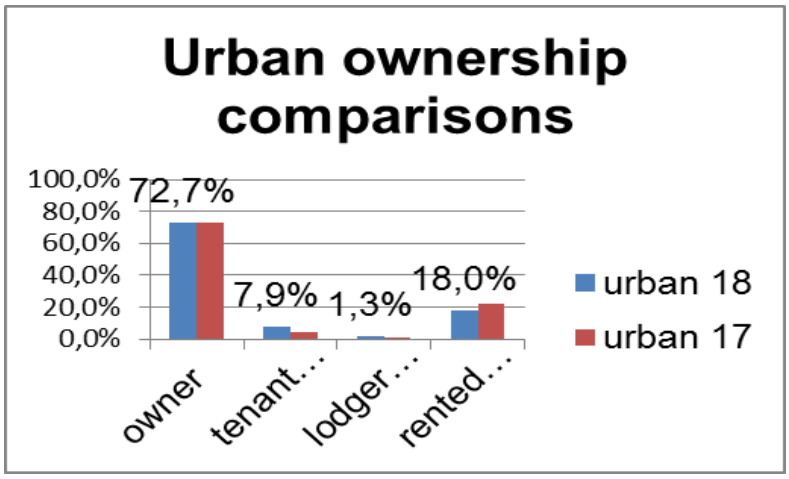
Figure 30: *Sanitation/toilet type*



6.4 SHELTER OWNERSHIP

The findings further indicated that most households in urban settlement (87%) owned houses they live in, 8.9% rented houses, 3% were tenants (Occupying the whole house) and only 1% of households occupied part of the house (lodgers).Most of the respondents indicated that they have been staying in permanent structures, meaning the shelter type occupied by the people is a safe type of structure. When comparing 2018 and 2017, less proportion estimated at 4.2% did not own houses compared to 12.7% in 2017.

Figure 31: *Comparisons of shelter ownership in 2018 compared to 2017 within urban settlement.*



6.5 INFANT AND YOUNG CHILD FEEDING PRACTICES

The results indicate that 90.3% of children were breastfeed. Overall, approximately 63.4% were initiated to breastfeeding within the first hour. In urban, 65.3% of children were initiated timely and 62.3% at rural. The findings also indicate that 63.4% were exclusively breastfeed showing an increase of 10.4% from 2017 results.

6.5.1. COMPLEMENTARY FEEDING

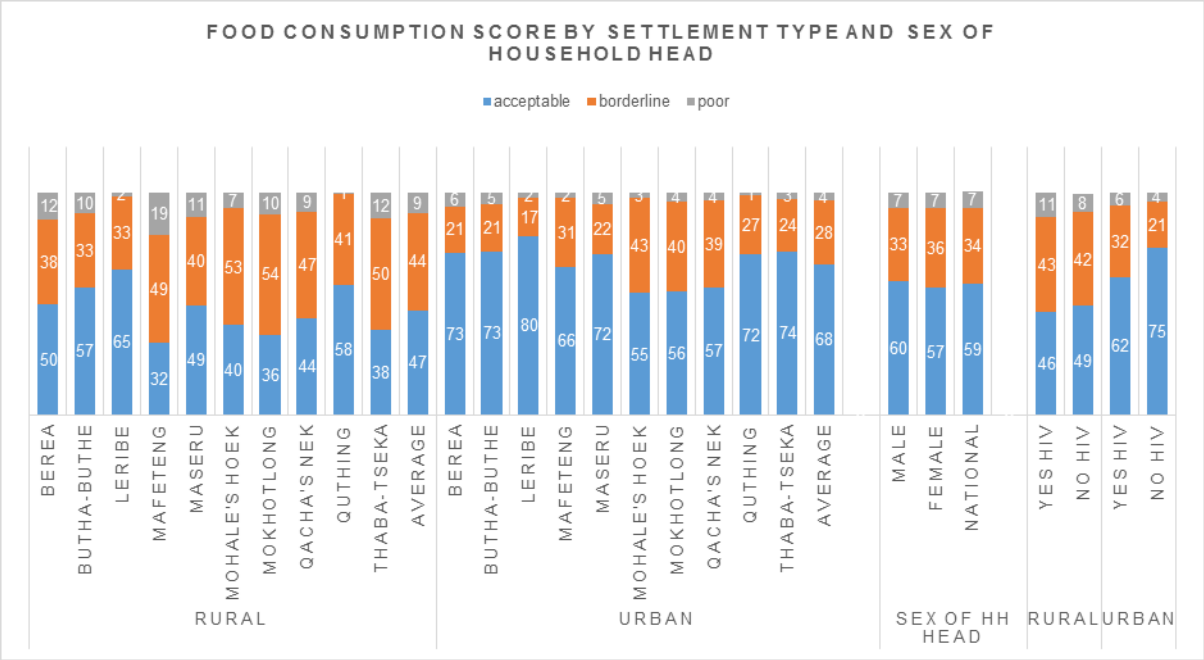
Of all the households that were interviewed, about 52.9% of under-five children benefited from well-timed introduction of complementary foods, which shows a remarkable increase of 19.6% compared from 2017 results.

7. FOOD SECURITY OUTCOMES FOR 2018/19

7.1 HOUSEHOLD FOOD CONSUMPTION SCORE

An analysis of food consumption score by both settlement type and districts indicated that there were more households in the rural areas who had inadequate food consumption with an average of 53% of households in the borderline and poor food consumption groups compared to 32% in the urban setting. The rural areas of Mafeteng, Mohale's Hoek, Mokhotlong, Qacha's Nek and Thaba-Tseka had higher numbers of households in the borderline and poor food consumption groups. There was no significant difference between households headed by males and females in terms of food consumption. In addition, rural and urban households who had a member with HIV had higher proportion of borderline and poor food consumption groups compared to households who did not have a member with HIV.

Figure 32: *Food consumption score by settlement type and districts*



7.2 CONSUMPTION OF MACRO AND MICRO NUTRITIENT RICH FOOD

Food consumption was further analysed to assess intake of macro and micro nutrient rich foods in a 7-day period. These included consumption of vitamin A, protein and iron rich foods. In both urban and rural settlements, iron rich foods were least consumed, followed by foods rich in protein. Vitamin A rich foods were the most consumed. However, in urban areas, the proportion of households who consumed iron and protein rich foods either sometimes or daily was higher (iron 44%-79%), (protein 79%-92%), compared to the rural areas (iron 27%-67%), (protein 52%-86%). Consumption of vitamin A rich foods did not show a significant difference in rural (vitamin A 74%-96%) and urban areas (vitamin A 74%-98%).

Figure 33: *Food consumption nutrition in urban areas*

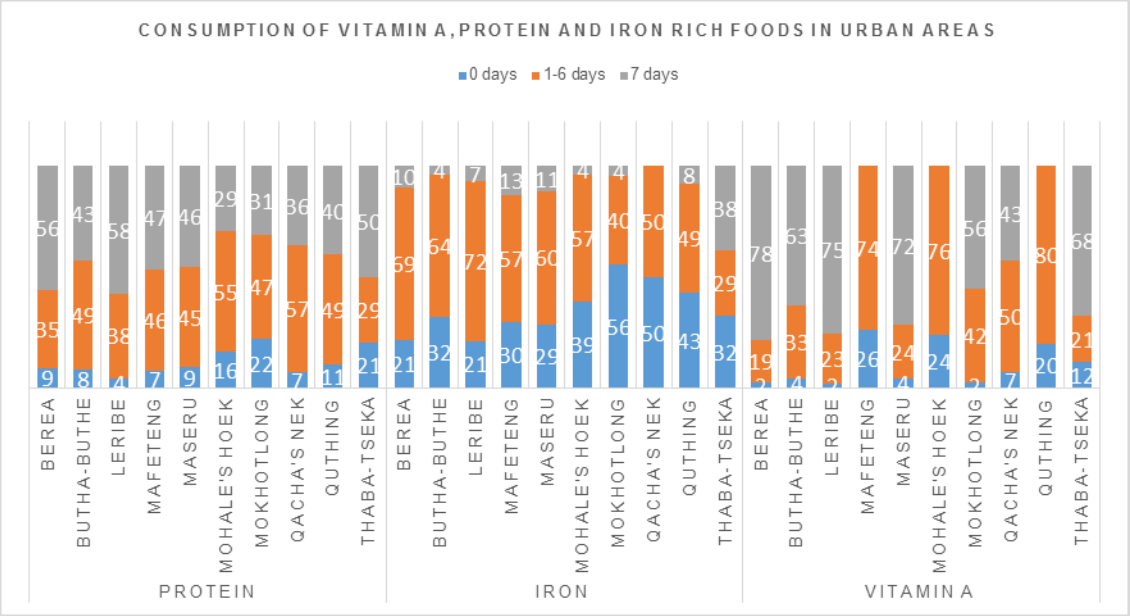
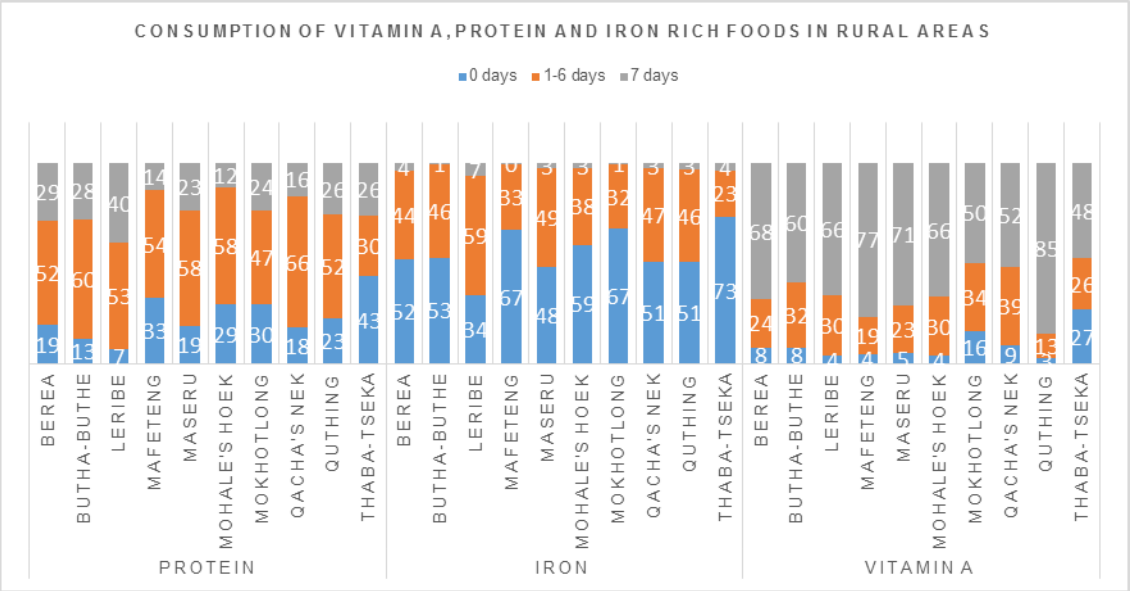


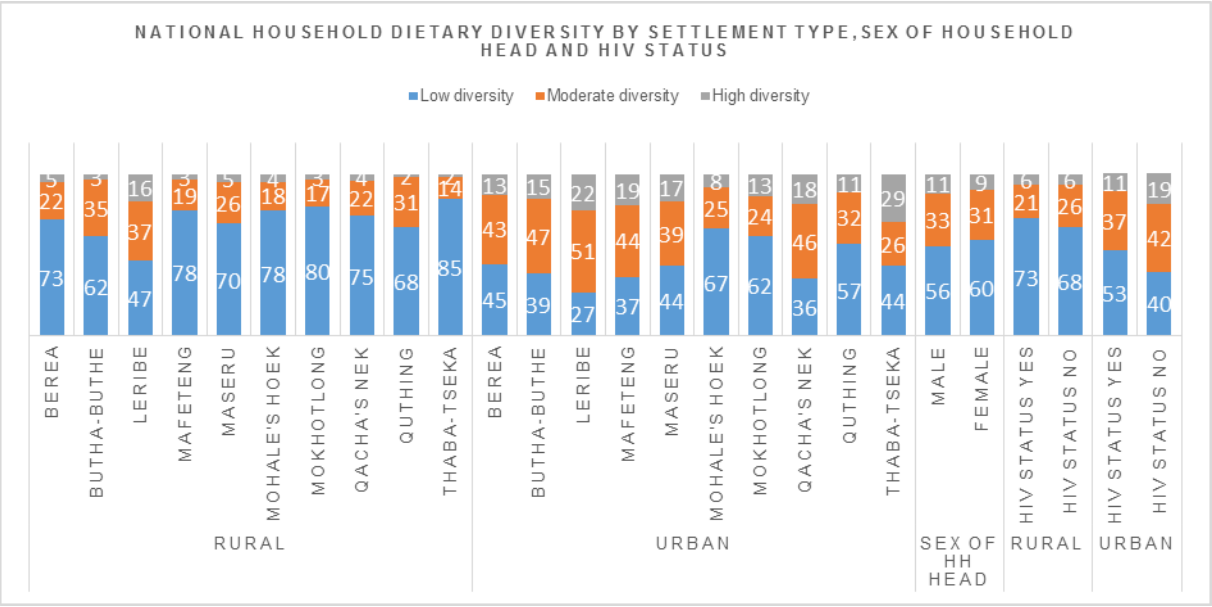
Figure 34: *Food consumption nutrition in rural areas*



7.3 HOUSEHOLD DIETARY DIVERSITY

An analysis of dietary diversity9 was done to assess the number of food groups household consumed over a 7-day period. This is a proxy indicator of intake of nutrients. The findings indicated that generally significant proportion of households did not diversify their meals regardless of settlement type. Rural households had a higher proportion of households which had low dietary diversity (47%-78%), compared to urban households with (27%-67%). The urban and rural households of Leribe had the lowest proportion of households in the low dietary diversity scale (27% and 47%) compared to other districts. More than half of households headed by males and females had low dietary diversity, with female (60%) headed households slightly above those headed by males (56%). A proportion of households who had poor diversity of meals in the rural areas was prevalent (above 60%) in all households regardless of HIV status, though the proportion of households with members with HIV is slightly higher (73%) compared to those without HIV positive members (68%). In urban areas households with members with HIV, had a proportion of 53% of households in the low dietary diversity scale as opposed to 40% of those who did not have any member with HIV.

Figure 35: *Houshold Dietary Diversity*

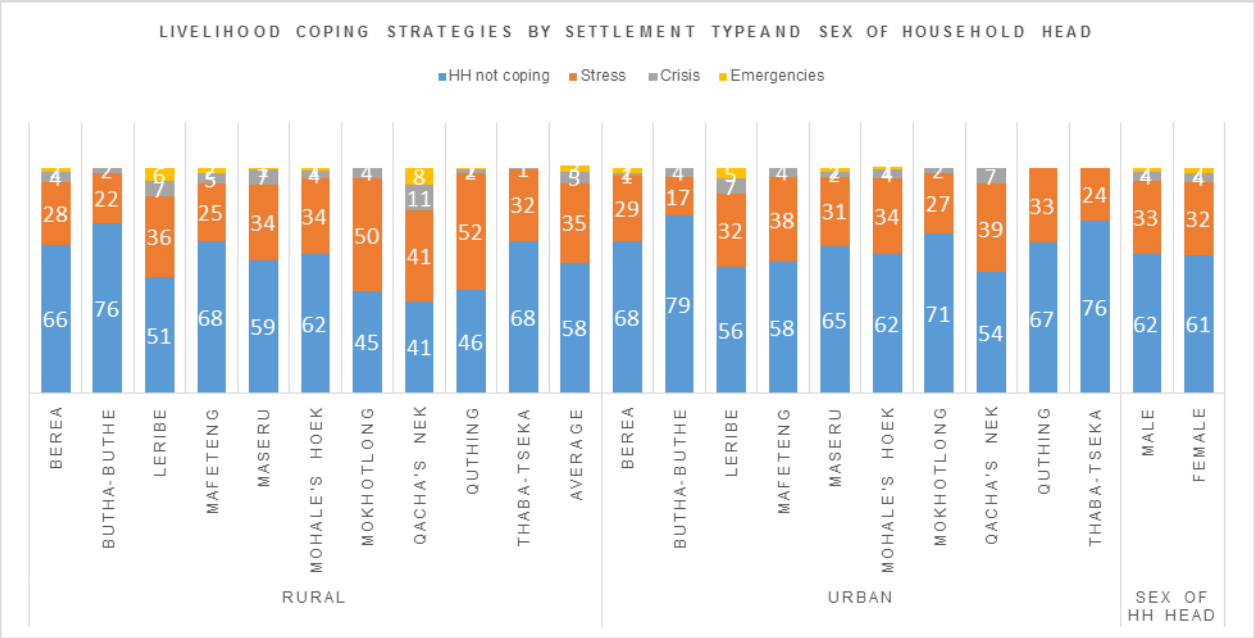


7.4 LIVELIHOOD COPING STRATEGIES

9**Dietary diversity** is a measure of different food groups households consumed. The households are classified as 'Low dietary diversity' when have consumed 1-3 food groups. Households who consume 4-5 food groups are classified into 'Moderate dietary diversity'. Households who consume 6 and above food groups are classified into 'High dietary diversity'. Food groups consumed are classified regardless of type of food groups consumed

An analysis of livelihood coping strategies was done to understand the hardship that the households were faced with to acquire food and future ability to produce. Strategies are classified as 10stress, crisis and emergency strategies. Households who did not employ any of these coping strategies were regarded to be food secure based on this analysis only. Proportion of households who did not adopting any coping strategies was higher in urban areas (54%-76%) compared to rural households (41%-76%). Of the households that employed coping strategies among rural and urban households majority employed stress coping strategies, mainly buying food on credit and borrowing money to buy food. The same proportion of households headed by females and males(61%-62%) did not employ any coping strategies followed by those which applied stress coping strategy.

Figure 36: *Livelihoods coping strategies by settlement type and sex of household head*



7.5 REDUCED CONSUMPTION-BASED STRATEGIES (RCSI)

Consumption-based coping strategies were assessed to understand the consumption behaviors or strategies that households had to engage when faced with food gaps. Analysis of these strategies was used to generate the reduced coping strategies index (rCSI)- the higher the index the food insecure the households based

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10Stress strategies, such as borrowing money, selling more animals than usual, purchasing food on credit or borrowing 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 fertilizers, animals 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.

on this indicator alone. RCSI is higher among rural households compared to their urban counterparts. When comparing with the previous year, rural and urban households in Leribe, Butha-Buthe, Berea, Mokhotlong and Thaba-Tseka reduced or maintained the same level of coping strategies use. Among households in both settlements, in Mafeteng, Mohale's hoek, and Qacha's Nek the rCSI increased. Female households had slightly higher index compared to male headed households. Overall, most households bought less preferred food and relied on help from friends or relatives when faced with a food gap. A higher proportion of households headed by females (34%-40%) adopted these strategies compared to households headed by males (28%-33%).

Figure 37: *RCSI by settlement type and household sex*

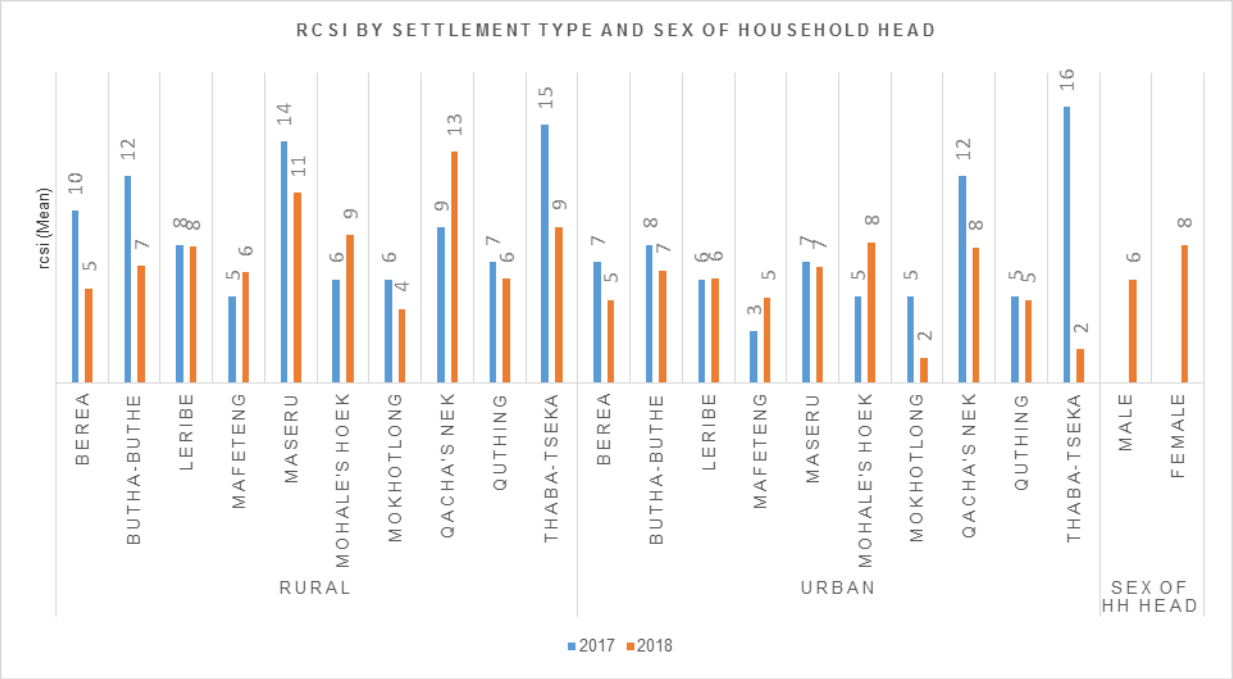
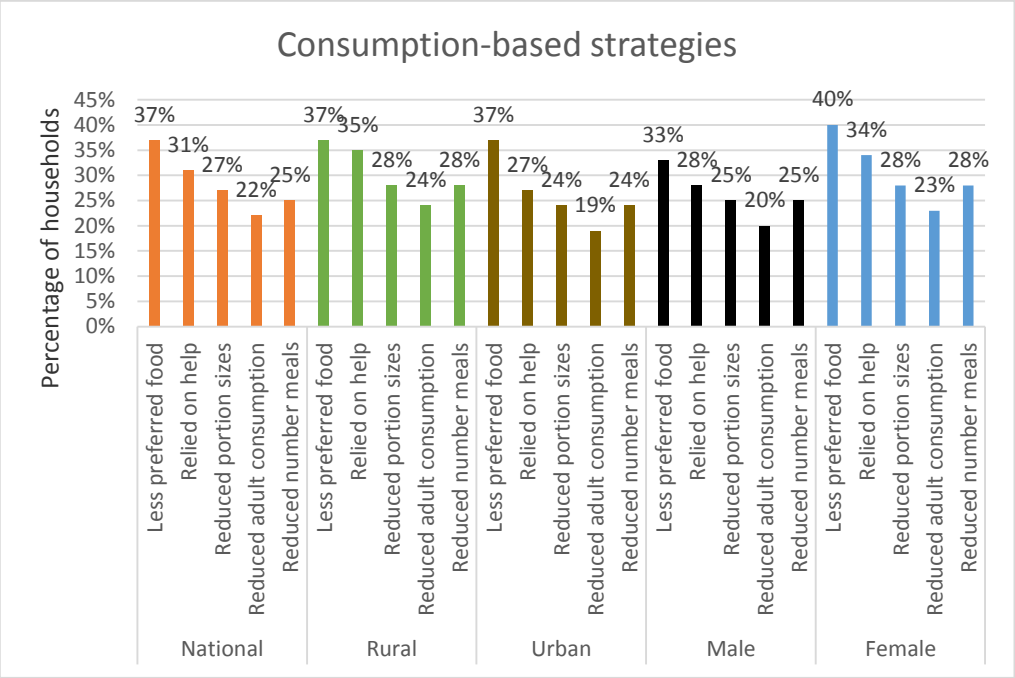


Figure 38: *Consumption based strategies*

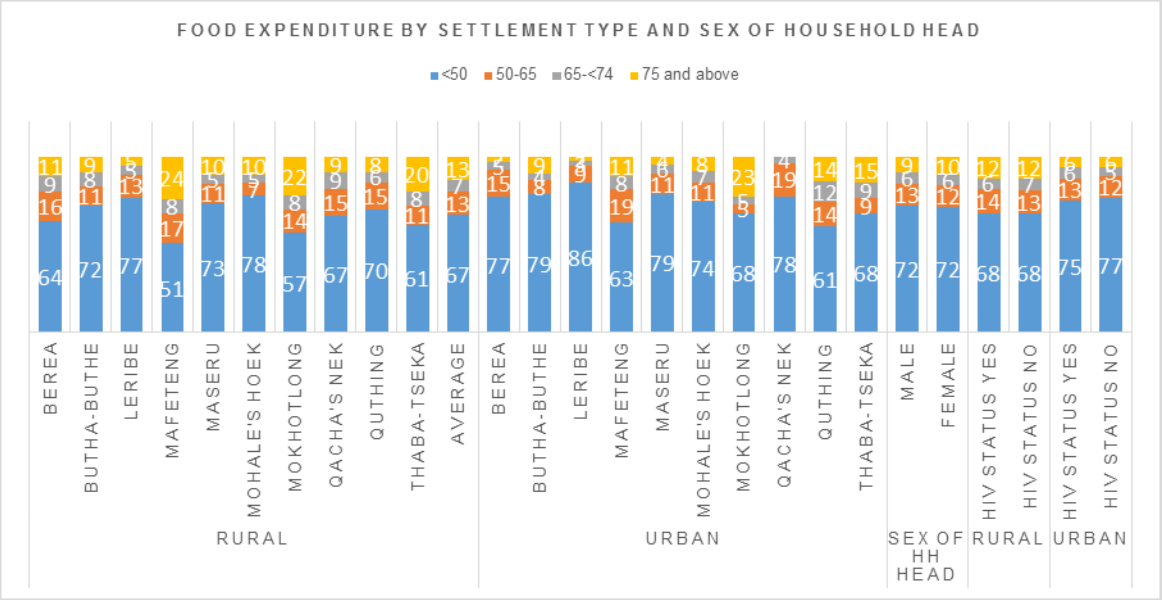


7.6 HOUSEHOLD FOOD EXPENDITURE SHARE

Households were asked to estimate the value of cash spent on food and non-food items over the period of 30 days and value of cash spent on non-food items over a period of six months. Based on these estimates, a total share of money spent on food over the total expenditure was calculated. This analysis was done to assess the economic vulnerabilities of households. Households were classified into four categories, those who spent less than half of their income on food (<50) and three categories of those who spent more than half of their ine on food (50-60), (65-<74), (<75 and above). The higher the amount of money spent on food compared to the total expenditure, the vulnerable the household. Households which spend less than half of its total income on food are food secure based on this indicator.

On average in both rural and urban areas, more than half of households spent less than 50% of their income on food. More than 70% of female and male headed households spent less than 50% of their income on food. In both settlements, high proportion of households (68%-77%) spent less than 50% of their income on food regardless of HIV status. Rural and urban households spent an average of 360 and 339 maloti per month on food respectively.

Figure 39: *Food Expenditure by settlement type and sex of household*



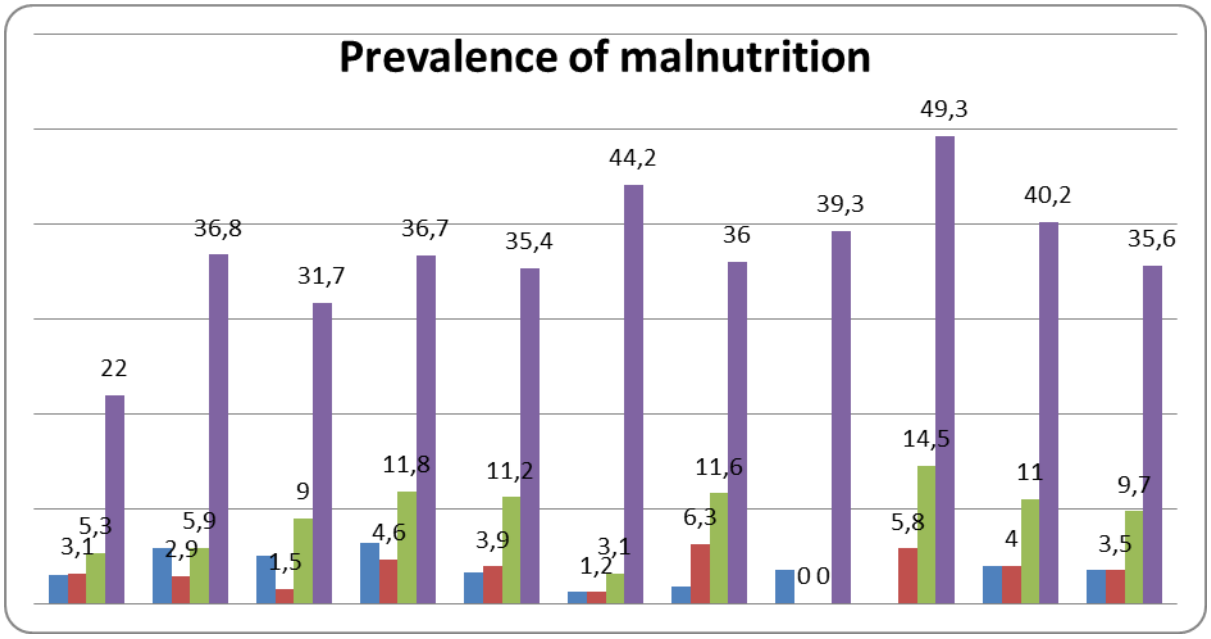
7.7 HEALTH AND NUTRITION STATUS

A total of 1216 children aged 6 to 59 months from 3559 sampled households were assessed for nutritional status.

7.7.1 MALNUTRITION IN CHILDREN UNDER FIVE YEARS

A total sample of 2016 children under five years was assessed on anthropometric measurements. The figure below represents prevalence of malnutrition by districts indicating prevalence of stunting at 35.6% which shows a slight improvement compared to 2017 (36.2%). GAM rate is at 3.5% which is an indication of a decrease compared to 2017 GAM rate of 4.7%. Only two districts (Quthing and Mokhotlong) had GAM rate above acceptable standards. The prevalence of underweight is within acceptable level with 9.7%, which indicates a decline of 2.2% from 2017 prevalence. Obesity prevalence was at 3.5% less than 8.8% in 2017.

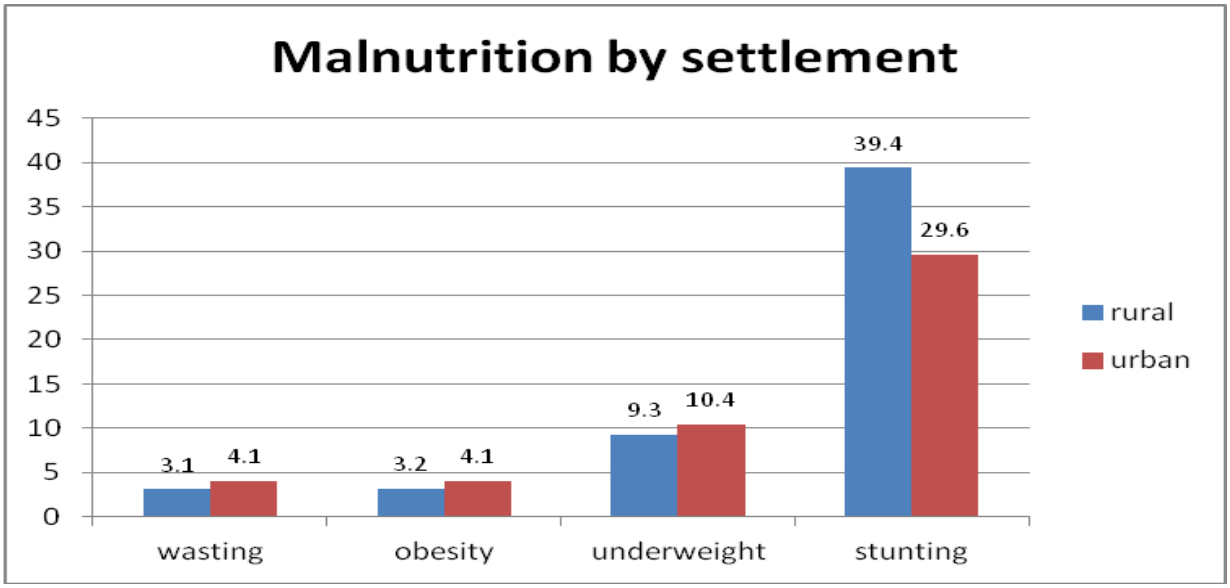
Figure 40: *Prevalence of Malnutrition*



7.7.2 PREVALENCE OF MALNUTRITION

The findings showed that the prevalence of stunting was higher in rural areas (39.4%) than in urban areas (29.6%). The prevalence of underweight in urban areas was above acceptable standards as compared to rural areas. The result as per livelihoods zone indicated a higher prevalence of stunting in the Senqu River Valley (46.3%) followed by and Southern lowland and mountains (41.6% and 40.6%) respectively. There was also indication of underweight above acceptable standards in the foothills (11.4%), SRV (11%a) and mountains (10.5%) compared to Northern lowlands at 6.7% and Southern lowland at 8%,regarding wasting all livelihood zones had prevalence within acceptable standards . There was a slight difference in malnutrition prevalence between household headed by males and females (e.g. stunting 35.2% for Male and 33% for women). In addition, households with children who did not consume protein foods, less Vitamin A rich vegetables and fruits in the last 24 hours were severely wasted compared to those who consumed them. Furthermore, a proportion of children who were found to be malnourished were those who were not breastfed at all and those who did not practice exclusive breastfeeding within the first 6 months. For instance, 8.8% of children who were not breastfed exclusively were wasted. Regarding the water sources, there was no impact on nutritional status, however most households did not treat water before drinking and also had hand washing facility far away from the toilets as a result experienced more diarrheal cases in children under five. Households who used open defecation as source of toilet had higher prevalence of malnutrition e.g. (Mokhotlong at 6.3% wasting) compared to other toilet facilities. There was no significant relationship between prevalence of malnutrition and households with members living with HIV and AIDS.

Figure 41: *Prevalence of malnutrition by settlement type*



7.7.3 CHILD ILLNESS

Fever, cough and diarrhoea were the most common childhood illnesses which were assessed. The results indicated cough above 60% for all districts, and also there is an indication of high prevalence of diarrhoea in Mohale's Hoek with 13.6% and Mokhotlong 9.3%. The results of children's illnesses while disaggregated by sex show male to be at 43.5% and female at 39%. They also highlighted cough having the highest percentage of above 75% for all children. Around 88.1% of children who were ill were treated at health centres which indicates a decreased behaviour of 5.6% health seeking compared to 2017.

Table 6: *Percentage of children under the age of five years who were ill with cough, diarrhoea and fever during 2 weeks before the assessment.*

	Cough	Fever	Diarrhoea
Rural	76.1%	17%	6.9%
Urban	80.9%	14.8%	4.3%
Total	78%	16.1	5.9%

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

The coverage of Vit A supplementation indicated 65.9% which shows a decrease from 74.5% of 2017. An estimated coverage for DPT-3 and measles rubella vaccination was above 60% in all ten districts, however deworming coverage was found to be below 50% in the four districts.

District	**Vitamin A**	**Deworming**	DPT-3	**Measles Rubella**
Berea	79.4%	62.5%	77.2%	73.5%
Butha-Buthe	85.5%	76.3%	94.7%	89.5%
Leribe	50.2%	44.5%	82.3%	71.8%
Mafeteng	64.4%	50%	82.2%	74.6%
Maseru	69.6%	53.5%	85.3%	76%
Mohale's Hoek	67.0%	60.2%	76.1%	60.2%
Mokhotlong	52.7%	41.1%	83%	67%
Qacha's Nek	77.4%	48.4%	71%	67.7%
Quthing	76.8%	60.9%	84.1%	81.2%
Thaba-Tseka	59.8%	42.5%	83.5%	78%
Total	65.9%	52.6%	82.8%	74.1%

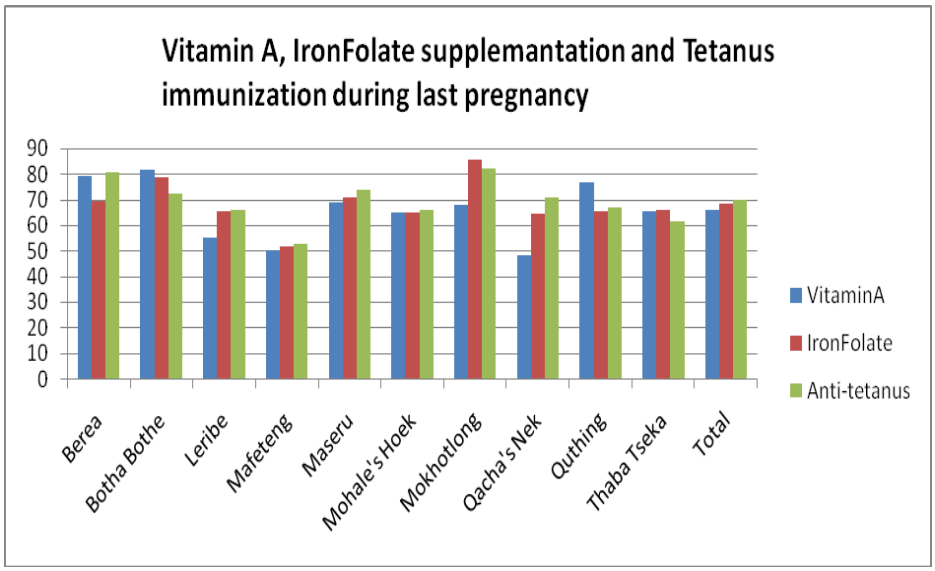
7.7.5 LOW BIRTH WEIGHT

Overall, the assessment estimated that 17.1% of children were less than the recommended standard of 2.5kgs (low birth weight) at birth. Furthermore 17.7% of children in rural areas compared to 16.1% in urban areas were found to have low birth weight.

7.7.6 MATERNAL HEALTH AND NUTRITION

7.7.6.1 ANTENATAL CARE

A total of 78.7% women at child bearing age (15 to 49) of 1278 women were interviewed and indicated that they attended antenantal care during pregnancy. 66% of women reported to have received vit A, 68.5% iron folate and 69.8% immunized against tetanus. The assessment also indicates that most women have their first child at the age between 18 to 20 years.



7.7.7 HIV&AIDS AND TB

HIV and AIDS: The prevalence of HIV was at 28% which indicates a slight increase of 1% compared to 2017 prevalence. Urban settlements prevalence was at 27.9% whereas rural settlements were at 29.1% respectively. The findings further indicate that households hosting HIV were more for female headed 53.4% than male headed household at 46.6%. Additionally, Households headed by people with no education and up to primary level had a higher percentage of hosting people with HIV at 75.6% than those headed by people with Secondary and above at 24.4%. Furthermore,

when analysing households hosting people with HIV by marital status, households headed by married persons living together had a higher percentage at 40.1% followed by widowed household heads at 38.2%. Again, when analysing households with people who died in the past 12 months, those that were bread winners and had HIV were 31.3%. 10% of the interviewed people living with HIV admitted that they did not adhere to treatment for various reasons including inadequate meals, forgot to follow instructions and drugs finished at the health centre among others.

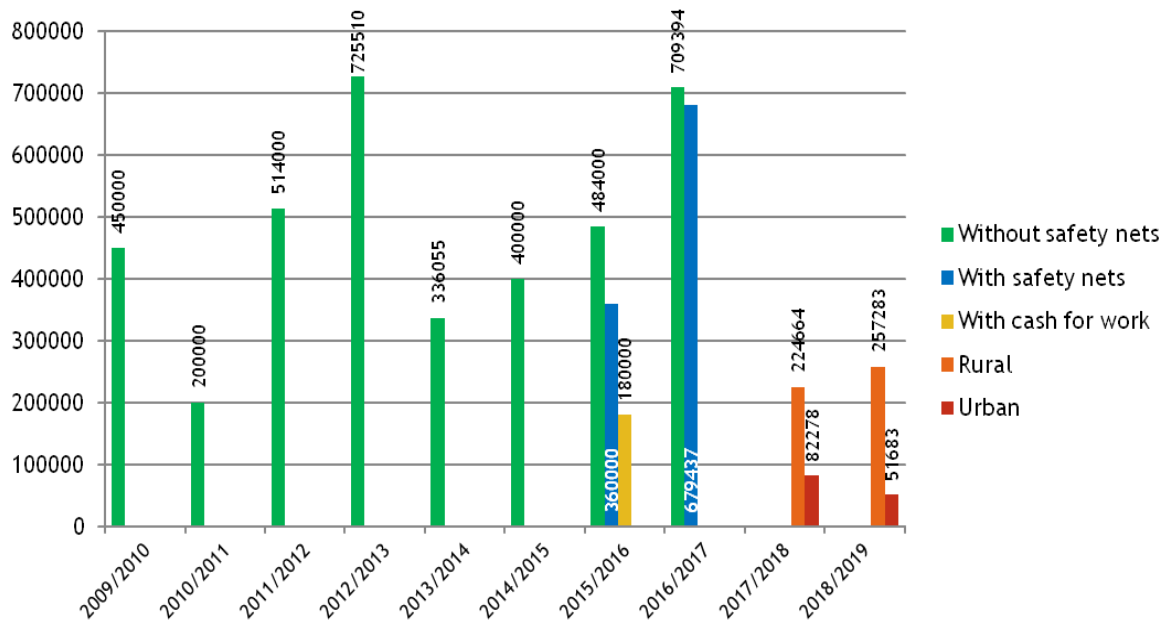
Within the households that were sampled, TB prevalence was at 2.4%. Assessment by type of settlement indicated that prevalence was higher in rural households at 2.6% than urban households at 2.4%.

7.8 FOOD INSECURE POPULATION IN RURAL SETTLEMENT

A total of 257 283(18%) rural population is projected to be food insecure for the Consumption year 2018/19 from September 2018 to February 2019. The affected population is from the very poor and poor household groups across all the districts. The projected survival and livelihood protection gaps are mainly resulting from low crop production, reduction in labour opportunities and limited targeting of some safety nets.

Compared to last year (2017), the current year food security situation of the country has slightly decreased as a result of low agricultural production and declined on-farm and off-farm labour opportunities. See graph below showing trends of rural food insecure population since 2009/10

Figure 42: *Trends of food insecure population:*



7.8.1 ESTIMATION OF FOOD INSECURE POPULATION USING AS PER INTEGRATED FOOD SECURITY PHASE CLASSIFICATION

The Integrated Food Security Phase Classification (IPC) Acute Food Insecurity(AFI) analysis was used to estimate and classify food insecure population by Phase per district. It should be noted that the IPC analysis was done in two time periods being the Current situation and Projected situation. Household Economy Approach analysis spreadsheets (LIAS) were used to calculate food or cash requirements of the food insecure population.The following is the description of IPC phases and the priority response objectives per each phase:

Phase 1 Minimal: More than four in five households are able to meet essential food and non-food needs without engaging in atypical, unstainable strategies to access food and income including any reliance on humanitarian assistance. This phase is inditified by light green colour. Priority actions required to build resilience and Disaster Risk Reduction.

Phase 2 Stressed: Even with any humanitarian assistance at least one in five HHs in the area hence the following or worse: minimally adequate food consumption but all unable to afford some essential non food expenditures without engaging in irreversible coping strategies. The colour attached to this phase is yellow. Actions required for Disaster Risk Reduction and to protect livelihoods.

Phase 3 Crisis: Even with any humanitarian assistance at least one in five HHs in the area hence the following or worse: food consumption gaps with high or above usual acute malnutrition or marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.

The colour given to Phase 3 is orange and urgent actions required protecting livelihoods, reducing food consumption gaps, and reducing acute malnutrition.

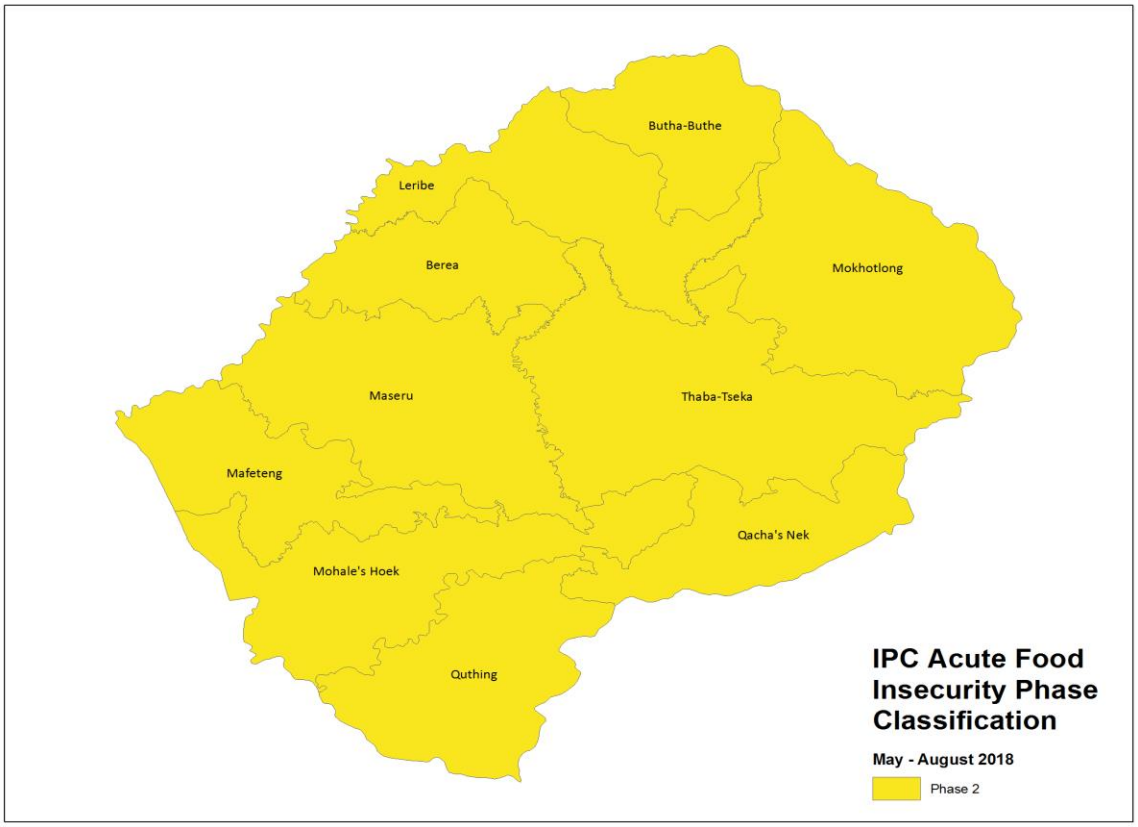
Phase 4 Emergency: Even with any humanitarian assistance at least one in five HHs in the area hence the following or worse: large food consumption gaps resulting in very high acute malnutrition and excess mortality or extrteme loss of livelihood assets that will lead to food consumption gaps in the short term. The red colour therefore distinguishes this phase from other phases, and urgent action required to save lives and livelihoods.

Phase 5 Famine: Even with any humanitarian assistance at least one in five HHs in the area have an extreme lack of food and other basic needs where starvation, death and destruction are evident (Evidence for all the criteria of food consumption, wasting and Crude Death Rate are used as basis to classify area into famine. The colour for famine phase is brown. The urgent actions are required for populations in this phase to prevent widespread mortality and total collapse of livelihoods. **NB:** For an area to be classified into a phase there should be at least 20% or more in the phase or worse.

7.8.1.1 IPC PHASE CLASSIFICATION AND FOOD INSECURE POPULATION FOR THE CURRENT TIME PERIOD (MAY –AUGUST 2018) AFI ANALYSIS

The current situation reveals that all the ten districts are classified in Phase 2 ‘Stressed’, hence the whole country in coloured yellow (See Map 1 below). There is no district that is classified in Phase 3 or 4, although some districts have population ranging from 8% to 15% that is facing crisis food insecurity situation (Phase 3) and 1% to 2% that is facing an emergency food insecurity situation (Phase 4). Across the country 65% of the total rural population is expected to be in Phase 1 (‘No/Minimal Acute Food Insecurity’), 24% in Phase 2 (‘Stressed’), 11% in Phase 3 (‘Crisis’).

Figure 43: *Map of IPC acute insecurity Classification phase by districts during May to Aug 2018 period*



The current food security situation therefore implies that more than four in five households are able to meet essential food and non-food needs without engaging in atypical, unstainable strategies to access food and income including any reliance on humanitarian assistance. However For the 11% that is in phase 3 (crisis) or worse, the response objectives recommended is that urgent actions are required to protect livelihoods, reduce food consumption gaps, and reduce acute malnutrition. See Table 8 displaying distribution of population according to the four phases of food security per each district.

Table 7: *Distribution of population according to the four phases of Food security for current situation*

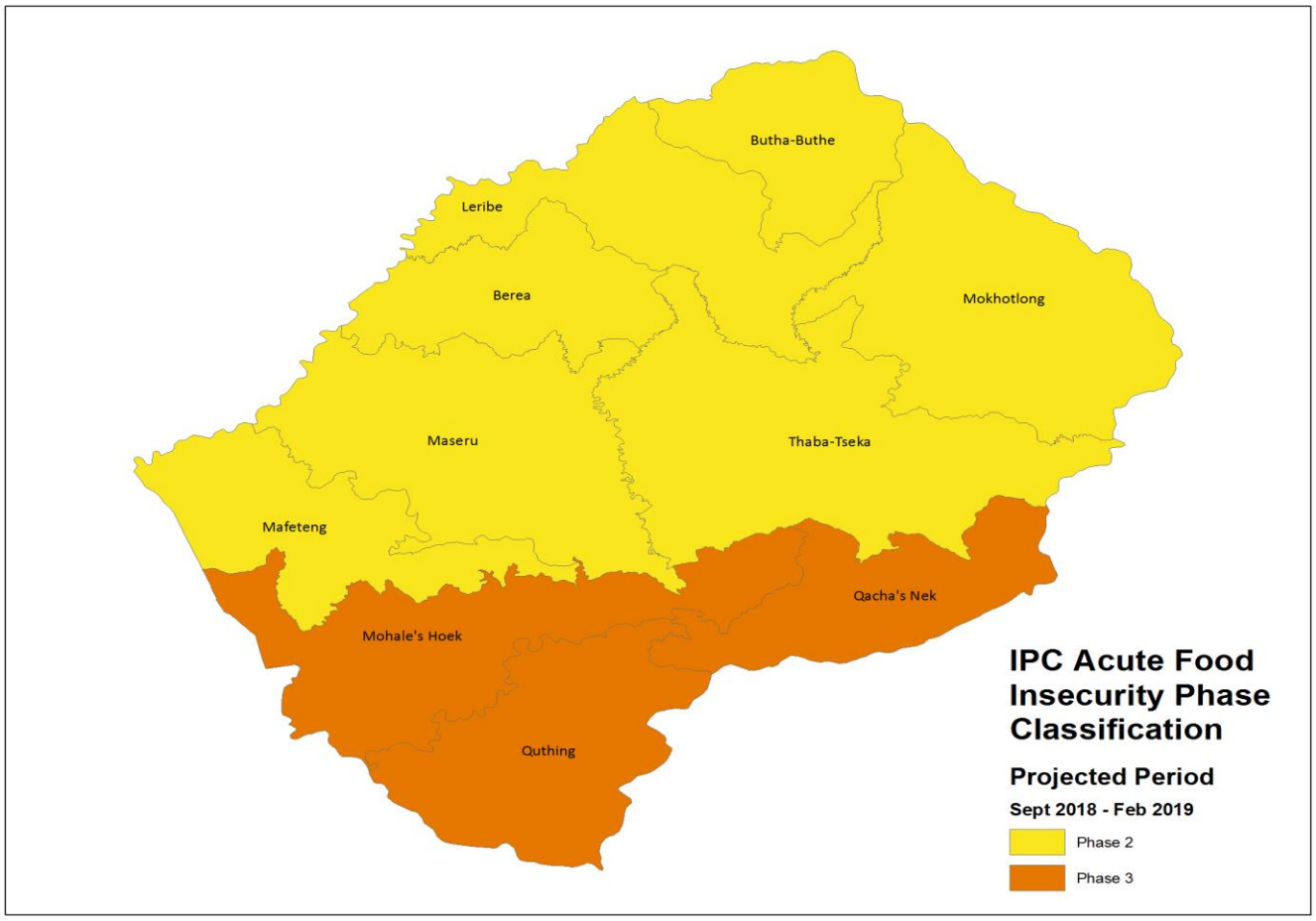
		Population Table: Current Situation (May –August 2018)

				Phase 1		Phase 2		Phase 3		Phase 4	
District	District Rural Pop	% Pop requiring urgent measures to protect livelihoods , alleviate food gaps & acute Malnutrition (IPC 3+4).		HH group is able to meet essential food & 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 unable to afford some essential non-food 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 assests 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.	
		#	%	#	%	#	%	#	%	#	%
Botha-Bothe	85 040	8 504	10	56 977	67	19 559	23	8 504	10	0	0
Leribe	254 193	25 419	10	172 851	68	55 922	22	25 419	10	0	0
Berea	178 072	21 368	12	106 843	60	49 860	28	17 807	10	3 561	2
Maseru	227 737	25 051	11	157 139	69	45 547	20	25 051	11	0	0
Mafeteng	152 865	22 929	15	90 190	59	39 745	26	19 872	13	3 057	2
Mohale's Hoek	155 847	18 702	12	95 067	61	42 079	27	18 702	12	0	0
Quthing	115 326	9 226	8	75 584	67	28 203	25	9 226	8	0	0
Qacha's Nek	54 478	8 717	16	31 052	57	14 709	27	8 172	15	545	1
Mokhotlong	96 728	8 706	9	68 677	71	19 346	20	8 706	9	0	0
Thaba-Tseka	125 141	12 514	10	81 342	65	31 285	25	12 514	10	0	0
Total	1 445 426	161 136	11	935 722	65	346 255	24	153 973	11	7 163	0

7.8.1.2 IPC PHASE CLASSIFICATION AND FOOD INSECURE POPULATION FOR THE PROJECTED PERIOD (SEPTEMBER 2018 TO) AFI ANALYSIS

For the projected Period (September 2018-February 2019) which is the peak hunger period in the country, the districts of Mohale's Hoek, Quthing and Qacha's Nek will be classified under Phase 3 'Crisis'while other districts are in phase 2 (See Map 2 below). For the three districts classified in phase 3, each has more than 20% of the total district population in phase 3 and worse. It should also be noted that all other district have proportions of population in phase 3 or worse which ranges between 10% and 18%. All interventions to protect livelihood, reduce food consumption gaps, and reduce acute malnutrition are recommended for all the population in phase 3 or worse.

Figure 44: *Map of IPC acute insecurity Classification phase by districts during Sept 2018 to Feb 2019 period*



Overall, the total population in phase 3 or worse is 18%, slightly higher compared to 16% in 2017 (See table below for distribution of population per each phase). The current food security situation is as a result of low agricultural production and declined on-farm and off-farm labour opportunities. The main underlying causes for the above food insecurity outcome is the current national prices for maize(staple) which is relatively low by 33% and stable compared to 2017 maize prices. However, food access may be stable for a short period because as a net cereal importer,and

therefore vulnerable to any cereal price fluctuations in the neighbouring country (South Africa). The purchasing power for the very poor and poor households is also likely to be compromised for the projected period due to anticipated late start of the next agricultural season, as a result of forecasted EL-NINO Phenomenon at the regional level.

The scenario for the projected period is likely to change and VAA update exercise is required in October/November 2018 to update the projected food insecurity situation. Moreover close monitoring of prices is as well critical to inform early actions.

Table 8: *Distribution of population according to the four phases of Food security for the projected period*

		Population Table: Projected Period (September 2018-February 2019)									
				Phase 1		*Phase 2*		*Phase 3*		*Phase 4*	
District	*District Rural Pop*	*% Pop requiring urgent measures to protect livelihoods alleviate food gaps & acute Malnutrition (IPC 3+4).*		*HH group is able to meet essential food & 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 unable to afford some essential non-food 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 assests 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.*	
		#	*%*	*#*	*%*	*#*	*%*	*#*	*%*	*#*	*%*
Botha-Bothe	*85 619*	*11 130*	*13*	*44 522*	*52*	*29 967*	*35*	*11 130*	*13*	*0*	*0*
Leribe	*255 921*	*33 270*	*13*	*117 724*	*46*	*104 928*	*41*	*33 270*	*13*	*0*	*0*
Berea	*178 283*	*28 525*	*16*	*78 445*	*44*	*71 313*	*40*	*23 177*	*13*	*5 348*	*3*
Maseru	*229 285*	*43 565*	*19*	*107 764*	*47*	*77 957*	*34*	*36 686*	*16*	*6 879*	*3*
Mafeteng	*153 904*	*27 672*	*18*	*80 030*	*52*	*46 171*	*30*	*23 086*	*15*	*4 586*	*3*
Mohale's Hoek	*156 906*	*39 226*	*25*	*70 608*	*45*	*47 072*	*30*	*28 243*	*18*	*10 983*	*7*
Quthing	*116 111*	*29 028*	*25*	*48 767*	*42*	*38 317*	*33*	*23 222*	*20*	*5 806*	*5*
Qacha's Nek	*54 848*	*12 615*	*23*	*24 682*	*45*	*17 551*	*32*	*9 873*	*18*	*2 742*	*5*
Mokhotlong	*97 386*	*9 673*	*10*	*58 432*	*60*	*29 216*	*30*	*9 673*	*10*	*0*	*0*
Thaba-Tseka	*125 992*	*22 679*	*18*	*71 815*	*57*	*31 498*	*25*	*17 639*	*14*	*5 040*	*4*
Total	*1 445 426*	*257 283*	*18*	*702 789*	*48*	*493 990*	*34*	*215 999*	*15*	*41 384*	*3*

7.8.3 RESOURCES REQUIRED FILLING BOTH SURVIVAL AND LIVELIHOOD PROTECTION DEFICITS.

The household Economy Approach is used to define existing gaps in terms of two thresholds namely Survival and Livelihood Protection through Outcome Analysis which are described as follows:

Survival Threshold: It represents total income required to cover 100% of minimum food energy needs (2100 kcal) per person plus costs associated with food preparation and consumption. Survival Deficits occur when there is insufficient cost to cover the survival requirements.

Livelihood Protection Threshold: it is the total income required to sustain local livelihoods. This means total expenditure to ensure basic survival plus access to basic services (e.g. Routine medical, school expenses etc.), sustain livelihoods in the medium to longer term (e.g. regular purchases of seeds, fertilizer, veterinary drugs etc.). Livelihood Protection deficit occur when total income is no longer sufficient to cover the cost of Survival expenses plus other livelihoods costs.

The table below presents a 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 at 257,283 (a slight increase from 224,664 people in need in 2017) will need an amount of 13,340 MT or M107, 441,380 (compared to 9,554 MT or M504 million in 2017) to cover both survival and livelihood deficits. A detailed breakdown of survival deficit, livelihoods protection deficit and the requirement to close the gap is attached in Annex A.

Table 9: *Resource requirements for food insecure population within rural areas*

District	Total Rural Population	Population in need	# of Households	% Population in need	# of Months	MT required	Cash required (MX1000)
Botha-Bothe	85 040	11 130	2 783	13	2	387	3 099
Leribe	254 193	33 270	8 318	13	2	1 158	9 262
Berea	178 072	28 525	7 131	16	4	1 985	15 883
Maseru	227 737	43 565	10 891	19	4	3 032	24 257
Mafeteng	152 865	27 672	6 918	18	2	1 414	11 556
Mohale's Hoek	155 847	39 226	9 807	25	3	2 048	16 361
Quthing	115 326	29 028	7 257	25	3	1 515	12 122
Qacha's Nek	54 478	12 615	3 154	23	3	659	5 268
Mokhotlong	96 728	9 673	2 418	10	3	505	4 039
Thaba-Tseka	125 141	22 679	5 670	18	3	1 184	9 471
Total	**1 445 426**	**257 283**	**64 321**	**18**	**3**	**13 917**	**107 441**

7.8.4 FOOD INSECURE POPULATIONS BY LIVELIHOOD ZONES (RURAL)

Table 11 is shows total beneficiaries per Livelihood Zone compared to the total beneficiaries per 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 where 13% of rural population is food insecure, only 12% is from the Foothills while 1% should be target from the Mountains Livelihood Zone as indicated in the table 11 below.

Table 10: *Beneficiaries by Livelihood Zones*

	TTL Rural Population	Beneficiaries/District or LZ	% Beneficiaries/ District or LZ
Butha-Buthe	85 040	11 130	13%
LZ	Foothills	10 118	12%
LZ	Mountains	1 012	1%
Leribe	254 193	33 270	13%
LZ	Foothills	26 616	10%
LZ	Mountains	6 654	3%
Berea	178 072	28 525	13%

LZ	Foothills	15360	13%
Maseru	227 737	43 565	19%
LZ	Foothills	4357	2%
LZ	Mountains	2178	1%
LZ	Southern Lowlands	37030	16%
Mafeteng	152 865	27 672	18%
LZ	Foothills	2 863	2%
LZ	Southern Lowlands	24 809	16%
Mohale's Hoek	155 847	39 226	25%
LZ	Foothills	5 029	3%
LZ	Mountains	2 012	1%
LZ	Southern Lowlands	29 168	18%
LZ	Senqu River Valley	3 017	2%
Quthing	115 326	29 028	25%
LZ	Mountains	6 699	6%
LZ	Senqu River Valley	22 329	19%
Qacha's Nek	54 478	12 615	23%
LZ	Mountains	6 678	12%
LZ	Senqu River Valley	5 936	11%
Mokhotlong	96 728	9 673	10%
LZ	Mountains	9 673	10%
Thaba-Tseka	125 141	22 679	18%
LZ	Mountains	19 966	16%
LZ	Senqu River Valley	2 668	2%
Total	1 445 426 (Rural Population)	257 283 (Beneficiaries)	18%

7.8.5 SUMMARY: FOOD INSECURE POPULATION BY DISTRICT AS PER OUTCOME ANALYSIS USING HOUSEHOLD ECONOMY APPROACH (HEA)

7.8.5.1 BUTHA-BUTHE

HEA results indicated that 8% of the population face survival deficits of 13% and substantial livelihood protection deficits of more than 50% which suggests that intervetions to save lives and protect livelihoods are required. The population which

is likely to face deficits in the district is estimated at 11 130 (2783 HHs), an increase from 6,655 (1,331 HHs) in 2017, and this constitutes 13% of the district rural population. The population at risk come from the very poor and poor households from Foothills (12%) and only the very poor from MNT (1%). A total of 387 Mt of maize or M3 099 (X1000) is required to cover existing gaps. The existing gaps will last for only two months (September to October 2018) of the current consumption year.

7.8.5.2 LERIBE

According to HEA results, Leribe district has a population which is likely to have a survival deficits ranging from 5% to 15% and more than 50% livelihood protection deficits. An estimated 13%; about 33 270 (8 318) lower compared to 42,271 people (8,454 households) in 2017, are indicated as likely at risk of not meeting their minimum food and non-food needs for at least of two (2) months. This population is among the very poor and poor population from the from the FTH (10%), and very poor from MNT (3%) of the district population. The existing deficit will require 1158 MT of maize or M9.262 Million cash equivalent for the months of August to November 2018.

7.8.5.3 BEREA

Based on HEA an estimated 6% of households in the district will experience 13% to 21% survival deficits. During the period August to November 2018, about 16% (28 525) or 7131 households will be in Phases 3 and 4. This population is among the very poor and poor households of the district's rural population from the FTH livelihood zone. Total food requirement is estimated at 1 985 MT or M15,883 (x1000) cash equivalent.

7.8.5.4 MASERU

Alccording to HEA outcome analysis, an estimated 20% will have between 14% and 23% survival deficits and substantial livehood protection deficit. The number of people estimated to face deficits is 43 565 (about 10 981 households) which is about 19% of the district rural population. This population is among the very poor in SLL 16%, Very poor and poor in FTH 2% and 1% in MNT livelihood zones. The affected people are expected to face deficits in August to October 2018. The existing gap will require 3032 MT or M24,257 (X1000) cash equivalent.

7.8.5.5 MAFETENG

Overall, there is a Food Insecurity of approximately 18% of the Mafeteng population, and that is classified under Phase 2. The HEA 2018 indicates that 18% of the population in Mafeteng district are facing substantial livelihoods and survival deficit of 12% to 20%. An estimated 27,672 people (6 918 households) will likely face deficits from September to October 2018. 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 16% of the population at risk from the very poor and poor wealth groups, and 2% from the Foothills (FTH) livelihood zones. About 1 414 MT of food or M11, 556 (X 1000) cash equivalent will be required to address the projected food insecurity gaps.

7.8.5.6 MOHALE'S HOEK

About 25% (39 228) will require urgent assistance to save lives and 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 1%, SLL 19% and 2% SRV. These people are expected to face deficit in October, November 2018 and February 2019. The existing survival deficit is estimated at 27% and more that 50 % livelihood protection deficit. A total of 2,048 MT of food or M16.983 Million cash is required to cover the defects.

7.8.5.7 QUTHING

The very poor and poor household groups will have survival deficits of up to 25% and livelihood protection deficit of up to 100%. The population affected is only 25% representing 29 028 people (7 257 households) from the very poor and poor wealth groups, from SRV (19%) and the very poor from MNT (6%). The deficit will be experienced from September to November 2018. A total of 1515 MT food or M12,122 (X1000) Cash equivalent will be required to cover the existing deficits.

7.8.5.8 QACHA'S NEK

During the period August to October 2018, an estimated 23% (12 615) constituting 3 154 households from the rural population in this district, will require urgent assistance to protect livelihoods during August to October 2018. The survival gaps is up to 23% while livelihoiod protection deficits range bwteen 61% and 100%. The deficits are mostly in the very poor and poor of MNT 12% and 11% in SRV livelihood zones. The existing gaps will be covered by at least 659 Mt or M5.268 Million cash requirement.

7.8.5.9 MOKHOTLONG

According to HEA outcome analysis, 17% of households in the district will experience 19% of survival deficit between 77% and 100% due to decreased crop production and reduction in income sources opportunities. An estimated 10% of the population among the very poor and poor households of the district rural population are facing deficit from August to October 2018. The Total food requirement is estimated at 505 MT or M4,039 (x1000) cash equivalent.

7.8.5.10 THABA-TSEKA

The HEA evidence indicates that only 17% of district population have survival deficit of up to 22% and livelihood protection deficit of up to 100% within the MNTand SRV livelihood zones. About 18% (22 679) equivalent to 5670 households of the population will require urgent assistance during August to October 2018 period. The deficits are mostly for the very poor and poor wealth groups in both livelihood zones. The amount of 1,184 MT of maize or M9.471 Million cash equivalent will be required to fill the food insecurity gap for both thresholds (Survival and Livelihood Protection).

7.8.6 FOOD INSECURE POPULATION: URBAN SETTLEMENT

Food insecure population within urban settlement is estimated at 51,683 constituting 9.2% indicating an improvement compared to 15.3% of urban population in 2017. The food insecure population above were estimated through the use of Consolidated Approach for Reporting Food Insecurity Indicators (CARI). CARI combines a suite of food security indicators into a summary indicator called Food Security Index (FSI) which represents the population' s overall food security status. The three indicators used in CARI are Food Consumption Score, Food Expenditure Share and Coping Strategy Index

Table 11: ***Complete CARI reporting console***

Domain	Indicator	Food secure (1)	Marginally food insecure (2)	Moderately food insecure (3)	Severely food insecure

						(4)
Current status	Food consumption	Food consumption group	54.4%		38.3%	7.3%
Coping capacity	Economic vulnerability	Food expenditure share	69.2%	12.8%	6.7%	11.3%
	Asset depletion	Livelihood coping strategy categories	62%	33%	5%	
Food Security Index			58.5%	32.3%	9.0%	0.2%

The following are descriptions of four Food Security groups used in CARI methodology to explain and classify population by their level of food insecurity status as per the table above:

Food Secure: Household group is able to meet essential food and non-food needs without depletion of assets
Marginally Food Insecure: Household group has adequate food consumption, unable to afford some essential non-food expenditures without depletion of assets
Moderately Food Insecure: condition of household group has food consumption gaps, or marginally able to meet minimum food needs only with accelerated depletion of livelihood assets.
Severely Food Insecure: Household group has large food consumption gaps, or, has extreme loss of livelihood assets that will lead to large food consumption gaps, or worse.

It should be noted that the total food insecure population is the sum of populations from Moderately and Severely Food Insecure household groups. These were the households which had food consumption gaps, or marginally able to meet minimum food needs only with accelerated depletion of livelihood assets, and some had large food consumption gaps, or, had extreme loss of livelihood assets that would lead to large food consumption gaps, or worse. The recommended interventions for these households will include programmes to save lives and to protect livelihood assets of the affected population.

7.8.6.1 FOOD INSECURE POPULATION WITHIN URBAN SETTLEMENT AS PER CARI REPORTING CONSOLE

The districts that have the highest percentage (above 10%) of food insecure population are Mokhotlong, Mafeteng and Mohale's Hoek while Thaba-Tseka recorded the lowest percentage at 6%. The table below presents food insecurity prevalence within urban settlements per district. See CARI results below as represented by the graph.

Figure 45: *Food Insecurity within urban settlement by district*

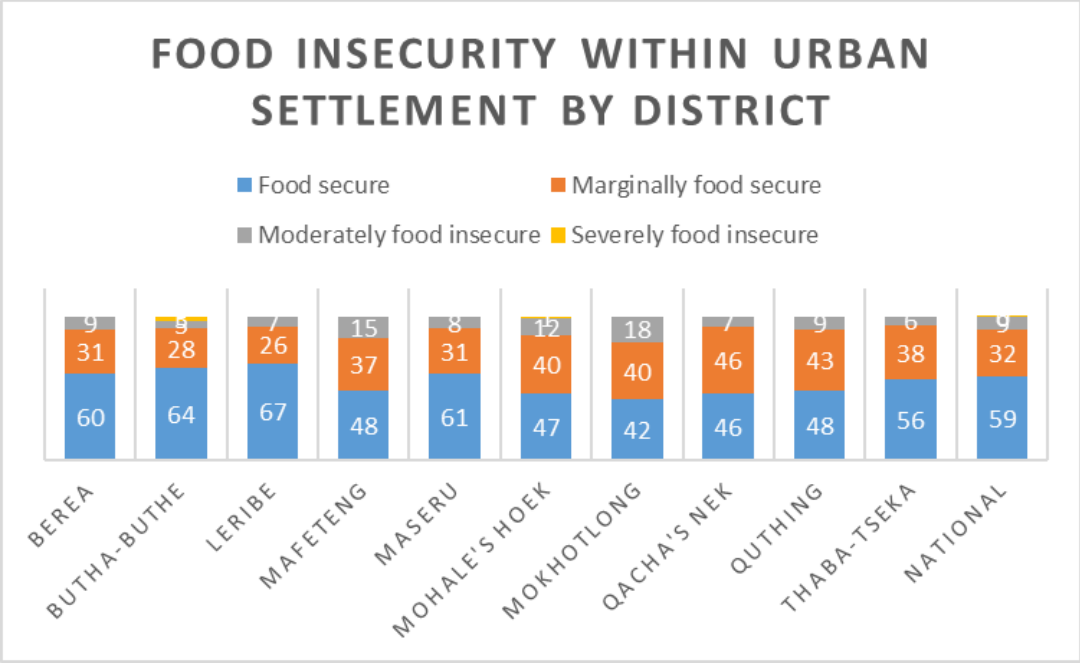


Table 12: *Resource estimation to cover food gaps within urban settlement. Please note column c for proportion of beneficiaries in 2017 compared to column d presenting food insecure population in 2018.*

a) District	b) Urban Population	c) % Beneficiaries (2017)	d) % Beneficiaries (2018)	e) MT Required	f) Cash requirement (M X1000)
Butha-Buthe	20 727	3% (622)	8% (2640)	92	734
Leribe	50 403	17% (8 569)	6% (6100)	212	1, 698
Berea	88 754	24% (21 301)	9% (6400)	445	3, 563
Maseru	274 341	12% (32 921)			

			8% (7040)	490	3, 919
Mafeteng	32 288	9% (2 906)	13% (7793)	271	2, 169
Mohale's Hoek	17 668	23% (4 064)	12% (7256)	379	3, 030
Quthing	4 622	16% (740)	9% (4068)	212	1, 698
Qacha's Nek	16 408	9% (1 477)	7% (1523)	80	636
Mokhotlong	14 702	26% (3 823)	16% (5993)	313	2, 502
Thaba-Tseka	17 859	13% (2 322)	6% (2870)	150	1,198
Total	**537 772**	**15.3%**	**9.2%**	**2698**	**21,582**

8.RECOMMENDATIONS

1. Nutrition

Overall GAM rates were within acceptable levels, however, for districts with wasting above 5% there is a need for in-depth study on nutrition indicators in which sample size would be more representative.

2. **Food availability:** It is slightly compromised as a result of low harvest. However, markets are still functional and fully supplied. The following are therefore recommended:

- Agriculture input subsidies programmes to farming households be on time and closer to farmers.
- Incorporate Climate Smart technologies in subsidies, particularly Conservation Agriculture (CA) for resilience building.
- Government to reconsider sharecropping scheme which was not evident in the 2017/18 agricultural season.

3. Food Access: Own production will last households for two months instead of four months in a normal year due to low harvest. Staple prices show a decreasing trend and stable. However, poor households will not be able purchase staple throughout the consumption year because of declining income opportunities. Moreover, international staple price are increasing and are likely to influence local staple price. The following measures should be implemented:

- The Government to ensure that all social protection and cash transfer programmes are targeted.
- Close monitoring of prices.
- Humanitarian Assistance – Conditional assistance in the form of Cash for Work in districts which are in phase 3 or worse.

4. Food Utilization: Majority of households have clean and safe water and improved sanitation facilities. However, there are few households that use open defaecation as well as as unprotected springs as their source of water. To address the existing challenge, the following should be taken care of:

- 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 table 14 below depicts 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 survival and livelihoods protection deficits of 13% and 100% respectively. The total amount of money which is required to fill their gap/deficit is M1,232 per household. The drivers of food insecurity in the zones are mainly a decrease in staple food harvest, limited income opportunities and low coverage in safety nets.

It should further be noted that in the table below, the highest gaps are noted from the following three districts, LZs and wealth groups: Quthing, the very poor in the Senqu River Valley(SRV) will require M3,263 cover the existing gaps per household, followed by Qacha's Nek very poor household groups within SRV requiring M2,992 and Maseru whereby the very poor in the Southern Lowlands will require M2,861 while the lowest cost will be required in Botha-Bothe Foothills where the very poor will only require M216 to cover the existing gaps.

Table 13: *Percentage of population facing both survival and livelihoods protection deficits;*

	Livelihood Zones	Wealth Groups	Survival Deficits	Livelihood Protection Deficits	Cash required/HH in Maloti(M)
Butha-Buthe	Foothills	Very Poor	13% (M1101)	100% (M131)	1,232
		Poor		81% (M216)	216
	Mountains	Very Poor	9% (M492)	100% (M566)	1,058
Leribe	Foothills	Very Poor	15% (M1,604)	100% (M247)	1,851
		Poor	5% (M525)	100% (M150)	675
	Mountains	Very Poor		46% (M242)	242
Berea	Foothills	Very Poor	21%	100%	2,046

	Livelihood Zones	Wealth Groups	Survival Deficits	Livelihood Protection Deficits	Cash required/HH in Maloti(M)
			(M1,905)	(M141)	
		Poor	13% (M1,169)	100% (M256)	1,425
Maseru	Foothills	Very Poor	14% (M1,352)	100% (M177)	1,529
	Mountains	Very Poor	19% (M1,332)	100% (M555)	1,887
	Southern lowlands	Very Poor	21% (M2,121)	100% (M740)	2,861
		Poor		77% (M1,014)	1,014
Mafeteng	Foothills	Very Poor	23% (M1,919)	100% (M111)	2,030
		Poor	15% (M1,271)	100% (M286)	1,557
	Southern lowlands	Very Poor	12% (M904)	100% (M815)	1,719
		Poor	1% (M54)	100% (M1,414)	1,414
Mohale's Hoek	Foothills	Very Poor	27% (M2,474)	100% (M151)	2,625
		Poor	24% (M2,196)	100% (M246)	2,442
	Mountains	Very Poor	22% (M1,597)	100% (M546)	2,143
	Southern lowlands	Very Poor	20% (M1,978)	100% (M741)	2,719
			8% (M955)	100% (M1,325)	2,280
	Senqu River Valley	Very Poor	13% (M1,496)	100% (M239)	1,735
		Poor	4% (M461)	100% (M466)	927
Quthing	Mountains	Very Poor	18% (M1,472)	100% (M519)	1,991
	Senqu River Valley	Very Poor	25% (M3,070)	100% (M193)	3,263

	Livelihood Zones	Wealth Groups	Survival Deficits	Livelihood Protection Deficits	Cash required/HH in Maloti(M)
		Poor	18% (M2,216)	100% (M420)	2,636
Qacha's Nek	Mountains	Very Poor	18% (M1,406)	100% (M532)	1,938
		Poor		71% (M727)	727
	Senqu River Valley	Very Poor	23% (M2,776)	100% (M216)	2,992
		Poor	11% (M1,348)	100% (M442)	1,790
Mokhotlong	Mountains	Very Poor	15% (M1,064)	100% (M558)	1,622
		Poor		37% (M395)	395
Thaba-Tseka	Senqu River Valley	Very Poor	20% (M1,228)	100% (M584)	1,812
	Mountains	Very Poor	13% (M1,224)	100% (M304)	1,528
		Poor	6% (M535)	100% (M531)	1,066

ANNEX B: THE NAMES OF VAA PARTICIPANTS AND THEIR INSTITUTIONS

1. Ms Eunice Masipho Mazibuko	Health- Butha Buthe
2. Mr Phano Ntene	DMA- Butha Buthe
3. Mr Seaba Ramotho	BOS –Butha Buthe
4. Ms Makabelo Mokhesuoe	MAFS- Butha Buthe
5. Mr Mare Keketsi	DMA- Leribe
6. Ms Mamolapo Lehata	DMA- Leribe
7. Ms Masontaha Molapo	LRCS- Leribe
8. Ms Nthabiseng Maqekoane	LMS - Leribe
9. Ms Limakatso Koae	FNCO- Leribe
10. Ms Maliau Nyooko	LCS - Leribe
11. Mr Alex Mpharoane	DMA- Berea
12. Maletsatsi Lesia	FNCO- Berea
13. Matsoanelo Mololo	DMA- Berea
14. Ms Mpolai Chele	FMU - Berea
15. Ms Makhahliso Matlali	MAFS- Berea
16. Ms Matseko Pitso	Small Business - Berea
17. Mr Leeto Semethe	MAFS- Maseru
18. Ms Matsitso Motemekoane	DMA- Maseru
19. Ms Makarabo Ramokhoro	FNCO- Maseru
20. Mr Thabo Pitso	DMA- Maseru
21. Ms Mamonaheng Monoto	DMA Maseru
22. Ms Pulane Makitle	DMA- Maseru
23. Ms Lineo Sehloho	WFP – Maseru
24. Mr Mpaki Makara	MAFS- Maseru
25. Ms Nonkosi Tshabalala	DMA- Maseru
26. Ms Makhotso Malibeng	MAFS- Maseru
27. Ms Rethabile Pelane	UNICEF- Maseru
28. Mr Thabang Phori	Water Affairs- Maseru
29. Mr Katleho Matsabisa	MAFS-Maseru
30. Mr Thabo Kholopo	gender-Maseru

31. Ms Masitsane Mathulenyane	Education-Maseru
32. Ms Mabulara Motlomelo	LRCS-Maseru
33. Ms Makamohelo Pali	NSS-Maseru
34. Ms Matseliso Makhopo	Trade- Maseru
35. Ms Mampuo Motsamai	Local Gvt-Maseru
36. Ms Lebohang Nthake	MAFS- Maseru
37. Ms Marethabile Kuenene	LCS-Maseru
38. Mr Morakabi Ramohlanka	DMA- Mafeteng
39. Ms Mamorakane Rafeeea	FNCO-Mafeteng
40. Ms MatselisoPheane	Health- Mafeteng
41. Mr Tsela Tauhali	MAFS- Mafeteng
42. Ms Matlotliso Sekhesa	DMA-Mafeteng
43. Ms Moliehi Mphole	Marketing- Mafeteng
44. Mr Thabo Letsie	DMA- Mohale’s Hoek
45. Ms Manyeoe Tsoho	FNCO- Mohale’s Hoek
46. Ms Leetoane Fatle	Health- Mohale’s Hoek
47. Ms Rethabile Monyane	Water Affairs- Quthing
48. Mr Hlomohang Matjopile	DMA-Quthing
49. Ms Maneo Motanya	FNCO- Quthing
50. Ms Kekeletso Seleteng	MAFS- Qacha’s Nek
51. Mr Ntsane Matlatsa	MAFS-Qacha’s Nek
52. Ms Manaha Posholi	Local Gvt – Qacha’s Nek
53. Mr Mathealira Khatleli	LSPP-Mokhotlong
54. Ms Ntoetsi Sejakhosi	DMA-Mokhotlong
55. Ms Liengoane Shakhane	FNCO- Mokhotlong
56. Ms Khopotso Rakolobe	DMA- Thaba Tseka
57. Ms Masemela Khomoealefifi	DMA- Thaba Tseka
58. Mr Marou Ramarou	Forestry- Thaba Tseka