



INTEGRATED ACUTE FOOD INSECURITY PHASE CLASSIFICATION

MAY 16/MAR 17

THE KINGDOM OF LESOTHO



IPC analysis conducted from 24 to 30 May 2016 for all 10 districts of Lesotho based on primary data collected by LVAC and partners in May 2016 and secondary data collected from Jan. 2016 onwards. Projected analysis requires an update in October 2016.

AGGREGATE NUMBERS FOR WORST PERIOD – JULY TO OCTOBER 2016 –

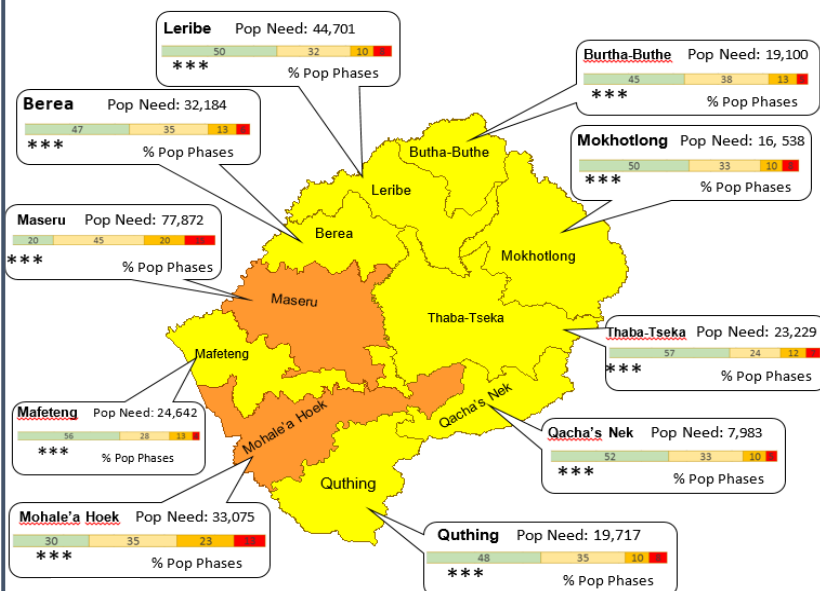
Proportions of households and number of people in need of urgent support to protect their livelihoods and reduce food gaps and classified using IPC¹:

Thaba-Tseka	40% (48,903 people)
Maseru	25% (55,623 people)
Mafeteng	45% (67,204 people)
Qacha's Nek	45% (23,950 people)
Leribe	35% (86,918 people)
Mohale's Hoek	33% (50,245 people)
Quthing	43% (48,448 people)
Mokhotlong	25% (23,625 people)
Butha Buthe	20% (16,616 people)
Berea	51% (88,725 people)
Total	Approx. 510,258 people (36%)

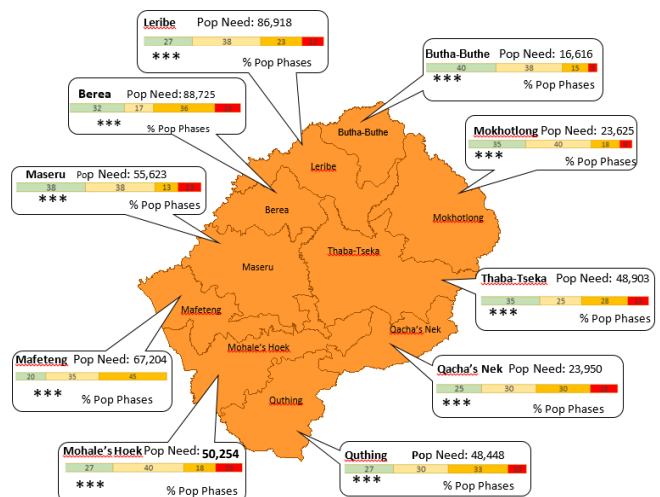
KEY FOOD INSECURITY OUTCOMES AS OF MAY 2016

- Despite current analysis corresponding to harvest/post-harvest period, 19% of households had poor food consumption, and 45% had borderline food consumption.
- In Berea, Mafeteng, Mohale's Hoek, Quthing and Thaba-Tseka, over 20% of the rural households spent more than 75% of their cash in food purchase. In other districts the same expenditure pattern is experienced by 10-16% of rural households.
- Generally, 13% of households engaged in crisis and emergency livelihood coping strategies, indicating that households reduced food consumption rather than depleting livelihood assets
- Global Acute Malnutrition was below 5% in all districts except in Mohale's Hoek, which had a GAM prevalence of 6.6%.

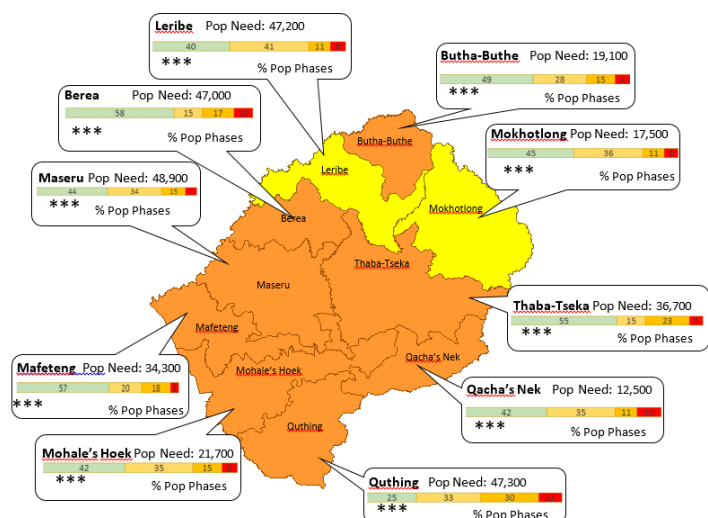
Current (May – Jun)



Projected (Jul – Sep 2016)



Projected (Oct 2016 – Feb 2017)



LEGEND

IPC Classification

IPC Acute Phase 1 ¹	IPC Acute Phase 4 ¹
IPC Acute Phase 2 ¹	IPC Acute Phase 5 ¹
IPC Acute Phase 3 ¹	No Data

IPC Confidence Level of Analysis

* Acceptable; ** Medium; *** High

Map Notes:

¹ District classification based whether area has at least 20% of households in need of urgent assistance to protect livelihoods and decrease food consumption gaps

Produced by the IPC Technical Working Group in Lesotho



Although not a partner, the technical assistance of FEWS NET is acknowledged

OVERVIEW OF SEVERITY OF CURRENT AND PROJECTED ACUTE FOOD INSECURITY

The current situation (Apr-Jun 2016) reveals that eight districts out of ten, i.e. Mafeteng, Leribe, Berea, Qacha's Nek, Quthing, Mokhotlong, Thaba-Tseka, and Butha Buthe are classified as Phase 2 'Stressed'. Two districts (Maseru and Mohale's Hoek) are in Phase 3 'Crisis'. There is no district that is classified in Phase 4, although all districts have population ranging from 4 to 15) that are thought to be facing an emergency food insecurity situation (Phase 4). All in all 44% of the total rural population are expected to be in Phase 1 ('No/Minimal Acute Food Insecurity'), 34% in Phase 2 ('Stressed'), 13% in Phase 3 ('Crisis'), and 8% in Phase 4 ('Emergency').

With regard to the projected situations, the seasonal calendar indicates that the first projection period (July to October) is a post-harvest period (with harvest usually ending in May-June), whereas the period from November to February typically correspond to the lean season, although harvesting of green maize starts already in January in many districts. This year, due to negligible production of staple food items, the lean season is expected to start earlier, and to be more severe than usually. However, different social safety net programmes and Government food price subsidies are likely to alleviate the severity of the lean season. Nevertheless, prices are expected to remain high, likely affecting poor population with no sufficient income to cover their basic needs, particularly in the absence of assistance. The two projection periods are discussed below in more detail:

- **First projection from July to October 2016:** this is typically a post-harvest period when households have some food stock from their own production, and food prices are relatively stable with slight increases towards the end of the period. This year, however, very few if any households have stocks due to very poor harvest. This means that households become market dependent sooner than usually during the projection period. Food prices are expected to be higher than average and increasing due to lack of domestic production, higher demand, and the dependence on imports from South Africa. Prices, even with Government subsidies, are expected to increase by 15-25% compared to average over the projection period in all districts. In Mokhotlong, however, prices are expected to dramatically increase by up to 70%. In total, it is estimated that between 20 and 31% of the rural population will experience No or Minimal acute food insecurity (IPC Phase 1), 33% will be in Phase 2 ('Stressed'), 26% in Phase 3 ('Crisis'), and 11% in Phase 4 ('Emergency'). The worst affected households, classified Phases 3 and 4, are typically the poor and very poor, who lack sufficient income to purchase food at higher food prices, as well as those who have already depleted or will deplete their main livelihood assets, such as livestock, in order to cover their food and non-food needs. All the districts are expected to be in Phase 3 'Crisis' in the projection period, with typically up to a maximum of 15% of the population in Phase 4 'Emergency' by district.
- **Second projection from November 2016 to March 2017:** Rainfall in the post-harvest period is typically very low, condition confirmed by rainfall forecast for 2016. Since water levels are already low due to poor rainfall, it is likely that the wheat harvest taking place early in the second projection period will be lower than usual. The peak of the lean season, normally taking place from December to February, is expected to manifest earlier (December) and more severely than usual due to depleted stocks, low winter wheat harvest and high food prices. Despite these conditions, it is still expected that food security situation is somewhat better compared to the first projection period. This is due to the fact that many households are expected to be able to increase their income by engaging in casual labour, given that the expected 'La Nina' phenomenon could bring ample rains to the county starting in October, thus increasing demand for agricultural labour. In the peak of the lean season, this source of income is likely to facilitate households' access to food. In addition, social safety net programmes and food subsidies, are expected to lessen the impact of the lean season. In general, 46% of the rural population is expected to remain in IPC Phase 1, 29% will be in Phase 2 'Stressed', 16% in Phase 3 'Crisis', and the remaining 8% will be in Phase 4 'Emergency'. All the districts, except Leribe and Mokhotlong, will remain in Phase 3 'Crisis' over the second projection period, with between 5 and 13% of rural population in Phase 4.

ACUTE FOOD INSECURITY CONDITIONS

- Regarding **rainfall**, it has been estimated by USGS FEWS NET that the rainy season from September 2015 to May 2016 was one of the lowest recorded: rainfall was only around one half to two thirds (by month) of average between 2001 and 2010..
- In terms of food **availability**, Lesotho typically produces only around 30% of its annual cereal requirements. As a result, availability is typically a function of limited domestic production and cereal (and other food item) imports from South Africa. Production in Lesotho suffered to a large extent from poor rainfall and dry spells, and production is almost negligent compared to normal conditions. It is estimated that maize production decreased by 89%, wheat by 96%, and sorghum by 93% in 2016 compared to the reference year of 2009. This large decrease in production means an even higher dependence on cereal imports from South Africa to maintain food availability in Lesotho. However, since production in South Africa has also been impacted by the El Nino conditions, cereal availability in the country is not at its typical level and this is reflected in food prices. However, it is expected that food will continue to be available in Lesotho markets, albeit at higher prices. Animal herd size has decreased over the years: there has been a decrease of 25% in cattle and 9% in sheep and goats mainly due to recurrent droughts, animal thefts, and disease epidemics between 2010 and 2015. (And this year?)
- **Food access** is mainly a function of the economic capacity of households to purchase food on market, given own production usually being insufficient to cover households needs. Markets are well integrated and road network is relatively good, facilitating physical food access and flow of goods from South Africa to markets in different parts of the country. There are also typically no problems with social access of households. The main problem is financial access, which is constrained in many ways: (1) high food prices, (2) limited income, and (3) lack of household stocks. Latest available price information from March 2016 shows that maize prices were typically 20-35% higher than previous year, and with very low domestic production it is expected that prices will continue to rise. Income from typical sources such as domestic work (washing, smearing of walls), gifts and remittances, and self-employment has decreased substantially (especially in Butha-Buthe, Berea, Qacha's Nek, Quthing and Tsaba-Tseka), whereas income from cash for work programmes has increased between 25 and 80% in practically all the districts, indicating increased dependence on social safety net programmes. In January, in around half of the districts, 17-50% of households still had some food stocks, but it is expected that they have depleted them by this period, leaving households dependent on market for food provisioning. The Government of Lesotho has announced a subsidy of 30% for maize meal, beans and peas from 1 June 2016 to May 2017. This is likely to facilitate household access to food by lowering prices of staple food items. However, since income from typical sources, (such as sale of food crops and casual agricultural labour) has decreased, it is likely that households still experience difficulties in accessing food.
- **Food consumption** is generally compromised due to low food access. According to the latest data collected at household level in May 2016, 19% of households had poor food consumption and around 45% borderline, leaving only 36% of households with acceptable food consumption. According to the HEA Outcome Analysis, in absence of safety net programmes, there are only three districts where around 10% or less of households face livelihood protection or survival deficits: Berea, Leribe, and Butha-Buthe. In all other districts the deficits are larger, and in Maseru, Mafeteng and Mohale's Hoek >60% of households are expected to face livelihood protection or survival deficit. In the remaining districts 20-50% of households face livelihood protection or survival deficits. Also according to the LVAC assessment between approximately 50 and 80% of households have low dietary diversity, between around 20 and 35% of households have moderate dietary diversity, and only 2-12% of households have high dietary diversity.
- **Livelihood change** was rather prevalent in many areas. In terms of livelihood coping, 40-50% of households by districts did not engage in any livelihood coping. The rest engaged to a various degree in different coping strategies. Stress coping (such as use of savings or reducing expenditure) was used between 25 and 50% of households. The highest levels were recorded in Quthing (52%), Mokhotlong (48%), and Mohale's Hoek and Maseru (47%). Around 10-15% of households per district engaged in crisis coping, e.g. selling more animals than usual or selling productive assets. Finally a small percentage of 1-5% of households engaged in emergency coping, such as selling house or land or selling last female animals. The highest combined levels of crisis and emergency coping were noted in Mokhotlong (22%), Butha Buthe (18%), and Thaba-Tseka (16%). There has also been some change in terms of income sources: households have to some extent changed e.g. from sale of food and cash crops to e.g. brewing and sale of different natural resource products – this is most likely due to low production and need to look for alternative, even if lower value, income sources.
- **Food and humanitarian assistance** plays an important role in providing access to food and income to many households. Income from different social safety net programmes plays an important (and increasing) role and has been able to cover some of the gaps produced by lack of income from other sources. According to the information available, for the first projection period (July – October) it was estimated that assistance reached between 17 and 74% of district population. The highest levels of assistance (between 52 and 74% of households) were programmed in Mohale's Hoek, Mafeteng, Qacha's Nek and Botha Bothe. The lowest levels, targeting between 17 and 19% of households were programmed in Leribe and Maseru. In the rest of the districts between 25 and 32% of population are expected to receive humanitarian assistance.
- **The acute malnutrition** is showing mostly acceptable levels. The GAM rate ranges from 0.7% to 6.6%. All districts except for Mohale's Hoek (6.6%) have a GAM prevalence of <5%, indicating that acute malnutrition situation is largely acceptable. In terms of maternal nutrition, only around 4% of women have either moderate or severe underweight (whereas around 50% are overweight or obese). Of PLHIV 17% have moderate or severe underweight, and 37% are overweight or obese.

KEY CAUSES OF CURRENT LEVELS OF ACUTE FOOD INSECURITY

The current acute food insecurity levels are caused mainly by:

1. **Insufficient rainfall to meet the crop water needs during the main cultivation period.** The rainfall recorded between September 2016 and May 2016 represents only around one half to two thirds of the average rainfall between 2001 and 2010. The rainfall was poor, and characterized by erratic dry spells. As a result food production decreased dramatically, and it is estimated that maize production decreased by 89%, sorghum production by 93%, and wheat production by 96% in the main production season compared to the reference year of 2009. These decreases in production affected all districts. However, the largest decreases were experienced in Leribe, Maseru, Mohale's Hoek and Quthing, where drops in production were between 95 and 100% for each crop.
2. **Increase in cereal prices:** due to very low production, food prices have been unseasonably high in Lesotho already for several months, and this trend is expected to continue throughout the consumption year until the next harvest in 2017. Prices were around 20-35% higher than typical in March, and even with Government subsidies for maize, beans and peas the prices are still expected to be 15-25% higher than normal over the projection periods.
3. **High levels of vulnerability and limited resilience to climate shocks,** caused by chronically inadequate staple food production, limited income sources focusing e.g. on sale of agricultural products, casual labour, remittances and social safety networks, and high poverty levels with around 50% of the population in each district belonging to the poor or very poor wealth group. These factors mean that many households are even in good years unable to fully meet their basic food and non-food needs, and in the current situation the gaps are even higher.

METHODS AND PROCESSES

The multi-sectoral working group convened from 24 to 30 May in Mohale to conduct the IPC Acute Food Insecurity Analysis for all ten districts of Lesotho both for current, and for two projection periods. The process was coordinated by the National LVAC and composed of various LVAC members such as Government agencies (Ministry of Agriculture and Food Security i.e. Departments of Crops, Planning and Policy Analysis, and Nutrition; Disaster Management Authority [Early Warning Department, Information Department and Leribe District Office]; and Ministry of Health [including dept. of Disease Control]), UN agencies (WFP, FAO and UNICEF), Lesotho Red Cross, and FEWS NET (Zimbabwe). There were altogether 20 different participants in the analysis workshop. The following should be noted about this analysis:

- **Primary data collected by the LVAC and different partners collected in May 2016 in all the districts was the main data source for the analysis.**
 - The LVAC assessment from May provided statistically valid estimates at national and at district levels. Several up to date and reliable information sources were used for the IPC analysis. These included the LVAC VAA Report (May 2016); MDAT drought Impact Report (Jan 2016); FEWS NET Outlooks, Lesotho Nutrition and HIV Assessment and Response Report for five districts (May 2016); and LVAC Market Assessment Report (March 2016). As a result data availability for the analysis was generally good at district level.
 - Data were collected between Jan and May 2016 (mostly in May) and therefore refers primarily to the harvest and post-harvest season. Since the current analysis period ran from April to June, the data describes the current situation accurately, and was used for the analysis of the period between April and June 2016.
- **Future projections were done based on the assessment of the situation in May 2016, projections of data for the coming months, and a set of assumptions expected to valid over the projection periods.** The projections were based on inference of current conditions and data, historical data e.g. on prices, forecasts on rainfall and prices for the projection periods, estimated food deficits (HEA-based) over the projection periods, normal seasonal calendar, and information on actions and humanitarian programmes conducted by the Government and partners in the projection periods. Since most of the data was collected in the harvest/post-harvest period, it is difficult to forecast the situation towards the end of the year based on that. As a result the analysis should be updated e.g. in October at the start of the lean season, to more accurately describe the conditions at the time. Results from different assessments, such as the census and official agricultural production statistics, as well as a more accurate seasonal rainfall forecast for the rainy season should also be available at the time, enabling a valid analysis.

All in all, analysis presented in this document should be used mainly for planning and resource mobilization of programming. However, the analysis needs to be updated with more recent and up-to-date data for the period between November 2016 and March 2017 in order to provide better and more accurate information for decision-makers for the lean season.

RECOMMENDATION FOR POLICY AND DECISION MAKERS

- **For the estimated 8 to 11% of people in IPC Phase 4** in the different analysis periods it is recommended that government and partners should provide humanitarian aid urgently in order to avoid detrimental food consumption gaps and loss of livelihoods and livelihood assets, and in order to prevent acute malnutrition rates from deteriorating. Although detailed profile analyses were not done, it is assumed that the households in IPC Phase 4 are those poor households who have no food stocks, have very limited sources of income, and have no assets such as savings or animals to rely on. Relief activities should be complemented by increasing the resilience of these households to adapt to increasingly frequent droughts in Lesotho, for example by strengthening programmes on livelihood diversification, poverty reduction, education, erosion control and environmental conservation, and increasing agricultural and livestock productivity among others.
- **For the estimated 13-26% of people in IPC Phase 3** in the different analysis periods it is recommended that government and partners implement urgent humanitarian aid in order to protect their livelihoods and prevent loss of assets through unsustainable coping, and to reduce gaps in food consumption. Interventions should also focus on reduction/prevention of acute malnutrition rates. Given the relatively small gaps that the households in Phase 3 have compared to those in IPC Phase 4, they are likely to require somewhat less intensive or lengthy assistance than households found in Phase 4. Relief activities should be complemented by activities aimed at increasing the resilience of these households to droughts, and to reduce poverty levels, as also mentioned in the paragraph above.
- **For the estimated 29-34% of people in IPC Phase 2** in the different analysis periods it is recommended that the Government and partners should implement activities aimed at increasing resilience of these households, and improving the productivity of the agricultural sector (crop production and livestock sectors). However, these activities have a lower priority than those needed for households in emergency and crisis situations (IPC Phases 3 and 4).
- **For the Lesotho food security situation monitoring and analysis system:** It is recommended that the Government and partners should continue active collaboration in terms of collection of primary data, and in coordination and implementation analysis activities by LVAC with partner support. Storage of historical data by LVAC is also recommended, as well as continued training and capacity building of staff in food security analysis in general, and in IPC analysis in particular. It is also recommended to increase the partner participation in LVAC and IPC activities e.g. by asking more international and national NGO conducting food security analysis and interventions to join the partnership.

RECOMMENDATIONS FOR MONITORING OF THE SITUATION

- It is recommended that the LVAC IPC Technical Working Group **updates the IPC Acute Food Insecurity analysis** in October for the second projection period, based on more accurate information on the conditions at the time and e.g. forecast for the rainy season.
- A key factor to monitor over the projection periods is food prices. They are expected to be higher than usually during these periods, and have a large impact on ability of households, especially those households that are poor or very poor, to access a sufficient quantity of food.
- While there are discussions about the potential occurrence of **La Niña in late 2016/ early 2017**, which has historically brought above normal rainfall and isolated floods to the country, the projection assumes normal to good rainfall for the season 2016/17. If the phenomenon of La Niña brings flooding and loss of assets during the last projection period, the situation between Nov/16 to Mar/17, the projected severity of acute food insecurity can be worse given e.g. negative impacts on green maize harvest and material losses.

POPULATION ESTIMATES

Tables 1, 2 and 3 describe the population in each IPC Acute Food Insecurity Phase for the current and two projected periods. It should be noted that population estimates were done following the IPC principle of convergence of evidence against description of Phases and standard indicators. Projections are based on estimated most likely conditions at the time, including possible presence of humanitarian assistance. An update of the second projection populations should be done in October 2016, when the analysis for the second projection period is likely to be completed.

Table 1: Acute Food Insecurity Population Estimates for April to June 2016

District	Rural population	Percentage Pop					sum of phase 3 and 4	Number of People				sum of phase 3 and 4
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 1		Phase 2	Phase 3	Phase 4		
Thaba-Tseka	122,258	57	24	12	7	19	69,687	29,342	14,671	8,558	23,229	
Maseru	222,491	20	45	20	15	35	44,498	100,121	44,498	33,374	77,872	
Mafeteng	149,343	56	28	13	4	17	83,632	41,069	18,668	5,974	24,642	
Qacha's Nek	53,223	52	33	10	5	15	27,676	17,564	5,322	2,661	7,983	
Leribe	248,337	50	32	10	8	18	124,169	79,468	24,834	19,867	44,701	
Mohale's Hoek	152,257	30	35	23	13	35	45,677	53,290	34,258	19,032	53,290	
Quthing	112,670	48	35	10	8	18	53,518	39,435	11,267	8,450	19,717	
Mokhotlong	94,500	50	33	10	8	18	47,250	30,713	9,450	7,088	16,538	
Butha Buthe	83,082	45	38	13	5	18	37,387	31,156	10,385	4,154	14,539	
Berea	173,970	47	35	13	6	19	80,896	60,890	21,746	10,438	32,184	
Total	1,412,131	44	34	14	8	22	614,390	483,046	195,099	119,596	314,695	

Table 2: Acute Food Insecurity Population Estimates for July to October 2016

District	Rural population	Percentage Pop					sum of phase 3 and 4	Number of People				sum of phase 3 and 4
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 1		Phase 2	Phase 3	Phase 4		
Berea	173,970	32	17	36	15	51	55,670	29,575	62,629	26,096	88,725	
Butha Buthe	83,082	40	38	15	5	20	33,233	31,571	12,462	4,154	16,616	
Leribe	248,337	27	38	23	12	35	67,051	94,368	57,118	29,800	86,918	
Mafeteng	149,343	20	35	45	0	45	29,869	52,270	67,204	-	67,204	
Maseru	222,491	38	38	13	13	25	83,434	83,434	27,811	27,811	55,623	
Mohale's Hoek	152,257	27	40	18	15	33	41,109	60,903	27,406	22,839	50,245	
Mokhotlong	94,500	35	40	18	8	25	33,075	37,800	16,538	7,088	23,625	
Qacha's Nek	53,223	25	30	30	15	45	13,306	15,967	15,967	7,983	23,950	
Quthing	112,670	27	30	33	10	43	30,421	33,801	37,181	11,267	48,448	
Thaba-Tseka	122,258	35	25	28	13	40	42,790	30,565	33,621	15,282	48,903	
Total	1,412,131	30	33	25	11	36	429,958	470,253	357,937	152,320	510,258	

Table 3: Acute Food Insecurity Population Estimates for November 2016 to March 2017

District	Rural population	Percentage Pop					sum of phase 3 and 4	Number of People				sum of phase 3 and 4
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 1		Phase 2	Phase 3	Phase 4		
Berea	173,970	58	15	17	10	27	100,903	26,096	29,575	17,397	46,972	
Butha Buthe	83,082	49	28	15	8	23	40,710	23,263	12,462	6,647	19,109	
Leribe	248,337	40	41	11	8	19	99,335	101,818	27,317	19,867	47,184	
Mafeteng	149,343	57	20	18	5	23	85,126	29,869	26,882	7,467	34,349	
Maseru	222,491	44	34	15	7	22	97,896	75,647	33,374	15,574	48,948	
Mohale's Hoek	152,257	42	35	15	8	23	63,948	53,290	22,839	12,181	35,019	
Mokhotlong	94,500	45	36	11	8	19	42,525	34,020	10,395	7,088	17,483	
Qacha's Nek	53,223	42	35	11	13	24	22,088	18,628	5,855	6,653	12,507	
Quthing	112,670	25	33	30	12	42	28,168	37,181	33,801	13,520	47,321	
Thaba-Tseka	122,258	55	15	23	7	30	67,242	18,339	28,119	8,558	36,677	
Average	1,412,131	46%	30%	16%	8%	24%	647,939	418,150	230,618	114,951	345,569	

For more information, contact:
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IPC Global Support Unit: www.ipcinfo.org

Classification of severity of acute food insecurity done following IPC Protocols.
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