WFP
World Food Programme
SAVING LIVES
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Mind the Gap
Country Case Study
LESOTHO

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About the Mind the Gap Report

Achieving Sustainable Development Goal 2 (Zero Hunger) by 2030 is increasingly at risk due to the combined impacts of climate change, conflict, COVID-19, and rising living costs, which have reversed progress in reducing global hunger. Social protection systems, while essential for supporting vulnerable populations, often fail to account for nutritional needs—a key element in breaking the cycle of poverty, vulnerability, and malnutrition. This oversight represents a missed opportunity to advance the objectives of SDG 2, especially in a context where hunger has been rising since 2015.

Amid these challenges, the Mind the Gap report explores the role of social protection systems in addressing affordability gaps of nutritious diets. It is structured around the **Fill the Nutrient Gap (FNG)** analytical approach, which aims to understand the drivers affecting the availability, cost, and affordability of nutritious diets in specific contexts. The policy objective is to identify and implement interventions to improve diets, especially of nutritionally vulnerable people, including through the integration of nutrition into social protection systems. Through case studies from 12 diverse national contexts, the report presents actionable social protection pathways for reducing the affordability gap of nutritious diets and improving food security and nutrition outcomes.

Further information and evidence on the FNG can be accessed at: wfp.org/fillthenutrientgap

FNG
FILL THE NUTRIENT GAP
SYSTEMS ANALYSIS FOR NUTRITION

Contents

I. Overview of the malnutrition burden and poverty situation

Malnutrition is widespread across Lesotho, with limited progress in recent years. The prevalence of stunting among children under 5 years reduced from 44 percent in 2000 to 33 percent in 2014 (1), but progress then stagnated, with a prevalence of 35 percent in 2018 (2). Stunting, as classified by the World Health Organization (WHO), remains 'very high', and rates range from 30 percent in the lowlands to 46 percent in the foothills of the country. Among the poorest wealth quintile, 46 percent of children under 5 years were stunted (2). Undernutrition hinders the country's potential for social and economic development and was estimated to cost the country USD 200 million annually, approximately 7.1 percent of the GDP in 2014 (1).

Micronutrient deficiencies are also a concern in Lesotho. In 2014, 51 percent of children under 5 years and 27 percent of women of reproductive age were anaemic (3). Nearly half of all women of reproductive age (45 percent) were overweight or obese (3). Overweight rates among children under 5 years have remained consistent since 2004, at around 7 percent (2), which is a concern as it increases the risk of developing diet-related non-communicable diseases, with implications for mortality risk, healthcare costs and productivity (4).

There is room for improvement in infant and young child feeding practices, with 59 percent of children under 6 months exclusively breastfed and only 11 percent aged 6–23 months eating a diet that met minimum acceptable criteria in 2018 (2).

Nearly a third of the population of Lesotho live in extreme poverty (below the poverty line of USD 2.15 per day) (5). With respect to the national poverty line, half of the population was considered poor in 2017 (5). Limited economic opportunities in the country have led to a high unemployment rate of 25 percent among the working population (5). The prevalence of HIV/AIDS is high, with 26 percent of 15–49 year olds living with the disease (3).

II. Country priorities on nutrition and social protection

NUTRITION POLICY FRAMEWORK

The Government of Lesotho recognizes that addressing the malnutrition challenge requires broad cooperation and commitment from several government agencies, public sector entities and the private sector, particularly from the food, health and social protection systems. Obstacles to ending malnutrition include poverty, natural disasters, low consumer demand for nutritious food, low agricultural productivity, low prioritization of nutrition issues by government agencies, and limited commitment and capacity of local government units to deliver nutrition interventions.

SOCIAL PROTECTION POLICIES AND PROGRAMMES

There are several social protection programmes implemented in Lesotho that fall under the National Social Protection Strategy and incorporate a life cycle approach to cover different target groups and objectives. Examples include the Universal Old Age Pension, the Child Grants Programme, the Disability Grant, various public works programmes, and other complementary initiatives including school feeding and agricultural subsidies (6). Lesotho spends 6.4 percent of its GDP on social assistance, which is more than double the average of other sub-Saharan countries (6).

Coverage among the poorest quintile of the population is high, with 92 percent of the population receiving some form of social assistance (6).

The Child Grants Programme, targeted at poor households with children under the age of 18, is one of the main social assistance initiatives and is implemented in 58 of 64 community councils (7). Households receive between 360 loti (LSL) (USD 25.42) and LSL 750 (USD 52.97[1]), depending on the number of children, on a quarterly basis (7). The amount of the grant is lower than in other countries with similar contexts. Only 18 percent of households targeted are covered (7). The programme is challenged by an incomplete decentralization process: community councils were created by the government, but authority has not been devolved. Inadequate human resources in the government to implement programmes add to inefficiency.

The national Cash-for-Work assistance programme provides LSL 1,200 (USD 84.75) per person for a period of 20 days of work a month (maximum of one month a year) (7). An evaluation of the programme was under way at the time of the FNG analysis.

1 Using average 2019 exchange rate USD 1 = LSL 14.16.

III. WFP's approach

In 2019, WFP collaborated with the government's Food and Nutrition Coordination Office, the International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO), to conduct the FNG analysis to support the government's goal of improving nutrition outcomes through multisectoral actions (8). The FNG took a multisectoral approach to identify the bottlenecks across the food system that drive malnutrition, with an emphasis on availability, cost and affordability of a nutritious diet (8). A Cost of the Diet analysis was conducted for all districts of Lesotho and complemented by a comprehensive review of secondary data and literature on food systems and nutrition (see box below for more details).

Throughout the FNG process, consultations were held with stakeholders from a variety of sectors, including health, agriculture, social protection and education, who identified entry points with the potential to improve nutrient intake and affordability of nutritious diets for target groups. Part of this process was to assess the contribution of social assistance programmes to improving access to nutritious foods. The FNG analysis identified some overlaps and potential alignment of the social protection programme across sectors for a strengthened nutrition response.

Cost of the Diet analysis conducted for FNG Lesotho

The cost of the diet analysis covered seven livelihood zones (ZME) and used the government's Consumer Price Index (CPI) data across three seasons in 2018 and 2019: harvest (February–May), post-harvest (June–September) and lean season (October–January). This was then averaged out to provide one national estimate. The lowest costs of a diet that meets energy requirements (energy-only diet) and a diet that meets requirements for macro and micronutrients (nutritious diet) were estimated using the FNG methodology (25) for a modelled household consisting of five individuals: a breastfed child (12–23 months), a school-age child (6–7 years), an adolescent girl (14–15 years), a breastfeeding woman, and an adult man.

The cost of diet was then compared to household food expenditure to determine the proportion of households unable to afford the costs (called 'non-affordability'), using WFP's FSMS food expenditure data for the months of March, August and December 2018 to match the three seasons above. The gap between the lowest cost nutritious diet and the food expenditure of a household is referred to as the affordability gap.

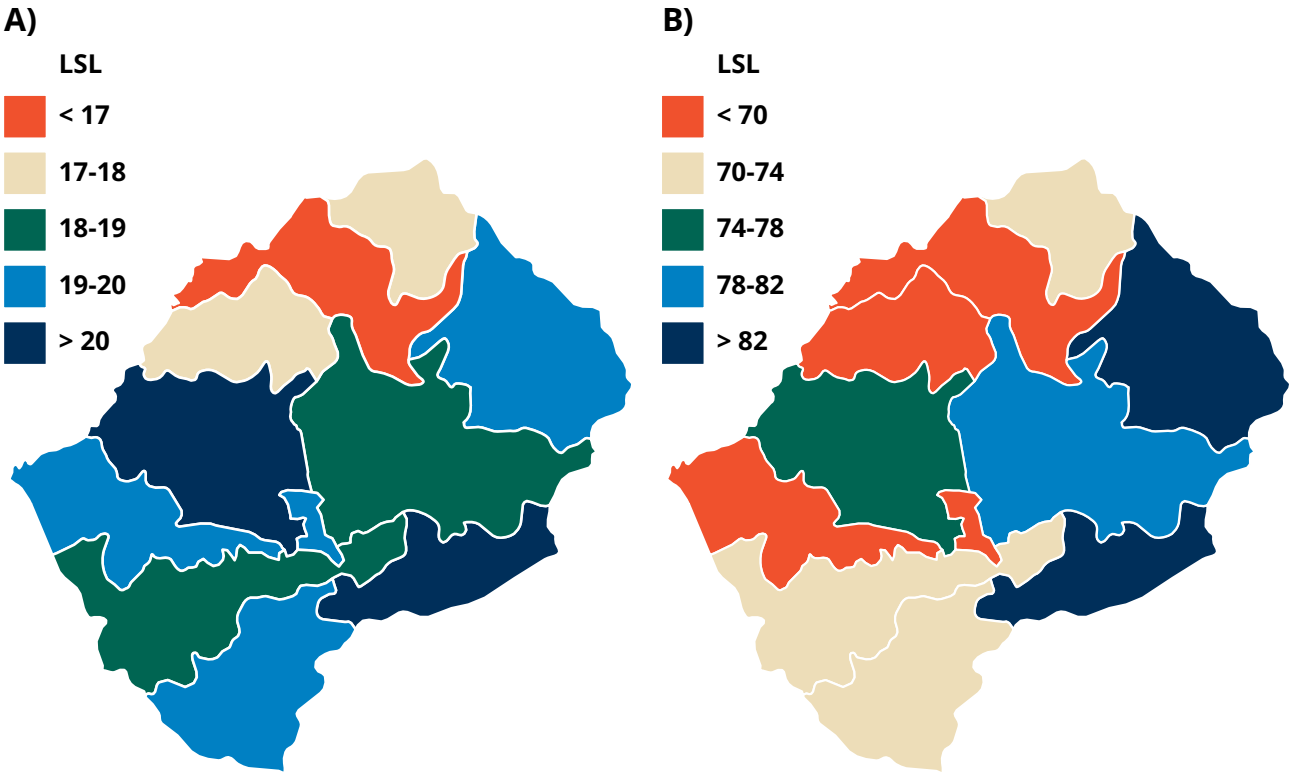
ZMEs were then divided into four types based on their characteristics (non-affordability rate and increased vulnerability during lean season) and nutritional challenges (forms and extent of malnutrition) for modelling purposes. These typologies were used for modelling different intervention packages.

IV. Findings of the FNG

COST AND AFFORDABILITY OF THE NUTRITIOUS DIET

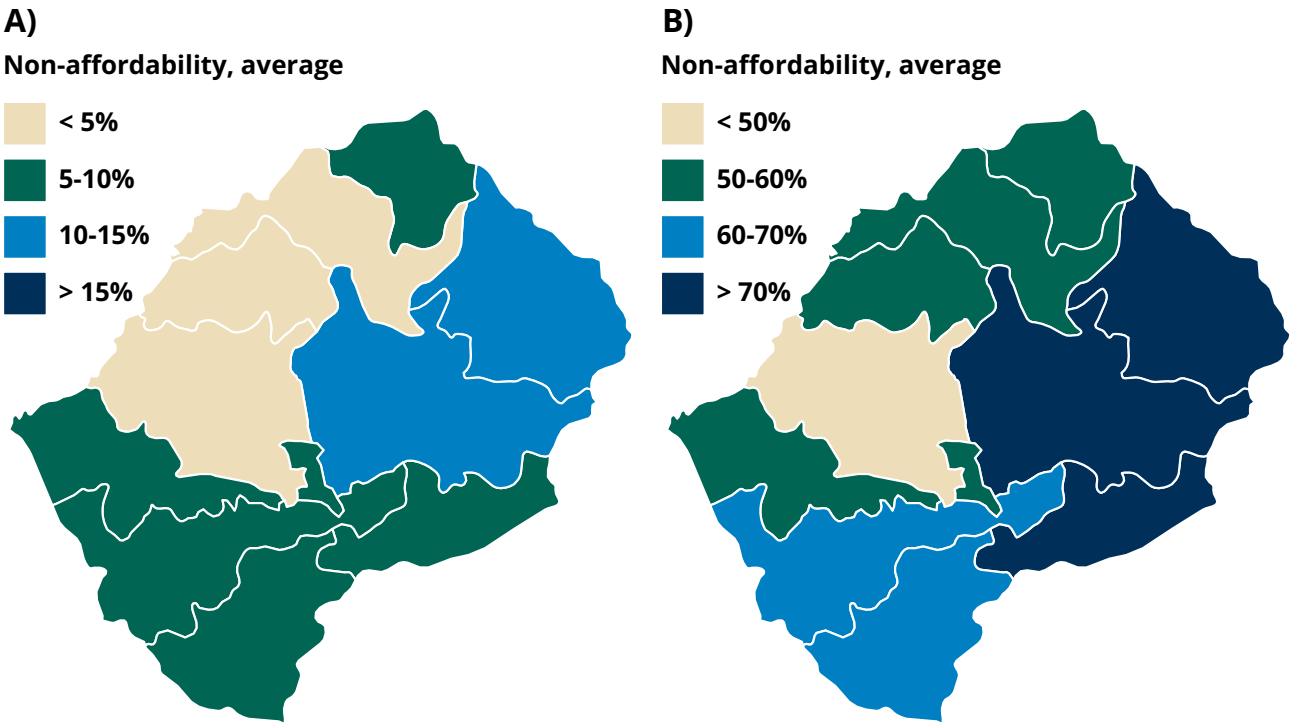
Nationally, the average daily cost of an energy-only diet was LSL 18 (USD 1.20) for a five-person household, or LSL 3.60 (USD 0.24) per capita. The average daily cost of a nutritious diet was nearly four times the cost of the energy-only diet, at LSL 71 (USD 4.80) per household, or LSL 14.20 (USD 0.96) per capita.[2] The cost of the nutritious diet varied across the country, as shown in Figure 1. Costs are higher where households face longer distances to markets that have less availability of foods and are more impacted by seasonality: Mokhotlong, Thaba-Tseka and Qacha's Nek. In urban areas, supply is more stable as food is largely imported from neighbouring South Africa.

Figure 1: Daily cost of an energy-only (A) and nutritious diet (B) in Lesotho (FNG 2019, using data from 2017)



2 Cost provided in current terms (i.e. during the time period of the FNG).

Figure 2: Proportion of households unable to afford an energy-only diet (A) and a nutritious diet (B) in Lesotho (FNG 2019 using data from 2017)

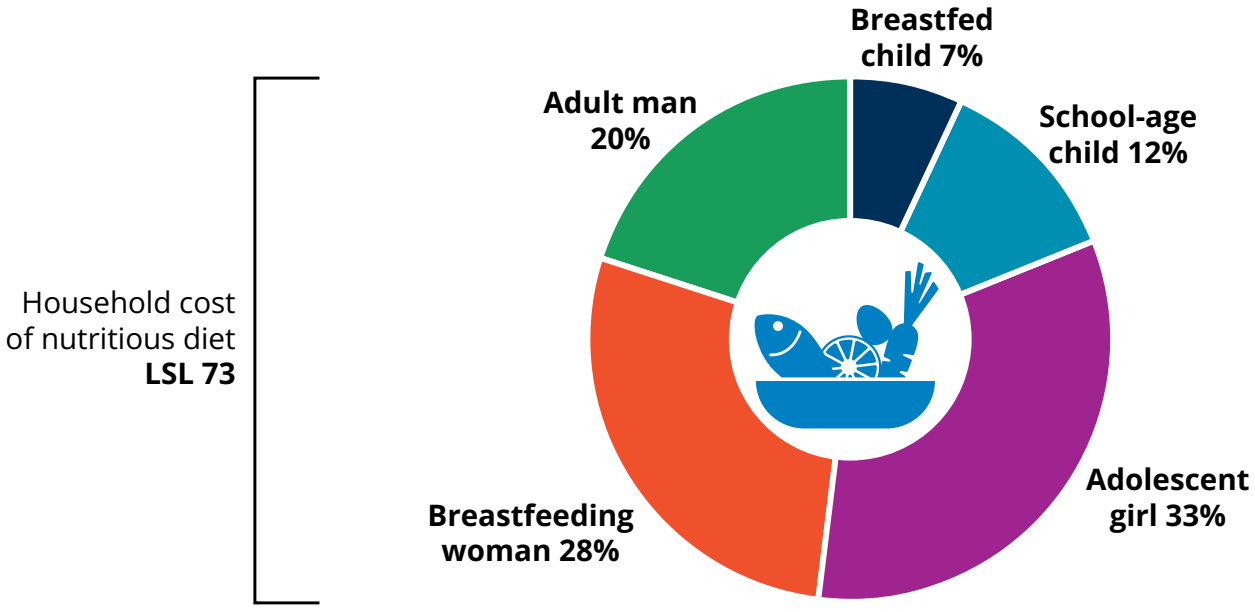


VULNERABLE GROUPS

Adolescent girls and pregnant and breastfeeding women (PBW) have relatively higher requirements of specific nutrients, such as iron, folic acid and vitamin B12. In the modelled household, this is reflected by the adolescent girl and the breastfeeding woman having the two highest costs of a nutritious diet, together representing 61 percent of the household's total cost of the nutritious diet (see Figure 3). Actual intrahousehold food allocation may not consider these differential nutrient needs and corresponding greater need for dietary diversity which comes at a higher cost, and therefore targeted interventions, such as supplementation, are often needed to help cover the nutrient requirements of nutritionally vulnerable individuals.

Children aged 12–23 months have the lowest cost of a nutritious diet, compared with other members of the household, as they consume less food, and the modelled diet assumes optimal breastfeeding, which covers a large proportion of their nutrient needs. This age group, however, is nutritionally vulnerable as their smaller stomachs mean that meals must be provided at higher frequency and need to include nutrient dense foods to cover nutrient requirements (9). A failure to meet nutrient intake during this age also has lifelong consequences.

Figure 3: Distribution of the daily cost of a nutritious diet for the modelled household across individual household members (FNG 2019)

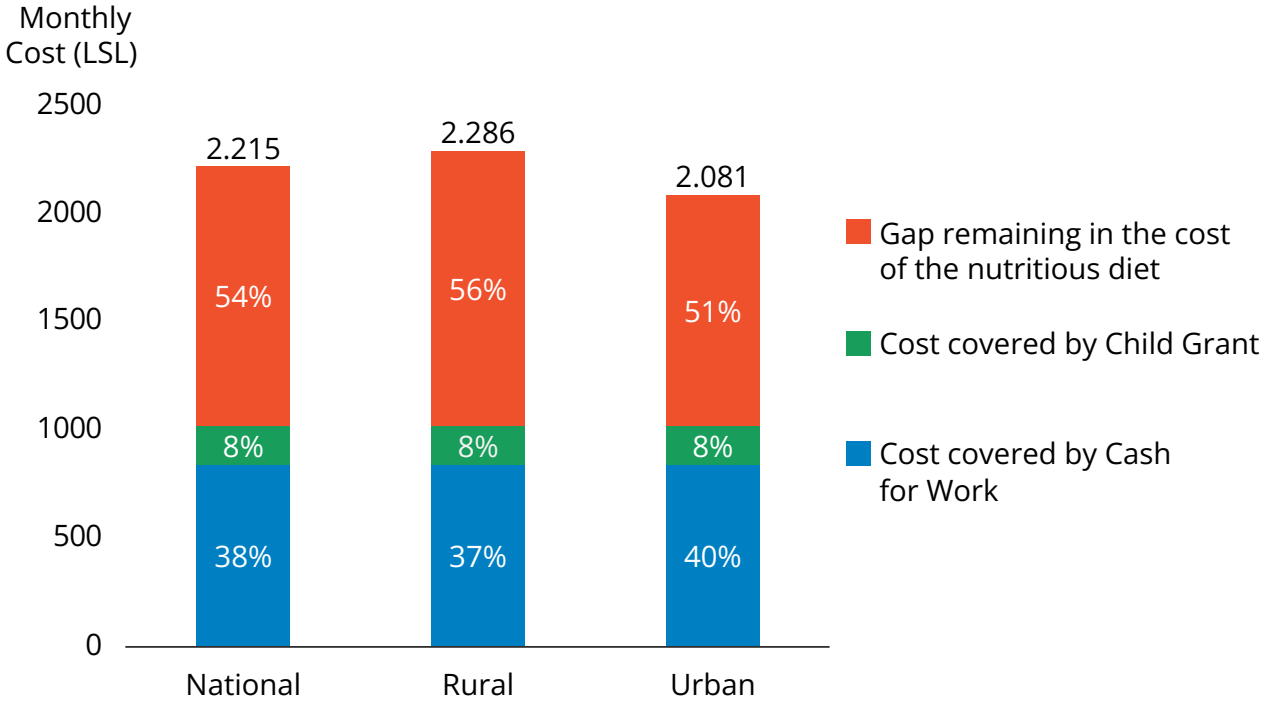


V. Using the FNG to inform social protection programmes

CONTRIBUTION OF SOCIAL PROTECTION TO REDUCING THE AFFORDABILITY GAP

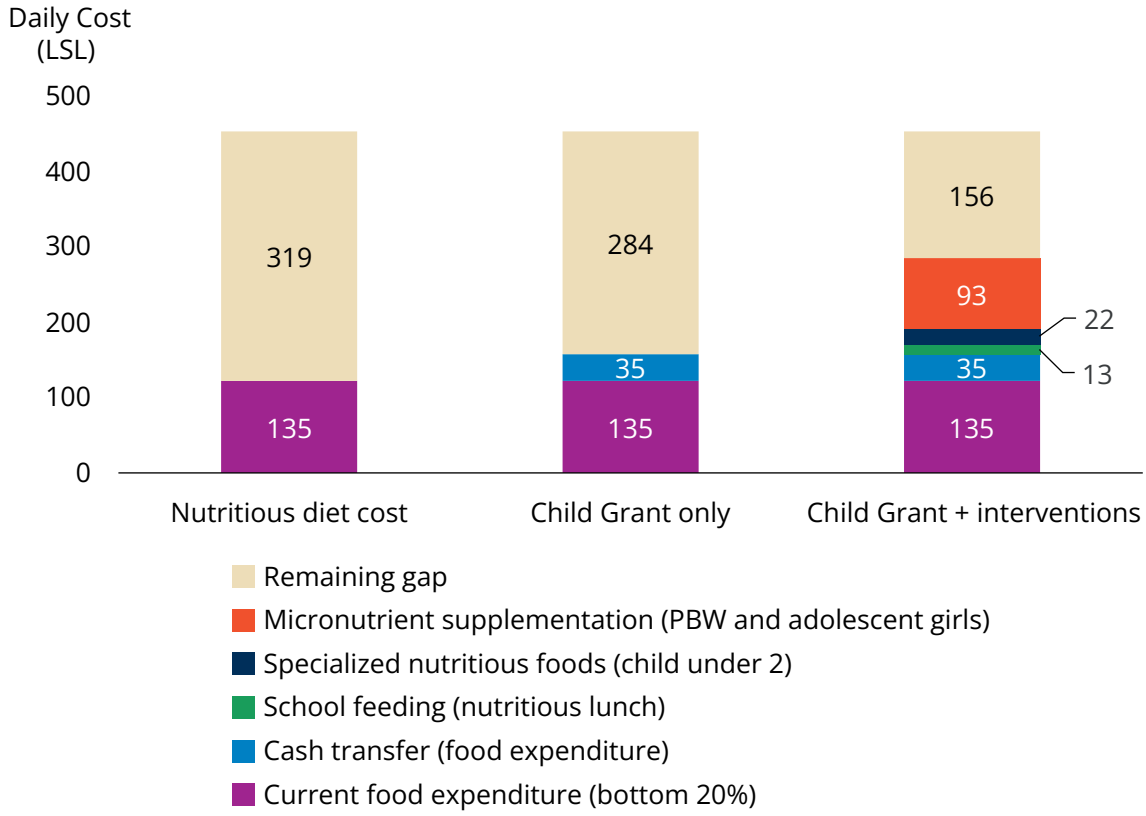
The FNG modelled the adequacy of the Child Grants Programme and the Cash for Work programme, with respect to the cost of a nutritious diet for a household. Figure 4 shows a household which receives cash transfers through both programmes. Assuming that households spend 70 percent of the cash transfers on food, the Child Grant would cover 8 percent of the monthly household cost of a nutritious diet (LSL 175/USD 12.36) and Cash for Work 38 percent of the monthly household cost of a nutritious diet (LSL 840/USD 59.32) for the period in which the household is enrolled in the programme. A gap of over half the cost of the nutritious diet would remain for those households that have no other source of income. For rural households, where the cost of the nutritious diet is higher, the gap would be LSL 1,271 (USD 89.76) per month, compared with LSL 1,066 (USD 75.28) for urban households. If the Child Grant is compared with the cost of the nutritious diet for the three children in the modelled household – the child under 2 years, the school-age child and the adolescent girl – it covers a fifth of their combined cost of a nutritious diet.

Figure 4: Contribution of social assistance programmes to the cost of the nutritious diet in Lesotho (FNG 2019)



There is a substantial gap in meeting the cost of the nutritious diet for the poorest households (those in the bottom 20th percentile) receiving the Child Grant, even when considering the household's own income (Figure 5). Households continue to have a gap of LSL 296 (USD 20.90) per capita per day in meeting the cost of a nutritious diet, which is equivalent to 65 percent of the cost.

Figure 5: Modelled impact on the cost of the nutritious diet for the household from a multisectoral package of interventions layered with the Child Grant, modelled areas only (FNG 2019)



The remaining gap in the cost of the nutritious diet can be reduced by linking social protection programmes with the delivery of targeted interventions for specific individuals, including pregnant and breastfeeding women, children under 2 years and adolescent girls. For example, health sector interventions, such as the provision of specialized nutritious foods and micronutrient supplementation, can contribute 25 percent of the household's cost of the nutritious diet. These products provide the micronutrients required for healthy development and prevention of malnutrition for vulnerable individuals in the household, but foods rich in these nutrients are expensive as the food system is unable to provide them at affordable prices.

School meals targeted to the school-age child provide complementary social assistance on top of cash transfer programmes. If consisting of nutritious foods, the school meals contribute to energy and nutrient needs of the growing child. Together, the cash grant with the health sector interventions and the school meals can reduce the affordability gap of a household in the bottom quintile from LSL 331 (USD 23.38) to LSL 168 (USD 11.86) (50 percent) and therefore the risk of malnutrition.

VI. Bridging research with policy and action

Improving access to nutritious diets requires multisectoral interventions to simultaneously improve economic access (e.g. cash transfers), provide and encourage consumption of nutritious foods (e.g. school meals), and provide essential micronutrients for the most nutritionally vulnerable individuals through targeted interventions (e.g. micronutrient supplementation and provision of specialized nutritious foods). As part of the FNG process based on the findings of the analysis, stakeholders were convened to collaborate on formulating recommendations that could be translated to implementable policy and action.

The potential challenges to a multisectoral approach to improving nutrition, which stakeholders identified, include programme and system coordination, a lack of political will and funding issues. Stakeholders also identified targeting as an issue for implementation, with potential exclusion errors, e.g., due to low rates of birth registration because of weak systems. Considering these challenges, the following recommendations were agreed on by stakeholders.

CROSS-CUTTING

- Mechanisms should be put in place to ensure efficient coordination of multisectoral interventions to improve households' ability to access a nutritious diet.
- Public finance tools should be used to improve programme planning and funds should be used more efficiently to expand the fiscal space available for programmes.
- Monitoring and evaluation systems should be strengthened to allow programmes to track their progress and correct course as needed.

SCHOOL FEEDING

- School feeding provides a valuable entry point for nutrition sensitive social protection. Currently, only primary schools are included, but coverage should be expanded to include early childhood through direct provision of meals, and secondary school students through the provision of vouchers. Stakeholders suggested a review of menus and associated guidelines to ensure that school meals comply with energy and nutrient targets.
- Supplementing existing school meal programmes with locally grown foods may produce slower results, as time is needed to build capacity within local communities but, as a longer-term investment, can be beneficial. A quality control system would need to be designed and implemented to ensure that the home-grown approach meets the quality requirements of national procurement.

COMPLEMENTARY NUTRITION-SPECIFIC INTERVENTIONS

- The Child Grants Programme could provide an entry point to promote uptake of health interventions. Health sector interventions provided alongside social protection will only be effective if implementation and uptake are also supported; therefore, programmes need to focus on improving procurement, transport, storage and distribution.

After the completion of the FNG analysis, WFP and partners took action to make sure that nutrition considerations were included in programme and policy decisions. Using the FNG as the evidence base, UNICEF and other partners began the implementation of micronutrient powder supplementation programmes for all children under 2 years of age. WFP and partners were also able to secure additional funding for the national school meals programme, which allowed them to design and deliver a more nutritious school meal, and to upscale vegetable gardens in both rural and urban schools. WFP and government partners also designed a school meal with increased nutrient density to provide to students during the lean season, including some key nutrients highlighted through the FNG results, to provide a higher level of nutrition support during a time when households face additional needs.

Largely supported by FNG findings, the second part of Lesotho's Smallholder Agriculture Development Project (SADP-II), financed by The World Bank and by a Japanese Policy and Human Resource Development Fund grant, includes a nutrition subcomponent. Focused on rural populations in all ten districts of Lesotho, SADP-II aims to help improve dietary diversity by increasing household production and consumption of nutritious foods, and improve people's nutrition knowledge (10).

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